Testimony for Public Hearing  
Appropriations Committee  
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Regarding Bill #7148: AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIAL ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR

Chairs and members of the Appropriations Committee, I write as your formulate your plans for the upcoming state budget. My name is Eliza Holland, and I am a certified nurse-midwife in private practice in New Haven and North Branford, with births at Yale-New Haven Hospital. I urge you to find room in the budget to correct the current policy of a 10% deduction in reimbursement for midwives’ services to women in Connecticut. Although initially a budgetary increase, please consider this an investment rather than a budgetary outlay. Midwives have been consistently proven to improve health outcomes in a way that reduces expensive admissions to the Neonatal ICU, reduces surgical births with associated cost, and prevent unintended pregnancies as well as unnecessary emergency room visits.

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 individualized, personal care. Because of our personal commitment to caring for the underserved, we continue to offer care for families relying on Medicaid, but have always had to cap our numbers of Medicaid-insured births each month because of reimbursement rates. If midwifery reimbursement were equitable, my practice would be able to offer more of our monthly spots to families with Medicaid. Given the average cesarean section rate of 15% in my practice compared to the 34% rate in Connecticut overall, more midwifery care can be anticipated to decrease costs to the state. Studies repetitively prove midwifery care provides safety outcomes for mothers and babies comparable to physician outcomes.

Although midwives are broadly associated with birth care, another example of how investing equitably in midwives quickly saves money for Connecticut comes from the experience in my practice of working to prevent pregnancy. In the past, the same discounted rate for midwifery services was also applied to medical devices used by midwives, meaning we were not reimbursed the full purchase price of an IUD. Rather than letting our small business lose money, we would refer our patients with Medicaid to a gyn doctor for their IUD insertions. Nearly half of them did not go. When the state eliminated the discounted reimbursement, we were able to offer Medicaid IUD insertion in our own offices again. Now top tier LARC methods, IUDs and Nexplanons, are placed daily with excellent patient attendance to these visits. Reducing rates of unintended pregnancies is an obvious cost saving measure.

We are talking about adjusting the Medicaid reimbursement rates for midwives to offer equal reimbursement for equal services. But I put it to you that, because every midwife in CT has an arrangement with a consulting physician, each woman with a midwife attending her care actually has her midwife when things go well, and her midwife plus a physician in case of possible or actual complications. Midwife-attended women have access to more care, not less, and therefore reimbursement should be set equitably rather than at a punitively discounted rate. Medicare corrected the inequity back in 2011, and Connecticut is the only state in New England which has not yet made this adjustment.

Thank you for your time, and please include funds in the budget to equalize reimbursement rates for Nurse-Midwives in the Medicaid Program.