

# **Massachusetts Chapter of the American College of Nurse Midwives**

## **FACT SHEET: H 2369 An Act Enhancing the Practice of Nurse-Midwives**

**Sponsors:** Representatives Kay Khan, Jennifer E. Benson, William N. Brownsberger, Cory Atkins, Christine E. Canavan, Viriato M. deMacedo, James B. Eldridge, Gloria L. Fox, Sean Garballey, Anne M. Gobi, Kate Hogan, Kevin G. Honan, Patricia D. Jehlen, Stephen Kulik, David P. Linsky, James M. Murphy, Sarah K. Peake, Denise Provost, Richard J. Ross, Jeffrey Sánchez, Carl M. Sciortino, David M. Torrisi, Martha M. Walz, Alice K. Wolf; Senators Richard Moore and Mark Montigny.

**History:** This is a new bill for the 2011-2012 session. It was redrafted by the Committee on Public Health and reported out favorably to the Committee on Health Care Financing on 8/11/2011

### **What This Bill Does:**

- The bill amends section 80G of Chapter 112 of the General Laws governing the practice of nurse-midwives. Currently, nurse midwives are authorized to order tests and therapeutics, such as medications, under a “supervising physician”.
- H 2369 replaces the supervising physician language with new language to reflect modern collaborative practice between nurse-midwives and obstetricians and gynecologists. The new language reads: **“Nurse-midwives shall practice within a health care system and have clinical relationships with obstetrician-gynecologists that provide for consultation, collaborative management or referral, as indicated by the health status of the patient. Nurse-midwifery care shall be consistent with the standards of care established by the American College of Nurse-Midwives”.**
- This new language was developed through a collaborative effort between the Massachusetts Division of the American College of Obstetricians and Gynecologists (ACOG) and the Massachusetts Chapter of the American College of Nurse Midwives (ACNM).
- **Massachusetts is one of only 5 states that mandates physician supervision over nurse-midwifery practice!**

### **Why This Bill Is Needed:**

**Updating the language regarding nurse midwifery practice in Massachusetts eliminates a significant barrier to the use of nurse-midwives in Massachusetts by more accurately reflecting today’s practice arrangements with obstetricians-gynecologists.**

- It removes physician liability for nurse-midwifery practice. Currently, many physicians are reluctant to work with nurse midwives because the supervision language currently in the law makes them liable for the practice of nurse-midwives, when they are more likely, in reality, to work in a collaborative team.
- It will make nurse-midwives eligible to apply for hospital medical staff membership with due process protections as Licensed Independent Providers. Currently, nurse-midwives are unable to

follow their patients through the continuum of pre-natal, labor and delivery, and post-natal care, because they must have a physician admit their patients to an in-patient hospital setting, disrupting the continuity of the nurse-midwife – patient relationship.

- It will improve the accountability of nurse-midwives to consumers and insurers through distinctly recognizing their services in billing and accounting systems.
- It will enable nurse-midwives to refer more complex cases directly to a specialist, if necessary. Currently, such referrals are not accepted, because the nurse midwife cannot be a full medical staff member. She can only refer to her supervising physician who is the only one that can make the referral, creating an unnecessary layer of complexity and administration.
- It will enable the nurse-midwife to receive the results of the lab tests she has ordered directly. Currently, while the nurse-midwife can order the tests, the results go to the supervising physician, creating inefficiencies and opportunities for errors or delay in diagnosis and treatment.
- It will attract more nurse-midwives to practice in Massachusetts as many nurse-midwives in the state are approaching retirement. Currently, the numbers of nurse-midwives has stayed stagnant or dwindled, when there is a well-documented shortage of OB-GYNs in the Commonwealth.
- It will encourage the use of nurse-midwives, especially in underserved areas of the state, where women are not receiving early and regular maternity care, infant mortality rates are high, and the shortage of OB-GYNs is particularly acute.
- It will help lower the high C-section rate in Massachusetts (33.5% of all births) and save health care costs, as nurse-midwifery care lowers the incidence of C-section deliveries.

**H 2369 WILL NOT expand the scope of nurse-midwifery practice, change professional standards for nurse-midwife collaboration and referral in patient care, require a change in existing employment relationships, authorize home-birth deliveries, or affect the current regulation of nurse midwives as advanced practice nurses by the Board of Registration in Nursing.**

#### **Facts about Certified Nurse Midwives (CNMs) in Massachusetts:**

- There are 480 CNMs currently licensed and authorized to practice as Advanced Practice Nurses by the Massachusetts Board of Registration in Nursing.
- CNMs practice in urban and rural communities across the Commonwealth, in community health centers, physician group practices, hospitals, and birth centers.
- In 2008, CNM's attended 21.8% of all spontaneous vaginal births in Massachusetts.
- Many insurers (not HMOs) are mandated to pay for nurse-midwifery services.
- CNMs have had prescriptive authority, since 1991, but are required to have a supervising physician.

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