

Chairman Manchester, Vice-Chair Cutrona, Ranking Member Denton and the esteem members of the House, Families, Aging, and Human Services Committee, thank you for the opportunity to provide a written interested party testimony on Sub-HB496.

My name is LaVada Tillie. I am dual certified as a Family Nurse Practitioner – Certified (FNP-C) and Certified Nurse Midwife (CNM). I was born in Cleveland, Ohio in Cuyahoga County where I have lived all my life. I am a current employee at University Hospital Cleveland Medical Center, where I was born. Unfortunately, I was unable to join my colleagues in person because I will be covering Labor and Delivery today. So, in my absence, my colleagues are willing to read my written testimony on my behalf as an interested party to Sub-HB496.

As both a CNM and FNP-C, I wanted to address newborn care provided by CNMs. I feel it is both a privilege and duty to speak on behalf of women and their families whose care may be negatively impacted. Education for the CNM included both mandatory didactic and clinical assessments of newborns. As a graduate of the Nurse Midwifery program at Case Western Reserve University, the minimum requirement was 30 newborns. Additionally, each CNM must successfully pass a national certification exam. In fact, care of the neonate is listed as an essential component and professional responsibility of all midwives certified by the American Midwifery Certification Board (AMCB) on the American College of Nurse Midwives (ACNM) Core Competencies for Basic Midwifery Practice. CNMs have historically provided continuity and wholistic family centered care. The current bill as written interrupts this phenomenon and may impose additional burdens on the family including limiting access to care which is concerning.

I am in support of ensuring that women have more and better avenues to access care and the practice of both Certified Midwives (CMs) and Certified Professional Midwives (CPMs). However, I am against CMs and CPMs infringement on the practice of Family Nurse Practitioners (FNPs). CMs and CPMs education does not include Primary care and or care of the family. The breadth and the depth of Primary care is so vast and complex, that it is beyond their education and scope of practice. Simply put, quantity of providers in numbers does not always equate to quality of care especially as it relates to one of our most vulnerable populations, children, and newborns.

Respectfully,

LaVada Tillie, MSN, FNP-C, APRN-CNP, APRN-CNM