

WRITTEN TESTIMONY IN SUPPORT OF HB 2066

February 1, 2019

To: Kansas State Health and Human Services Committee

From: Sharon Foster, Certified Nurse-Midwife

RE: HB 2066- An Act Concerning Advanced Practice Registered Nurses

I am a casualty of the current laws requiring KS APRNs to have a physician signed Authorization to Practice. 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 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 in the hospital room 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. Now, there is not a nurse-midwife delivering in or out of the hospital in the Wichita area.

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 Wichita.

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. "

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 and not a model supported by other states and national organizations of nursing.

Wichita and Kansas women are limited in their ability to access nurse-midwifery care for births. I was able to maintain a successful hospital practice for 17 years and a home birth practice for 2 years, so I know women want the nurse-midwife option of care. A consumer advocacy group started in Wichita in 2018 with the hashtag #wichitawantsmidwives. 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.

I believe Kansas is missing a huge opportunity to support women who desire a nurse-midwife as their provider in urban and rural areas. The greater Wichita area has the highest amount of home births in the state due to the lack of nurse-midwifery services at the hospitals. Women will seek out the type of birth experience they desire and nurse-midwives can contribute to quality maternity services.

Please act to support HB 2066- Full Practice Authority for APRNs.

Sincerely,



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