Testimony for Public Hearing
Appropriations Committee
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Bill Number: SB 837: AN ACT CONCERNING MEDICAID PAYMENT RATES FOR NURSE-MIDWIVES

Chairs and members of the Appropriations Committee, I write in support of Bill Number 7148: AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIAL ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR.

I have worked as a certified nurse-midwife in CT for over 20 years, practicing in a wide range of clinical settings. I have cared for patients in private practices, community health centers, and university health centers. Currently, I teach midwifery students at the Yale School of Nursing, and provide gynecologic care at the University of New Haven Student Health Services. In most of the settings in which I have worked in CT, a considerable proportion of the patients I have served have been covered by Medicaid. These patients have received the same health care that physicians provided, but at significantly lower rates. Combined with across-the-board rate cuts in Medicaid, this disparity has further limited my patients’ access to high quality, evidence-based care. This has been especially harmful, as low income, minority women are particularly vulnerable to adverse perinatal health outcomes.

Much of my work as a clinician and as a researcher has revolved around providing and researching a unique, midwifery-designed model of group prenatal care. Group prenatal care provides social support, physical prenatal care, and extensive health education to groups of 8-12 women and their significant others. The group care model has been demonstrated to be highly attractive to women and families and has also been demonstrated to significantly improve perinatal outcomes; when compared with traditional care, it has been demonstrated to reduce preterm birth by 33%, and by 41% in African-American mothers. Furthermore, group prenatal care has been demonstrated to improve utilization of care, increase breastfeeding initiation, reduce stress and rapid repeat pregnancy. Along with our physician colleagues, midwives at Yale and at St. Raphael’s are about to re-introduce this innovative model at Yale New-Haven Hospital. This enhanced model of care not only provides an improved experience of care and superior outcomes to traditional care, but has been demonstrated in published research to significantly reduce health care costs by decreasing neonatal intensive care costs.

Group prenatal care is only one way in which midwifery-led care and innovations have significantly improved perinatal outcomes. Others will have testified to reduced cesarean rates, shorter hospital stays, lower rates of induction of labor and epidurals among patients cared for by midwives. As dramatic as these improvements are it is particularly important, however to understand the impact on health equity of providing high-quality, family-centered care throughout the nine months of pregnancy, which can have substantial impact on how women learn to care for themselves and their children through their lifetimes.

I urge the Committee and Connecticut lawmakers to support S.B. 837. Thank you for your time,

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