



Testimony of the American College of Nurse-Midwives

Before the Committee on Appropriations of the Subcommittee on Labor/Health and Human Services/Education and Related Agencies regarding Fiscal Year 2014 Funding

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Chairman Kingston, Ranking Member DeLauro and members of the Committee, thank you for the opportunity you have provided the American College of Nurse-Midwives to appear before you today to provide testimony in relation to the federal budget for fiscal year 2014. While there are many segments of the federal budget I would like to touch on today, my testimony will be limited to three essential areas: 1. Funding for midwifery programs and Title VIII of the Public Health Service Act, 2. Funding of the National Health Service Corp and the role midwives play in addressing needs in shortage areas, and 3. Funding for the National Institute for Nursing Research (NINR).

The American College of Nurse-Midwives (ACNM) is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. The CM credential emerged several years ago as another pathway to midwifery practice outside of the typical nursing pathway. CNMs and CMs are primary care providers for women throughout the lifespan, with a special emphasis on pregnancy, childbirth, and gynecologic and reproductive health.

CNMs are licensed and maintain prescriptive authority in all fifty (50) states, Washington, DC, American Samoa, Guam and Puerto Rico. CMs are authorized to practice in five (5) states: DE, MO, NJ, NY, RI; and have prescriptive authority in NY. The Medicaid program reimburses CNMs as a mandatory service and Medicare pays the same fee to CNMs as it does to OBGYNs for similar services.

Today, 95.7% of CNM and CM attended births occur in hospitals, 2.2% in freestanding birth centers, and 2% in private residences. There are 11,799 CNMs in the U.S. today and 77 CMs. In many states, CNMs are licensed and regulated as Advanced Practice Nurses (APNs or APRNs).

Midwifery as practiced by CNMs and CMs encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male

partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. These services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers.

Midwifery Education

Presently there are thirty-nine (39) midwifery programs in the U.S. that train CNMs and CMs, thirty-five (35) are based in schools of nursing, others in schools of health sciences, public health or medicine. The Accreditation Commission for Midwifery Education accredits each of these programs. Today, the Masters degree is entry to practice in the profession.

Congress has authorized several important nursing education programs under Title VIII of the Public Health Service Act. These programs are vital to students, faculty and the educational programs themselves in training all levels of nurses from associate degree through post-graduate. Of particular importance today for midwifery programs are the Advanced Nursing Education Program and the Advanced Education Nursing Traineeship administered by the Health Resources and Services Administration (HRSA). Funding for these programs helps establish new

programs, aids in the growth of existing programs, and provides tuition support for nurse-midwifery students. As the shortage of maternity care providers continues to expand, as projected by the American College of Obstetricians and Gynecologists and others, these programs are vital to midwives meeting workforce demands in the U.S.

ACNM asks the Committee to urge HRSA to identify maternity care shortage areas in the U.S. as it presently does for shortages of primary care, mental health and dental care. Once such shortages are identified, ACNM believes federal, state, and private entities will be better able to target resources to address these needs. This may include development of additional midwifery programs in these urban and rural maternity care shortage areas.

National Health Service Corp

Also vital to meeting the health workforce demands of the future is a robust National Health Service Corp. Midwives continue to be placed through the NHSC as primary care providers in many areas of the nation. ACNM asks the Committee to continue to strengthen this program. ACNM also believes the NHSC can benefit from establishment of maternity care shortage areas as well, enabling the program to place midwives, obstetricians and other maternity care providers (practicing within their full scope of practice) across the nation in areas of critical need.

National Institute of Nursing Research

Clinical research remains an important component for improving our nation's health care system. NINR is dedicated to improving the health and health care of

Americans through the funding of nursing research and research training. Its mission is to promote and improve the health of individuals, families, communities, and populations. This mission is accomplished through support of research in a number of science areas. Among those areas of research are chronic and acute diseases, health promotion and maintenance, symptom management, health disparities, caregiving, and self-management, to name a few. NINR also supports the training of new investigators who bring new ideas and help to further expand research programs. The ultimate goal of our research is its dissemination into clinical practice and into the daily lives of individuals and families. ACNM appreciates the support the NINR has received and urges the Committee to enhance this funding for FY2014. ACNM asks that the Committee urge the NINR to focus additional efforts on maternity-related research in FY2014 and beyond.

As one of the most utilized health service areas with more than 4 million births annually, maternity care represents nearly \$100 billion of our nation's health care expenditures each year. Over 40 percent of these births are occurring within the Medicaid program and over 30 percent of these births are performed via cesarean delivery at a cost that is twice that of a normal physiological birth. More research is required to determine the best ways to promote normal physiological birth while taking into consideration the wishes of each woman.

Thank you for this opportunity to bring these issues to the attention of the Appropriations Committee. Thank you for your service.