Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page)

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Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Certified Midwifery/Certified Midwife

2) Briefly describe the proposed change.

This proposal would recognize the Certified Midwife (CM) credential in Minnesota and license CMs under the MN Board of Nursing with the identical scope of practice as Certified Nurse Midwives (CNMs).

Studies show that better integration of midwives across the healthcare continuum is integral to addressing nationwide maternity and primary care shortages, improving maternal and neonatal outcomes, and reducing maternal mortality. Those entering the midwifery profession need a sound foundation in the biological and social sciences as well as skills for counseling, health assessment, diagnosis, emergency response and stabilization and the other knowledge, skills, and behaviors to support achievement of competence in midwifery. While nursing provides one valuable pathway to gain these skills, it is not the exclusive educational route to these essential knowledge, skills, and behaviors.

The Certified Midwife credential proposed in this legislation is already recognized in eleven other states (for 29 years). Like CNMs, CMs provide a full range of health care services to women in all stages of life, from the teenage years through menopause, including general health check-ups, screenings and vaccinations; pregnancy, birth, and postpartum care; well woman gynecologic care; treatment of sexually transmitted infections; prescribing medications, and birth control. Additionally, CMs work in a variety of settings, including hospitals, health clinics, OB/GYN practices, birth centers, and private homes.

State legal and regulatory frameworks should recognize midwifery care as an essential component of women's health care services. Expanding access to CMs is a viable strategy for improving access and disparities in maternal health outcomes for the women, individuals, and families of Minnesota.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

Introduced in 2025
Bill numbers: HF1010 / SF832
House sponsors: Agbaje, Nadeau, Schomacker, Clardy, Hollins, Bahner, Bierman, Hiltsley, Feist, Perez-Vega, Hussein, Long, Sencer-Mura
Senate sponsors: Boldon, Mann, Wiklund, Abeler, Coleman

Introduced in 2023
Bill numbers: HF 1324 / SF 1743
House sponsor: Representative Agbaje
Senate sponsors: Senator Boldon

Introduced in 2022
Bill numbers: HF 3699 / SF 3323 / SF 3809
House sponsor: Representative Schultz
Senate sponsors: Senator Coleman (SF 3323) and Pappas (SF 3809)

Introduced in 2021
Bill number: HF 1522
House sponsor: Representative Schultz

Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) <u>Who does the proposal impact?</u>

a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Certified Midwives (CM): CMs provide a full range of health care services to women in all stages of life, from the teenage years through menopause, including general health check-ups, screenings and vaccinations; pregnancy, birth, and postpartum care; well woman gynecologic care; treatment of sexually transmitted infections; and prescribing medications and birth control. The scope of practice of Certified Midwives is identical to Certified Nurse Midwives (CNMs). Like CNMs, CMs graduate from graduate education programs accredited by the Accreditation Commission for Midwifery Education (ACME) and are certified by the American Midwifery Certification Board (AMCB).

b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

MN Affiliate of the American College of Nurse Midwives: approximately 250 members
MN Advanced Practice Registered Nurses (APRN) Coalition: approximately 800 members

c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Certified Midwives (CMs) and Certified Nurse Midwives (CNMs) work in a variety of settings, including hospitals, health clinics, OB/GYN practices, birth centers, and private homes. They may work in any geographic location of the state. While Certified Midwives may care for any patient who falls within

their defined scope of practice, CMs and CNMs have a strong history of working with underserved women in both urban and rural locations.

A recent large-scale study[1] conducted in the US Military Health System found that CNMs had better birth outcomes than physicians in numerous outcome variables (lower odds of cesarean birth, induction of labor, postpartum hemorrhage, uterine infection, and preterm birth; higher odds of vaginal birth, vaginal birth after cesarean, and breastfeeding). The Military Health System is a system where Midwives work to the fullest scope of their authority and attend 4 times more births than the national average. This study exemplifies the outstanding health outcomes of Midwives and great potential to extend these outcomes to a wider population.

The Lancet, the international general medical journal, published a series on midwifery in order to explore solutions to address the essential needs of childbearing women and their families globally.[2] The articles make a clear call for investment in midwives. recipients of care by midwives in the United States report high levels of satisfaction, and midwifery care results in excellent outcomes and lower costs due to fewer unnecessary, invasive, and expensive interventions. The series[3] suggests that 80% of maternal deaths, stillbirths, and neonatal deaths in the United States and worldwide could potentially be prevented by midwifery-driven family planning efforts and interventions for maternal and newborn health.[4]

d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

Certified Midwives have identical scope of midwifery practice as Certified Nurse Midwives. Both CMs and CNMs are experts in supporting the normal physiology of sexual and reproductive health. CMs and CNMs provide a full range of health care services to women in all stages of life, from the teenage years through menopause, including general primary care health check-ups, screenings and vaccinations; pregnancy, birth, and postpartum care; well woman gynecologic care; treatment of sexually transmitted infections; and prescribing medications, including all forms of pain control medications and birth control.

