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 SB 837: AN ACT CONCERNING MEDICAID PAYMENT RATES FOR NURSE-MIDWIVES

Hello:

My name is Richard Jennings. I am presently a midwife working part time at St Raphael’s Hospital (YNHH). I am here today to speak as an individual and as a member of the legislative committee of the CT Affiliate of the American College of Nurse Midwives in support of SB 837. This would mandate equal reimbursement to licensed midwives in CT for identical service.

I would like to preface my remarks by stating that this is not an anti-Obstetrician Bill. No midwife or midwife practice has ever achieved outstanding outcomes without close collaboration with a supportive physician or physician practice. I do believe that the best outcomes occur when a Midwife / Physician team provides care. Two for the price of one. Happily, the American College of Obstetricians & Gynecologists (ACOG), a logical opponent, agrees with us. The 2018 Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives recommends “equivalent reimbursement from private payers and under government programs”.

Some attention getting stats:
In 1970, the C/Sec rate in the U.S. was 5%. In 2017, 31.9%. The increase has not produced discernible benefit to mothers or newborns. The U.S. is the only developed country with a rising maternal mortality rate and ranks 45th. Mortality risk in U.S. is 11x higher with a cesarean birth (2.2%) compared to a vaginal birth (0.2%)¹. The U.S. ranks 54th in infant survival. Preterm births and low birth weight births have risen in U.S. for 3 consecutive years.

In 2018, DSS CT average reimbursement for vaginal birth $7,870 vs $10,973 for c/s births, a $3,100 differential. In January 2014, St Raphael (SRC) became a Midwife led unit. This means that every woman admitted to SRC was a midwife patient unless scheduled for a cesarean. The team consists of a midwife, an attending Ob/Gyn, an obstetrical resident. Women are differentiated as low risk or at risk. Low risk women are treated as with minimal intervention. Our approach after 5 years has accounted for 5,102 births with a cesarean rate of 21.8%. 80% of our patients are Medicaid clients. If this approach were applied to all DSS clients statewide in 2018, there would have been 1,854 fewer cesareans. This would amount to a savings of $5,747,400. This bill will be a stepping stone to create more midwife led units in CT. It will not be budget neutral initially but should over time be budget positive.

I urge the Committee and Connecticut lawmakers to support S.B. 837. Thank you for your time,
The Human Services Committee will hold a public hearing on Thursday, February 28th starting at 11:00 AM in Room 1C of Legislative Office Building. Included on the public hearing agenda is: SB 837: An Act Concerning Medicaid Payment Rates for Nurse-Midwives