Testimony for Public Hearing
Appropriations Committee
March 4, 2019

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Bill Number: 7148: AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR.

I am writing to ask for your support of Bill Number: 7148: AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR.

My name is Kristin Nowak, and I am a certified nurse-midwife in a midwife-owned private practice with offices in New Haven and North Branford. We attend births at Yale New Haven Hospital and are well respected in our community for our individualized, high-quality care and low intervention rates. I am in support of Bill Number: 7148, which would correct the current policy of a 10% deduction in reimbursement for midwives’ services to women in Connecticut.

Although we collaborate medically with the Maternal-Fetal Medicine physicians at Yale, from a business perspective, our practice is midwife-owned and financially autonomous. We traditionally care for people who are looking for personalized care. Often times, people come to us to ensure they will trust, know, and feel comfortable with the women taking care of them. In other instances, they seek our care because they know our rates of cesarean section and other overutilized medical interventions are very low. Because of our commitment to caring for the underserved, we continue to offer care to families relying on Medicaid, despite the fact that most of the other private practices in our area have stopped accepting Medicaid patients for financial reasons. That said, we have always had to cap our numbers of Medicaid-insured births each month because of reimbursement rates. If midwifery reimbursement were equitable to the physician rates, our practice would be able to offer more of our monthly spots to families with Medicaid. Given the average cesarean section rate of 10% in my practice compared to the 34% rate in Connecticut overall, more midwifery care will decidedly decrease costs to the state. Numerous studies prove midwifery care provides safety outcomes for mothers and babies comparable to physician outcomes, with lower intervention rate and thus lower costs.

We are talking about adjusting the Medicaid reimbursement rates for midwives to offer equal reimbursement for equal services, as is the case in the rest of the New England states. Because every midwife in CT has an arrangement with a consulting physician, each woman with a midwife attending her birth actually has her midwife when things go well, and her midwife plus a physician in case of possible or actual complications. At the same time, the specific expertise that leads to lower intervention rates should be accounted for in reimbursement. In many instances, we are spending more time (sometimes MUCH more time) with patients in order to achieve our high-quality, low-intervention outcomes, and not to be compensated adequately for this creates barriers to sustainable practice. Simultaneously, the expenses of running a viable practice are not any less because we are a midwifery practice. Midwife-attended women have access to more care, not less, and therefore reimbursement should be set equitably rather than at a putatively discounted rate. Connecticut is the only state in New England which has not yet made this adjustment.

Thank you for your time, and please support Bill Number: 7148.
Sincerely,
Kristin Nowak CNM, MSN, MPH