Certified Midwives and Certified Nurse Midwives are experts in individualized care, shared decision-making, and building trust, respect, and confidence in patients. Because midwifery care has been shown to decrease rates of cesarean section, preterm birth, neonatal and infant mortality, low birth weight and medical intervention while increasing patient satisfaction and successful breastfeeding, Certified Midwives can train and work with other health care providers to better support physiologic processes like birth and breastfeeding. When Certified Midwives and Certified Nurse Midwives are integrated into the health care system, patients get safe, satisfying, high-quality care at lower costs.

Despite the other types of providers (listed below) who can provide some similar care to Midwives, **26.4% of counties in Minnesota are considered "maternity care deserts" and an additional 23.0% of counties have low or moderate access to maternity care.[5]**

Some other healthcare providers whose role overlaps care provided by Certified Midwives/ Certified Nurse Midwives include: Family Nurse Practitioners, Women's Health Nurse Practitioners, Internal Medicine physicians (outpatient or clinic services only, these providers scope of practice generally do not include attending births), Physician's Assistants (only under supervision of a licensed Physician),

[1] https://journals.sagepub.com/doi/10.1177/1527154421994071
[2] https://www.thelancet.com/series/midwifery
[3] http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000004184/Midwifery-Evidence-Based-Practice-March-2013.pdf
[4] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60790-X/fulltext
[5] https://www.marchofdimes.org/peristats/data?reg=99&top=23&stop=641&lev=1&slev=4&obj=9&sreg=27

Family Medicine physicians, and Obstetrician-Gynecologist physicians.

2) <u>Specialized training, education, or experience ("preparation") required to engage in the occupation</u>

a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

Certified Midwives (CMs) have the same high standards for education, training and certification, and the same midwifery scope of practice as Certified Nurse Midwives (CNMs). Certified Midwives and Certified Nurse Midwives both enter the midwifery profession by attending a graduate midwifery education program (either a Master's or Doctorate degree program) which must be accredited by the Accreditation Commission for Midwifery Education (ACME). ACME is recognized by the U.S. Department of Education as an accreditor of midwifery programs. Entry into a CM / CNM graduate midwifery program requires a previous Bachelor's degree and a foundation of required science and health competencies. The only difference between the educational pathway for CMs and CNMs is that the foundational science and health competencies are achieved within an RN program for CNMs. Certified Midwives (CMs) achieve the health competencies with required prerequisite courses that may be earned in an intensive foundational course prior to matriculation, or previous healthcare professional experience (some Certified Midwives enter midwifery from previous healthcare careers such as Physician Assistants, Physical Therapists, etc).

The graduate Midwifery curriculum is otherwise identical, and students are educated side-by-side without distinction between who entered the program as a registered nurse (RN) and who entered the program from another route. All students are required to demonstrate competency in the ACNM Core Competencies for Midwifery Practice prior to graduation. Following graduation, CMs and CNMs take the same certification board exam to obtain certification, and are certified by the same professional organization (American Midwifery Certification Board, AMBC).

b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

No. The proposed legislation would introduce licensure of the Certified Midwife provider to MN. It does not change the education, preparation, or licensure of any currently existing midwife practitioners in MN (including the Certified Nurse Midwives or the Traditional Licensed Midwives).

c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

CMs are licensed in eleven US states (Arkansas, Colorado, Delaware, Hawaii, Maine, Maryland, New Jersey, New York, Oklahoma, Rhode Island, Virginia) and Washington D.C. Each of these states regulate Certified Nurse Midwives slightly differently than Minnesota, and regulate Certified Midwives slightly differently than this proposed legislation.

The proposed legislation is based on the scope of practice that is currently authorized by the Board of Nursing for Certified Nurse Midwives and certification by the American Midwifery Certification Board for both Certified Nurse Midwives and Certified Midwives. This includes full practice authority, admitting privileges, prescriptive authority, and recognition by insurers.

