

Testimony on HB 496

Chairwoman Manchester, Vice-chair Cutrona, Ranking Member Denson, and all members of the Families, Aging, and Human Services Committee:

My name is Freida Miller. I am a practicing CPM from Holmes County, the largest Amish community in the state. I have been a midwife for 37 years and have received over 4000 babies into this world.

Thank you for giving me the opportunity to give testimony today regarding HB 496 and the Substitute bill that has just been brought forth.

As the current president of Community Midwives of Ohio, I will be speaking on their behalf today.

CMO is a 501 (c)6 midwifery-led organization formed to advocate for the protection of practicing rights of all midwives. We strive to provide member midwives with information and action opportunities to keep midwifery alive and well in Ohio.

Our organization represents over half of Ohio's current practicing midwives. Our goal is to uphold and protect our state's current support of autonomous practices of diverse types of midwives. We recognize that there are different routes to becoming a midwife, including the apprenticeship model, as well as different types of midwives. Direct entry midwife is an umbrella term that encompasses all types of non-nurse midwives (CM's, CPM's, CIM's, and traditional or community midwives).

We long to see the tradition and art of midwifery retained for future generations.

We oppose HB 496 and the substitute bill as currently written. (*See attached Exhibit A*)

HB 496 has many merits in its attempts to license CM's and CPM's in Ohio. We would like to see licensing be available for the midwives that feel they would be better able to serve well with it.

However, there are also many problematic portions to the bill, which, unless amended, will greatly affect the work of many midwives, including a number who have been successfully serving families in Ohio for over 3 decades.

As Representative Koehler said in his introduction ,...and I quote , "There is no problem with midwives in our state - nothing currently needs to be fixed with midwifery in Ohio."

To our best count, there are approximately 75 practicing direct entry midwives in Ohio, and that number increases yearly. We have not been able to locate any certified midwives in the state.

We are here to request that HB 496 be amended in ways that will increase protection in this state for all types of midwives, both licensed and unlicensed.

Currently, midwifery is not illegal in Ohio. There are no laws prohibiting the practice of direct entry midwives in our state . HB 496, or its substitute bill, if passed as written, will criminalize unlicensed midwives as a 4th or 5th degree felony.

How can this be in the best interests of childbearing women and families in our state?? There are thousands of families all over the state who value highly the services of unlicensed midwives. (You have received letters from a small fraction of them.)

Poor fetal / maternal outcome rates in Ohio is cited as a reason to introduce this bill. How will requiring all midwives to be licensed improve maternal and fetal outcomes? Remember that Representative Koehler says midwives are already doing a good job, and they are unlicensed.

Requiring licensure will not increase the number of midwives in our state. It will greatly decrease it. Will this improve outcomes??

Following are three suggestions to improve HB 496:

1. Add or change language to eliminate criminal charges for providing simple midwifery care.

It is well documented that the Midwifery Model of Care (*see Exhibit B definition*) is safe and satisfying to the majority of women. Please uphold the work of midwives instead of instituting laws that would hinder the practices we have had for decades.

2. Do not place the Ohio Board of Nursing as the regulatory body over non-nurse midwives.

In general, midwives are not nurses. We do not practice medicine, but rather have devoted our lives to the care of pregnant women using the Midwifery Model of Care. This is not the same paradigm as obstetrical care or certified nurse midwifery care.

We suggest that any regulation to our profession be overseen by the Board of Health, the Board of Job and Family Services, or another board more appropriate to our profession. Other states have shown that there are boards better suited to oversee the regulation of midwives than the Board of Nursing. (*See exhibit C and D charts*)

3. Exemptions need to be more solid.

The exemptions put forth in Section 4723.54B of HB 496 and Section 4723.54B2 (f) and (g) of the substitute bill do not go far enough to protect all midwives and the families desiring their services. As well, according to our legal advice, these exemptions are extremely fragile to the bill and are at high risk of being changed or removed with time. It is our understanding that a non-severability clause needs to be added to HB 496 and its substitute bill to more solidly protect these exemptions. We ask that the bill be amended in such a manner.

Thank you for giving me the opportunity to testify today. I will try to answer questions honestly to the best of my ability.

Submitted respectfully,
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