Testimony for Public Hearing  
Appropriations Committee  
March 5, 2019

LAURA SUNDSTROM  
111 CLINTON AVENUE, NEW HAVEN, CT 06513

Chairs and members of the Appropriations Committee,

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

My name is Laura Sundstrom. I live New Haven, where I have worked as a Certified Nurse-Midwife for fourteen years. I am also a small business owner: my practice, Women’s Health Associates, has offices in New Haven and North Branford.

My practice has always participated with Medicaid; caring for the underserved is a commitment of many midwives. 35% of our patients are insured by Husky plans. We continue to accept Medicaid when many of our private practice colleagues have stopped. But unequal Medicaid reimbursement has forced us to cap the number of prenatal patients we can accommodate and to stop accepting new GYN patients with Husky. Our practice has excellent outcomes and I wish we were able to extend services to more members. Our Cesarean delivery and preterm birth rates are low. And or our GYN patients, the frequency of Pap and mammogram screenings is high.

Midwives’ emphasis on thorough counseling and building trust results in cost-savings. Women seen in our practice are informed of the on-call midwife’s availability for after-hours concerns. I tell them, “If you wonder, ‘Should I call?’ The answer is ‘yes.’” We ask them to contact us before going to the Emergency Room or the Labor & Birth Unit. And they do. They give us the chance to triage what requires an urgent hospital visit versus that which can be evaluated quickly in the office. The result is timely management of serious problems and a decrease in unnecessary ER visits. This reduces cost.

I’d like to share an example of the effect equal reimbursement from my practice: until a few years ago, medical devices such as IUDs were subject to the same rate reduction as midwifery services, meaning we were not reimbursed the full purchase price of IUDs if used for women with Husky. We referred these patients to physicians, whose reimbursement rate covered the device at cost. Nearly half of our patients did not go. When the state eliminated this discount, we were able to offer IUDs to our patients with Medicaid. Now, these top tier contraceptives are placed daily in our own office with excellent patient attendance. Reduced rates of unintended pregnancies is an obvious cost saving.

Equitable reimbursement will improve access to midwifery care. It will enable practices like mine to increase the number of women with Medicaid who we can serve. Please include funds in the budget to equalize nurse-midwives’ reimbursement rates. This investment will benefit the health of Connecticut women and offer long-term cost savings to the state. Thank you.