Maryland licenses Certified Midwives under the Board of Nursing with full practice authority, similar to our proposed legislation for Minnesota:

Maryland (2021) "Maryland Licensure of Certified Midwives Act", Article II, Section 17(c) of the Maryland Constitution - Chapter 462

Similar models have been implemented by other states with similar scope of practice and full practice authority. These states have other professional boards licensing Certified Midwives (such as a Department of Health or Board of Midwifery) and include:

New York (2010) Education Law, Article 140, Midwifery
Maine (2014) Rules and Regulations for Licensing of Midwives [R23-13-MID]
Rhode Island (2018) 216-RICR-40-05-23

d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

The proposed legislation would introduce licensure of the Certified Midwife provider to MN. This proposal does not change the education, preparation, or licensure of Certified Nurse Midwives in MN.

e. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

Yes. Certified Midwives (CMs) would apply for licensure in MN by the Board of Nursing. Applicants will show evidence of both of the following:

(1) Current active Board Certification by the American Midwifery Certification Board (AMCB). Active Board Certification entails passing the board certification exam and recertification by AMCB every subsequent 5 years after initial certification.

(2) Graduation from a graduate-level midwifery education program that is accredited by the Accreditation Commission for Midwifery Education (ACME). ACME is recognized by the U.S. Department of Education as an accreditor of midwifery programs.

There will be no change in the licensure process for Certified Nurse Midwives (CNMs). Currently in MN, Certified Nurse Midwives (CNMs) are already required for licensure to provide evidence of current board certification by AMCB, proof of passing entrance board certification exam, and graduation from an ACME-accredited graduate-level midwifery education program.

3) <u>Supervision of practitioners</u>

a. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

Certified Nurse Midwives (CNM) in MN are currently licensed and regulated by the Board of Nursing with independent practice and full prescriptive authority (within their defined scope of practice). This proposed legislation does not propose any change to the supervision or regulation of CNMs.

The proposed legislation introduces licensure for Certified Midwives. Certified Midwives have an identical scope of midwifery practice, graduate education, and certification as CNMs do. Accordingly, the legislation

proposes licensure under the Board of Nursing (same as CNMs) with the same midwifery independent practice and full prescriptive authority (within the defined midwifery scope of practice).

b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

The regulatory entity already exists. The MN Board of Nursing is the proposed licensing and regulatory body of Certified Midwives (CMs), and the Board has been agreeable to this proposal since October 2019 and is still agreeable at present. The Board of Nursing will have authority to develop rules, approve midwifery education programs in MN, provide disciplinary action, and grant or suspend licenses of Certified Midwives.

c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

Yes. The proposed legislation mandates that licensed Certified Midwives maintain active board certification by the American Midwifery Certification Board (AMCB). Recertification by AMCB occurs every 5 years following initial certification. Recertification entails completion of specific topics and numbers of continuing education hours to remain current and competent. This matches the provision held by the Board of Nursing for Certified Nurse Midwives.

4) <u>Level of regulation</u> (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and well-being of the citizens of the state." The harm must be "recognizable, and not remote." Ibid.)

a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

There are currently no Certified Midwives practicing in Minnesota due to the absence of CM licensure in this state.

The lack of Certified Midwife licensure creates a barrier to midwifery practice for individuals who lack the time or financial resources to obtain a nursing degree in order to then pursue midwifery education, training and practice. This barrier hampers the growth of the midwifery workforce in Minnesota. CM licensure would also allow for more efficient use of higher education resources, as nursing education could be focused on students seeking to practice nursing rather than also supporting students who are ultimately pursuing midwifery practice.

b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

The Certified Midwife licensure currently does not exist in Minnesota and recognition of this credential requires statutory change.

c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

The proposed legislation would license Certified Midwives under the Board of Nursing with the same scope of practice that is currently authorized by the Board of Nursing for Certified Nurse Midwives. The level of regulation proposed under this legislation therefore aligns with the licensure process, standards, and practices already in place for the CNM.

5) Implications for Health Care Access, Cost, Quality, and Transformation

a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

The United States' rates of maternal mortality, severe maternal morbidity, preterm birth, infant mortality, and low birth weight are the highest among high-income nations. In fact, the United States now has the highest rate of maternal mortality among developed nations. Outcomes in Minnesota are generally better than the US in general, however great disparities in maternal mortality exist, with Black and American Indian birthing people disproportionately dying while pregnant or postpartum.

The composition of the current maternity care workforce in the United States disproportionately involves providers practicing in a high-acuity specialty model rather than a primary maternity care model that better meets the needs of most childbearing women and newborns. By recognizing the CM credential, Minnesota will be able to increase and diversify the midwifery workforce and increase access to a model of care that has been proven to improve outcomes and decrease preventable morbidity and mortality in women and infants.

b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

The Certified Midwife licensure will increase the supply of midwifery practitioners in Minnesota, likely across all geographies. The proposal is also likely to increase the racial and ethnic diversity of midwifery providers, which has been indicated by the data from other states. Currently fewer than 10% of Midwives identify as American Indian or Midwives of Color.

