



January 28, 2015

Senator Mary Pilcher-Cook
Chair, Senate Public Health and Welfare Committee
Kansas State Capitol
300 SW 10th Street, Room 441-E
Topeka, Kansas 66612

Re: Support for Senate Bill 69– An Act Concerning Advanced Practice Registered Nurses

Dear Senator Pilcher-Cook and Esteemed Members of the Public Health and Welfare Committee

The Kansas Affiliate of the American College of Nurse-Midwives (ACNM), Board of Directors supports changes to the Kansas Advanced Practice Registered Nurse (APRN) statutes as introduced in SB69. As a Certified Nurse-midwives (CNMs), our profession is fortunate in that our physician colleagues on a national level support the separate and distinct practice of nurse-midwives. Our President, Sharon Foster, was present at the meetings with the Kansas physician associations in 2014 and expressed her disappointment at the physicians' inability to consider APRNs as valuable members of the health care team. There were no OB/GYN physicians represented in these meetings, so issues particular to CNMs were not addressed.

We want to share with you two documents that speak to some of the issues in the APRN statute legislation. Since nurse-midwives are one of the roles of APRNs in Kansas, amendments to the professional and practical nurse statutes will impact more than just nurse practitioners. Nurse-midwives in Kansas provide services in clinics, hospitals, freestanding birth centers, homes, health departments, federally qualified health centers, and at Fort Riley.

In a position statement from the American College of Nurse-Midwives (ACNM) entitled "Collaborative Agreement between Physicians and Certified Nurse-Midwives and Certified Midwives", the ACNM strongly supports the principle of collaboration in the delivery of healthcare services, as evidenced by the Standards for the Practice of Midwifery, the ACNM Position Statement on Collaborative Management in Midwifery Practice, and the Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives (CNMs/CMs). However, the ACNM opposes requirements for signed collaborative agreements between physicians and CNMs/CMs as a condition for licensure, reimbursement, clinical privileging and hospital credentialing, or prescriptive authority as such requirements, in practice, interfere with effective coordination of care.

The position statement goes on to state "Policies that create confusion about the designation of responsibility are to be avoided, especially given the current malpractice climate. It is critical that laws and regulations facilitate effective relationships between health care professionals, creating systems whereby midwives and physicians can communicate openly and practice collaboratively while continuing to provide quality care that falls within each individual's professional scope of practice."¹ Effective January 2015, CNM'S must participate in the Health Care Stabilization Fund (HCSF) in order to practice in Kansas. Participants in the fund per KS law are defined as "health care providers," regardless of how long they have been practicing, or who they have ever practiced with. Therefore any process that precludes independent practice by supervision of different licensure flies in the face of the statutory scheme of the Kansas HCSF.

The following points demonstrate the various problems with mandated signed agreements:

- Requirements for a signed collaborative agreement do not guarantee the effective communication between midwives and physicians that is so critical to successful collaboration:
 - They do not assure physician availability when needed
 - There is no evidence that they increase the safety or quality of patient care
 - In certain circumstances, such as the aftermath of a natural or declared disaster, such requirements have hampered the ability of CNMs/CMs to provide critically necessary emergency relief services
- Collaborative agreements signed by individual physicians wrongly imply that CNMs/CMs need the supervision of those individuals in all situations. Based on this misconception:
 - Professional liability companies have used signed agreements with their implied requirements for supervision as the rationale for raising physician premiums citing increased risk related to such unneeded supervision
 - CNMs/CMs may be restricted from exercising their full scope of practice or from receiving hospital credentials, clinical privileges, or third party reimbursement for services that fall within the scope of their training and licensure. The Wichita hospitals require a physician be present at all CNM attended births and have refused to update their medical staff bylaws. No other hospitals in Kansas require the physical presence of a physician at a CNM attended birth.
- Requirements for signed collaborative agreements can create an unfair economic disadvantage for CNMs/CMs:

¹ American College of Nurse-Midwives. Collaborative Agreement between Physicians and Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs). December 2009

- They allow potential economic competitors to dictate whether or not midwives can practice in a community. This is currently happening in Wichita, Hays, Garden City, and southeastern Kansas.
- They restrict access to care and choice of provider for women. This is of particular concern in underserved areas. Physicians in western and southeastern Kansas have been unwilling to sign collaborative agreements with CNMs.
- Freestanding birth centers and home birth businesses must have a signed agreement with a physician for the midwives to practice. However, this is not a requirement in the regulations for birth centers in Kansas. These businesses are threatened by the current statutes that place barriers to innovative, quality services for birthing families.

Another document developed jointly by the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists (ACOG) speaks to practice relations. The College Statement of Policy states "Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are *educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients*. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability." ²

With a projected shortage of OB/GYN physicians³ and Kansas having 77 out of 105 counties without an OB/GYN physician, ACOG is supportive of collaborative models of practice that utilize obstetricians and CNMs to their full potential. 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:

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

Source: Midwifery: Evidence-Based Practice, ACNM, 2012.⁴

² ACNM.ACOG Joint Statement of Practice Relations Between OB-GYNs and Certified Nurse-Midwives. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000075/Joint%20Statement%20ACNM.ACNM%20Dec%202010.pdf>

³ American Congress of Obstetricians and Gynecologists. 2014 ACOG Workforce Fact Sheet: Kansas

⁴ Midwifery Evidence-based Practice Issue Brief Revised March 2013.

<http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000279/Midwifery%20Evidence-based%20Practice%20Issue%20Brief%20Revised%20March%202013.pdf>



It is our hope that you support SB69 and move the bill forward to the full senate. The health care needs of the citizens of Kansas require that Certified Nurse-midwives be permitted to practice to the full extent of their accredited education, independent certification and as defined by their professional association – under the exclusive licensure authority of the state board of nursing. Now more than ever, the high quality care and lower costs associated with midwifery care matters. And perhaps more importantly, midwives matter to the women, infants and families of Kansas. We urge you to help expand and improve access to midwifery care by supporting SB69.

Sincerely,

Board of Directors, Kansas Affiliate American College of Nurse-Midwives

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