Yale school of Nursing

March 4, 2019

Testimony for Bill Number 7148: AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNiumENDING JUNE THIRTIETH, 2021 AND MAKING APPROPRIATIONS THEREFOR. In 2011, certified nurse-midwives (CNMs) gained equitable reimbursement under Medicare, as part of the Affordable Care Act. In CT however, CNM fees billed to Medicaid are reimbursed at just 90% of the physician rate. This is not true in our neighboring states where CNM/CNs are paid at a rate of 100% making Medicare and Medicaid reimbursement equitable for physician and certified midwives; this includes Vermont, New Hampshire, Massachusetts, Rhode Island and Maine. The Governor appointed Connecticut Coalition to Improve Birth Outcomes, released in 2015, supported “Increase access to midwifery care for all women considered low-risk (medically)” as one of their proposed strategies. They recognized that an integrated model of reproductive and maternal health would better serve Connecticut. Our inability to act on this recommendation has been detrimental to women in our state and our ability to address the issue of increasing maternal mortality in the United States.

This bill will do the following:

- **Improve access to high quality midwifery care and thus outcomes.** This is especially important for black women who are three times more likely to die than white women in childbirth. International research published in The Lancet (2014) recognized midwifery as a most effective model when integrated into health systems with referral pathways and results in decreased interventions (including lower cesarean and preterm birth rates) and excellent maternal and newborn outcomes. Globally, countries that have had sustained decreases in maternal and infant mortality, have invested in the health care of women, including accessibility of services and investment in midwives. Multiple studies and systematic reviews have found that midwifery care results in fewer inductions of labor, more vaginal births & fewer cesareans, increased breastfeeding, fewer preterm births, high patient satisfaction, higher rates of vaginal birth after cesarean.

- **Enhance cost savings.** The midwifery model of care has numerous benefits to the Medicaid system. Cesareans currently account for 31.9% of all births nationally and 34.8% in CT. A recent report by Childbirth Connections estimated that a reduction in cesarean births in the United States to 15% would save the healthcare system close to $5 billion. The majority of midwives have low cesarean rates.

In summary, the 2018 Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives, by the American College of Obstetricians & Gynecologist and the American College of Nurse-Midwives, supports increasing viability in midwifery practice, including equivalent reimbursement from private payers and under government programs. The bill before you, which should include funds in the budget to equalize reimbursement rates for nurse-midwives in the Medicaid Program, will move Connecticut toward this goal.

Sincerely,

Holly Powell Kennedy  PhD, CNM, FACNM, FAAN
Helen Varney Professor of Midwifery