

WRITTEN TESTIMONY IN SUPPORT OF SB 174

February 8, 2021

To: Senate Health and Welfare Committee

From: Sharon Foster, Certified Nurse-Midwife

RE: SB 174- Updating scope of practice requirements for Advanced Practice Registered Nurses

I am a casualty of the current laws requiring KS APRNs to have a physician signed Authorization to Practice. I inactivated my APRN-Nurse-Midwife KS license in 2018 as I was unable to find a physician to sign the required collaborative practice agreement (CPA).

I do not support the Independent Practice of Nurse-Midwifery legislation passed in 2017. It limits a CNMs scope of practice to OB only. The licensing by 2 boards is problematic in the areas of discipline and the CNM-I designation. This licensing model is not supported by other states and national organizations of nursing. All the regulations for CNM-I have not been approved 4 years later. Only 2 KS midwives are licensed in this manner. Pharmacists still ask for a "supervising physician" for CNM-I prescriptions.

Currently an APRN/CNM not employed by a physician or hospital is unable to purchase a professional liability policy and are forced to use the HCSF plan. Health plans also require some physician involvement to be a network provider.

I attended over 1300 births in the 17 years I was employed at Associates in Women's Health and had privileges at the Wichita hospitals. The physician group decided not to support midwifery and ended my contract in June 2016. I had to find out providers for 30 OB patients; however, 1/3 of the patients followed me for a home birth. The physicians gave the hospitals' medical staff requirement for a physician presence for birth as their primary reason for this action. The Wichita hospitals view requirements for Collaborative Practice Agreements (CPA) as a need for physician supervision and physical presence.

I then began a home birth practice, but had to stop practicing as an APRN in June 2018 as I could not find a physician to continue to sign a CPA. I had to again find providers for the 25 patients I was seeing.

Physicians' site the main problem with a required CPA as physician responsibility and liability. Physician's site KS 65-28, 127(4) for requirements that they must adhere to. This regulation states "direct, supervise, order, refer, enter into a practice protocol with, or delegate to other persons only those acts and functions which are within the normal and customary specialty, competence and lawful practice of the responsible licensee." If a Family Medicine physician is not practicing obstetrics, they decline to sign a CPA. The malpractice carriers tell them, they must carry an OB rider in order to sign a CPA. OB physicians who are employed by a group or system are not allowed to sign a CPA for a non-employee.

When a physician signs a CPA and he/she "enters into practice protocols", they accept some responsibility for oversight of the nurse-midwife practice. KAMMCO insurance company told an

OB/GYN physician that signing a CPA for a non-employee nurse-midwife would result in discontinuance of their malpractice coverage. The physician was advised that they would be open to claims that might be brought against him for “failure to appropriately and adequately supervise the midwife”.

Several nurse-midwives have left the Wichita community over the last several years due the restrictions placed on their practice. No physician group would hire them under the condition that they would have to come in for their deliveries. Potential nurse-midwife students do not pursue this option as they know there is not opportunity for full scope practice in Kansas.

The American College of Obstetricians-Gynecologists (ACOG) is in support of midwives practicing independently and with accountability as allowed by state law. According to the 2018 *Joint Statement of Practice Relations Between Obstetrician-Gynecologist and Certified Nurse-Midwives/Certified Midwives*, “Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent clinicians who collaborate depending on the needs of their patients. “

Wichita and Kansas women are limited in their ability to access nurse-midwifery care for births. A consumer advocacy group started in Wichita in 2018 with the hashtag #wichitawantsmidwives sent e-mails and a petition to the Wichita hospitals. I realize that there is an element of competition involved in the lack of support for nurse-midwives. When one profession can dictate whether or not a similar profession can practice, anti-competitive behaviors emerge.

According to a report published by The American College of Nurse-Midwives, women cared for by CNMs compared to women of the same risk status cared for by physicians had:

- o Lower rates of cesarean birth
- o Lower rates of labor induction and augmentation
- o Significant reduction in the incidence of third and fourth degree perineal tears
- o Lower use of regional anesthesia
- o Higher rates of breastfeeding

Source: *Midwifery: Evidence-Based Practice*, ACNM, 2012.

Please act to support SB174- Full Practice Authority for APRNs.

Sincerely,



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