Angelita Nixon, ***MSN, APRN, CNM, FACNM***

Advanced Practice Registered Nurse
Certified Nurse-Midwife

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Dear Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Liston, and Members of the House Families, Aging, and Human Services Committee:

Thank you for the opportunity to provide proponent testimony on HB 496.

I am Angelita Nixon, Certified Nurse-Midwife, fellow of the American College of Nurse-Midwives (ACNM), and I am here to speak in favor of HB 496. I am not currently an Ohio resident, but I do have an Ohio connection. I lived in Ohio for 8 years, and attended graduate school at Case Western Reserve University until 1998. With a master's degree in nursing I moved to West Virginia (about 45 minutes from the Ohio state line) where I became licensed to practice as a CNM with prescriptive authority. For five years in the practice in which I was a staff midwife, we attended birth in three settings - a Level I community hospital, a Level III medical center, and a freestanding birth center. In 2003 I started a small home birth practice in West Virginia, which steadily grew to capacity within a few years (which is about 20-25 births per year for me as an independent midwife). I have a home office based in rural Appalachia, serving primarily West Virginia clients, but also including several Amish and Mennonite communities and the surrounding rural areas and small towns of Southeast Ohio. I became an Ohio-licensed CNM for several years, when my collaborating physician, too, was licensed in Ohio. When he moved away, I was no longer eligible for Ohio licensure because I didn't have a Standard Care Arrangement, even though I collaborated with and referred to multiple physicians in the areas I served. I have continued practicing independently in my home state of West Virginia up to the present, and I have supported, precepted, consulted, encouraged, and assisted the start-ups of multiple other midwifery practices in West Virginia and Ohio. I have also participated in the education of many student health care professionals - medical students, nurse practitioner students, physician assistant students, paramedics, and (probably my favorite), student midwives and/or midwives seeking each of the credentials referenced in HB 496 - including several who now reside and practice in Ohio.

I have practiced with the benefit of licensure as a midwife in Ohio and West Virginia, safely managing labors and attending births in all settings (planned birth at home, in a freestanding birth center, and in multiple hospitals), for nearly 20 years. I still regularly receive inquiries for midwifery services by Ohio residents, and my answer to them is the same - the citizens of Ohio must ask their legislators to update midwifery practice conditions in order for more midwives (or

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myself) to be willing and able to again practice in Ohio. Midwifery care represents best practices, and should be more widely available and utilized. Incidentally, in my rereading of the entire bill, I found a potentially problematic section on page 88 (line 2506), stating that referral facilities agree in advance to accept midwife client transfers. This wording places an undue burden on midwives to negotiate what is already considered a patient's right, under federal law known as EMTALA (the Emergency Medical Treatment and Labor Act). In cases where midwives serve large geographic regions it is especially burdensome to those midwives in rural practices because of the long distances, involving numerous facilities in multiple locations, particularly when located further from our own home communities. The processes involved for midwives individually negotiating transfer arrangements in advance could represent impractical or impossible barriers to care for some consumers. This may have been addressed already if there are subsequent revisions, but HB 496 could be improved if it made receiving transfers compulsory, or otherwise ensured mutual responsibility for care of the few midwife patients who do need to access services available only in hospitals. In my practice, for instance, it is the client who initiates individual arrangements for care if they wish to specify which professional in whose care they will be. However, clients may also present for care, unassigned, at any time, for any reason, without a prior arrangement.

HB 496 opens avenues for additional midwives to professionally serve more clients - clients who enjoy the benefits of good health and cost savings due to outcomes attributable to being in the care of midwives.

Sincerely,

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