

Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Denson, and Members of the House Families, Aging, and Human Services Committee, thank you for the opportunity to provide proponent testimony on HB 496.

My name is Pamela Bell, and I am a Certified Professional Midwife practicing since 2013 in the southwest Ohio/northern Kentucky area. I am the President of Ohio NACPM (National Association of Certified Professional Midwives). I have been licensed in Kentucky since 2020, when the first licenses were issued.

CPMs and CMs are the only midwifery certification that requires experience with attending births outside of a hospital setting. Our practices are client-centered, and we view pregnancy and birth as by and large normal life events. We employ the Midwife Model of Care tenets to provide individualized care with minimal technological intervention; monitor the physical, psychological, and social well-being of the parent; and identify and refer people who require a higher level of care appropriately. We have a strong emphasis on education and autonomy, recognizing that the appropriate person to make decisions about their care is the pregnant person. This type of care has been shown in well-designed studies to lead to excellent outcomes for mothers and babies.

HB 496 provides legal protection for midwives for the care we are already providing and increases accountability and transparency. This bill contains requirements for midwives to provide relevant information to patients including their credentials, escalation of care steps, and practice philosophy and obtain the patient's informed consent before providing care. This is not a legal requirement in our current system. HB 496 requires midwives to create an individualized transfer plan with each patient and, in the event of transfer, provides EMS and the receiving hospital liability protection for any services or care provided before, during, or after transfer. HB 496 protects independent practice for CPMs, with no physician or hospital collaborative agreement required.

HB 496 provides multiple paths to license including CPM + Bridge Certificate, MEAC accredited education and license reciprocity with the other 37 states that already license CPMs. Most practicing Ohio midwives are already CPMs and the addition of the Bridge Certificate is an accessible addition that complies with US MERA recommendations. Additionally, the bill delays licensing requirement until 2025, allowing currently-practicing midwives and students to complete the requirements for licensing and prevent lapses in care.

This bill provides for commonsense exemptions for religious and Indigenous clients and midwives with the goal of increasing midwifery care accessibility. From our discussions with midwives around the state, almost all midwives would qualify to either obtain a license or for one of the exemptions contained in this bill, meaning that enacting the bill will result in minimal disruption in the current midwifery community. Additionally, we have spoken to several midwives who could be providing care, but who do not currently practice due to concerns with the legal "gray area" in which CPM practice falls at this time. Providing clarity about the legal status of CPMs by providing the ability to license will in fact increase the number of practicing midwives, increasing accessibility.

The Board of Nursing, advised by a midwife-majority council, will codify risk levels, with most conditions requiring only informed consent from the client. This bill does not create a new licensing board. Accountability to a board and established standards of care increase safety for families. As it stands currently, families have no ability to address practice issues with remediation because there is no board to address these concerns. Practice deficiencies can't be corrected, leading to the potential for poorer

outcomes. HB 496 also creates an adverse outcome and data reporting system to study the impact of midwifery on maternal and infant health outcomes.

HB 496 increases safety and accessibility to appropriate care for clients. Our training prepares us to be independent care providers during the childbearing year, with the ability to utilize standard testing to screen for potential issues in order to advise clients about their health status and make appropriate recommendations and referrals. HB 496 maintains the appropriate autonomous practice of CPMs and provides for the ability to order testing such as ultrasound and labs. CPMs will be legally permitted to carry and administer medications for hemorrhage, oxygen, RhoGAM, vitamin K and others so that families who choose to birth outside of a hospital have similar safety nets available to them.

For these reasons, I ask you to vote in favor of HB 496.