

Current state laws impose structural and financial barriers that significantly restrict women’s access to professional midwifery care in California.

- Physician supervision requirements. Business & Professions Code section 2507 requires that midwives practice “under the supervision of a licensed physician and surgeon.”
 - In reality, Licensed Midwives cannot meet this standard. Physician/surgeons will not assume this responsibility because doing so would risk the loss of their malpractice insurance.
 - This requirement has no foundation in public health concerns. In 1998, the Center for the Health Professions at UCSF “convened a taskforce of national experts” to study the contributions of the midwifery profession in efforts to improve childbirth outcomes and reduce costs. The PEW Health Professions Commission adopted the findings and recommendations of the taskforce, including the conclusion that “midwifery care can result in improved outcomes and decreased utilization of resources that translate into cost savings”.
 - The physician supervision requirement is outdated, and unique to California, Arkansas and Louisiana. Twenty-five other states license midwives to practice independently based on background and training requirements equivalent or less stringent than those imposed in California.
- Lab Access. Licensed Midwives are required to be trained in the use of diagnostic tests, devices and medications relevant to pregnancy and childbirth, but currently there is no legislation authorizing midwives to order and administer the same.
 - Changes are needed to ensure that Licensed Midwives can administer the care they are trained to provide.
 - This would not include controlled substances such as narcotics.
- MediCal Reimbursement Eligibility. Licensed Midwives are currently unable to become MediCal providers without a supervising physician.

Increasing access to less expensive, less invasive birthing options could dramatically reduce the cost of childbirth, which is the leading cause of hospitalizations in the US (childbirth and newborn care account for over 20% of the Medi-Cal budget).

- Out-of-hospital birth will cost Medi-Cal as much as 80% less than hospital birth. Because over 100,000 pregnant women are Medi-Cal recipients annually, the savings to California would be enormous.
- The rate of Cesarean birth is 3-4x higher in hospitals than in planned out-of-hospital birth. Increasing access to midwifery care results in dramatically less invasive births and lower mortality rates.

Lifting unnecessary restrictions on the practices of Licensed Midwives will not compromise the health or safety of mothers and their newborns.

- Births attended by Licensed Midwives result in better outcomes (fewer preterm births, fewer unnecessary cesareans, and more successful breastfeeding) compared to hospital births.
- Licensed Midwives are regulated by the Board of Medicine and currently practice without physician supervision. The changes we are seeking here will simply provide

greater access to care provided by licensed professionals and ensure that they can offer the full suite of services they are trained to provide.

The barriers that interfere with access to professional midwives in California unreasonably restrict the choices of women, especially underserved women.

- Inequitable reimbursement policies of the Medicaid and Medi-Cal programs discriminate against midwives and birth centers and thereby prevent access by women in underserved communities.
- Under current law, Licensed Midwives cannot become Medi-Cal providers, making Medi-Cal beneficiaries unable to use the services of Licensed Midwives.
- Medi-Cal reimbursements are also unnecessarily limited by a requirement to have at least one physician or Certified Nurse Midwife attend the births at a licensed center
 - Licensed Midwives are the experts in out-of-hospital births (like those at birth centers).
 - Licensed Midwives should be added to the list of health care providers eligible for insurance reimbursements at state licensed birth centers.

To increase access to competent, Licensed Midwives in California, the law regarding educational requirements must be clarified. The current requirement for supervised clinical training is ambiguous. The legislative changes proposed by CAM would remove ambiguity by requiring registration with a national certifying body during supervised clinical training.

The legislative changes sought by CAM are consistent with previous legislative findings. Senate Bill 1479 (Stats. 2000, Ch. 303) made the following findings:

- Childbirth is a normal process of the human body and not a disease.
- Every woman has a right to choose her birth setting from the full range of safe options available in her community.
- The midwifery model of care emphasizes a commitment to informed choice, continuity of individualized care, and sensitivity to the emotional and spiritual aspects of childbearing, and includes monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; providing the mother with individualized education, counseling, prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support; minimizing technological interventions; and identifying and referring women who require obstetrical attention.
- Numerous studies have associated professional midwifery care with safety, good outcomes, and cost-effectiveness in the United States and in other countries. California studies suggest that low-risk women who choose a natural childbirth approach in an out-of-hospital setting will experience as low a perinatal mortality as low-risk women who choose a hospital birth under management of an obstetrician, including unfavorable results for transfer from the home to the hospital.
- The midwifery model of care is an important option within comprehensive health care for women and their families and should be a choice made available to all women who are appropriate for and interested in out-of-hospital birth.

The California Association of Midwives respectfully requests your support for legislation that:

- Deletes the requirement that midwives practice under the supervision of a licensed physician and surgeon.
- Deletes the current midwife to physician ratio.
- Clarifies the tests, drugs and devices that midwives may order and administer.
- Adds Licensed Midwives to the list of health care providers eligible for insurance reimbursements at state licensed birth centers.