OAAPN
Ohio Association of Advanced Practice Nurses

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 present written opposition testimony to Substitute HB 496 (the "Sub. Bill") on behalf of the Ohio Association of Advanced Practice Nurses ("OAAPN"). HB 496 addresses the licensing of certified midwives and certified professional midwives ("CPMs") as well as creating additional practice requirements for certified nurse midwives ("CNMs"). OAAPN is a trade organization that represents Ohio's advanced practice registered nurses ("APRNs"), including nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists. Ohio's APRNs serve Ohio patients in a variety of settings including, but not limited to, hospitals, freestanding birthing centers, clinics, federally qualified health centers, and medical practices including APRN-owned practices.

OAAPN does appreciate the changes that are being proposed in the Sub. Bill, especially the addition in Line 1521 that allows CNMs to provide care for normal newborns during the first twenty-eight days of life. Ohio is one of only a few states that does not allow CNMs to perform this service, which is well within their scope based on their education and training. OAAPN is pleased to see CNM scope of practice recognized in the Sub Bill. However, there are still substantive issues to be addressed prior to OAAPN offering their support of the Sub. Bill language in its entirety. Each area of concern is addressed below.

CPM Scope of Practice

OAAPN appreciates the efforts that Ohio is taking to license providers of obstetric care in addition to CNMs, especially as the workforce shortages are continuing to be prevalent. However, OAAPN does have concerns regarding the way that the scope of practice of the CPM is described in the Sub. Bill (Lines 2355-2375).

For example, Lines 2355-60 would allow CPMs to care for the family (in addition to the mother and baby) during the pregnancy, birth, and postpartum period, something not currently allowed for CNMs or certified midwives. Further, Lines 2374-75 allow CPMs to order and interpret laboratory and diagnostic testing, which could conceivably include elements outside of obstetric care and, therefore, seems unreasonably broad.

Additionally, Lines 2482-2525 state that "In adopting the rules, the board shall allow a midwife to attend any of the following as a home birth only if the conditions described in division (B) of this section are satisfied: a vaginal birth after cesarean, birth of twins, or breech birth." Because this says "midwife" instead of "certified midwife" it appears that CPMs can participate in high-risk procedures in a home setting.

OAAPN encourages the Committee to push for the development of more precise language that ensures that the CPM scope of practice is well-defined and does not expand beyond that of previously recognized clinical disciplines.

Reporting Requirements

Proposed Section 4723.584 (Lines 2617-2674) creates increased reporting requirements for adverse events for CNMs, certified midwives, and CPMs. OAAPN opposes the applicability of this Section to CNMs, who are already subject to quality monitoring and facility reporting requirements. Additionally, the reporting requirements could potentially compromise patient privacy and create an unnecessary administrative burden to which no other clinical provider is subject.

As APRNs, CNMs are required to have a Standard Care Arrangement with a physician as specified in OAC 4723-8-04 and ORC 4723.431. Additionally, CNMs are subject to random chart review, evaluation, and audit under OAC 4723-8-05. The information the Sub. Bill requires CNMs to report is already being shared based on the quality assurance provisions currently in statute or rule. The addition of required reporting under the Sub. Bill would create a redundant administrative effort that is unnecessary and burdensome.

Midwifery Advisory Council

Proposed Section 4723.60 (Sub. Bill Lines 2688-2780) defines how the new Midwifery Advisory Council will be staffed and organized. The proposed language specifies that the Council will be composed of one (or two) CNM(s), possibly one certified midwife, three CPMs, three physicians, and one member of the public. Despite their underrepresentation on the Council, all CNMs are subject to disciplinary actions from the Council. Additionally, the way the Council is currently composed, providers of different disciplines are able to make decisions about the scope of practice of CNMs and impact their ability to practice in different settings. This could be detrimental to CNMs, especially because they have such a small representation on the Council.

To make the representation more equitable, OAAPN recommends two solutions: 1) allowing each discipline (CNMs, certified midwives, and CPMs) to have equal seats on the Council, and 2) adding language that specifies that CNMs may vote on sanctions for other CNMs and the same for certified midwives and CPMs. This will ensure that no individual practitioner is being unfairly targeted by other disciplines and ensuring that each discipline has equal representation.

Technical Change

Lines 2434-36 have a small technical error and includes CPMs twice instead of all three disciplines. The Lines should say “The following information shall be exchanged in writing between a certified nurse-midwife, certified midwife, or certified professional midwife and patient…”.

As explained above, OAAPN appreciates the additional language in the Sub. Bill that expands the CNM’s scope to reflect that of many other states. However, we still have concerns regarding the specificity of the certified midwife and CPM scope of practice. OAAPN appreciates the Committee’s time and consideration.

Sincerely,

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President - OAAPN