The proposal would not change the cost of services provided. If the increase in midwifery providers results in migration to more midwifery-led (rather than physician-led) maternal health care, that shift would generate cost savings for health systems and other payors.

c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

This proposal does not change how maternal health care services are provided. The proposal introduces a new provider type - the Certified Midwife - while the services provided remain the same.

Midwifery offers a cost-effective option for maternal health care, and a shift toward greater midwife-led care would generate savings for employers and employees, who predominantly finance private health plans, as well as taxpayers and state and federal budgets, which jointly finance Medicaid programs.

A November 2019 brief by Katy B. Kozhimannil, PhD at the University of Minnesota School of Public Health estimated the savings associated with shifting to midwifery-led care. The authors calculated the

projected changes in costs, procedures and outcomes if midwife-attended births were incrementally increased from the current level of 8.9% to 20% by 2027. The authors conclude:

- Increasing the percentage of pregnancies with midwife-led care from 8.9% to 15% would result in over $1 billion in cost savings by 2023. By 2027, if midwives were leading care for 20% of births, savings would reach $4 billion.
- About three-quarters of these cost savings are attributable to lower costs for births covered by private insurance, while one-quarter of the cost savings would be from Medicaid-covered births.
- Specifically, by 2027, cost savings associated with this modest shift toward midwife-led care would reach $2.82 billion for private health plans and $1.13 billion for state Medicaid programs.

d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

Data from other states indicate that recognition of the Certified Midwife credential increases the racial and ethnic diversity of the midwifery workforce, which will help to ensure that the maternal health care workforce reflects the diversity of Minnesota's birthing population.

Midwifery is a high-value model of health care delivery. Midwifery care has been shown to decrease rates of cesarean section, preterm birth, neonatal and infant mortality, low birth weight and medical intervention while increasing patient satisfaction. Certified Midwives are experts in individualized care, shared decision-making, and building trust, respect, and confidence in patients. When Certified Midwives are integrated into the health care system, patients get safe, satisfying, high-quality care at lower costs.

e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

There is no expected regulatory cost to state government. There is no fiscal note to the bill.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

The Board of Nursing (BON) would evaluate the number of Certified Midwives licensed and the areas of practice (geographic locations). This information would be reported in the BON annual report and licensure statistics presented at the BON (see https://mn.gov/boards/nursing/resources/reports/)

7) Support for and opposition to the proposal

a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

The proposal is sponsored by the MN affiliate of the American College of Nurse Midwives (ACNM) and the MN Advanced Practice Registered Nurse (APRN) Coalition. According to the Board of Nursing, MN

has approximately 450 licensed Certified Nurse Midwives in the state and over 12,500 licensed APRNs. The MN affiliate of the American College of Nurse Midwives has approximately 250 members and the MN Advanced Practice Registered Nurses (APRN) Coalition has approximately 800 members.

b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

- MN Affiliate of the American College of Nurse Midwives (ACNM)
- MN Advanced Practice Registered Nurse (APRN) Coalition
- Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG)
- Hennepin Healthcare System
- Hennepin County Board
- NorthPoint Health and Wellness Center
- Hennepin Health
- March of Dimes Minnesota-Wisconsin, a nonprofit research organization committed to ending preventable maternal health risks and death, ending preventable preterm birth and infant death and closing the health equity gap for all families.
- Katy B. Kozhimannil, PhD, MPA Professor, Division of Health Policy and Management Director, University of Minnesota Rural Health Research Center, University of Minnesota
- Rachel R. Hardeman, PhD, MPH Associate Professor, Blue Cross Endowed Professor of Health and Racial Equity, Division of Health Policy and Management, University of Minnesota
- Missy Saftner, PhD, APRN, CNM, Director Midwifery Program, School of Nursing, University of Minnesota

c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

The Minnesota Radiological Society (MRS) and The Society of Radiologic Technologists (SRT) previously had a concern about language related to Certified Midwives performing certain ultrasound examinations. The ACNM and APRN Coalition reviewed this concern and agreed to amended language to the definition of certified midwifery practice that specifically excludes interpreting and performing specialized ultrasound examinations. This language was agreed upon at the end of last session and was incorporated into this year's bill. There is no known opposition to the bill at this time.

d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

The ACNM and APRN Coalition amended language to the definition of certified midwifery practice that specifically excludes interpreting and performing specialized ultrasound examinations. This language was agreed upon at the end of last session and was incorporated into this year's bill. There is no known opposition to the bill at this time.