

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

My name is Barbara Lahey and I am opposed to HB 496 the new SUHB0496, as it is currently written. I'm a Certified Professional Midwife (CPM) serving northwest Ohio covering at least 14 counties.

I have been involved with midwifery for nearly 45 years and became a CPM in 1993. I initially got involved in midwifery because I almost could not find a midwife to assist me in my own births and that just didn't seem right, so I joined the forces to allow other like-minded women to be able to have another woman assist her in her desire to have babies naturally, the way God intended.

During my career I have sat on the board as the Treasurer for the Foundation for the Advancement of Midwifery, I've been the past Secretary and President of the Ohio Midwives' Alliance and currently sit on the board of the Community Midwives of Ohio.

I think I may be against all legislation since practicing thus far has been fairly smooth. Yes, there are bumps, but those mainly come from the medical establishments that, in my opinion, need to be educated on homebirth and midwifery. I don't believe that having a law concerning homebirth midwives would make our lives much different in dealing with OBs, CNMs and hospital staff than they are currently. Over the years there have been very few medical persons who have been accepting of me, my clients and our ways. There are a few more these days. Doctors, CNMs, nurses and whomever, are not suddenly going to accept us or be respectful just because there's a law. That takes us personally creating a relationship with those folks. And that is where the acceptance and respect develop. And either way, this is going to take years to come to fruition.

Some midwives think a law would be helpful in getting Medicaid reimbursement. I think there are misconceptions concerning Medicaid and other insurance reimbursements. For one, I'm not a fan of Medicaid. I have some experience with being paid by them back in 2003 when I was in an office with a CNM and she took Medicaid. I could not believe the tiny payment she received for all of the prenatal care, delivery and PP care! So, no thank you, I will not take Medicaid payments. If I choose to offer a lesser fee for my services then that is my decision and not someone dictating to me what I am worth. Same goes for other health insurances. They want you to become one of their providers and then they start dickering with you on what they're willing to reimburse, which of course, is far below what you'd like to get. It makes no sense to me to be paid less than what I'm charging because I'M ALREADY CHARGING FAR LESS than what they would pay an OB and the hospital. And I spend much more face-to-face time than an OB or even a CNM does with their patients, which is one of the insurance reimbursement factors. Granted, you have to take into consideration all of the people that work for the OB and the hospital and all of their other overheads. I'm just saying, there shouldn't be the same percentage of lessening the pay for homebirth.

As a member of the Board of Directors of Community Midwives of Ohio and a community midwife myself, I can tell you that we support ALL categories of midwives who provide care for out-of-hospital births. In Ohio, the number of CPMs and DEMs are basically equal. There are approximately 35 known CPMs and 30+ known traditional midwives in practice. Somewhere between 2%-3% of births occur out of hospital under the care of non-nurse midwives. Traditional midwives and CPMs serve families of all ethnic, religious and socio-economic backgrounds.

This bill will not improve the infant or maternal morbidity or mortality rates in the African American communities – which is one reason the bill was generated – given the following:

- High mortality rates occur in hospital settings which do not involve CPMs and traditional midwives, as these midwives work with low-risk parents.
- Unlicensed midwives have upheld excellent infant-maternal morbidity and mortality rates with their out-of-hospital care for many decades.
- Traditional midwives and CPMs are the experts in out-of-hospital births and undergo focused training for this purpose, of which CMs and CNMs do not.

This bill does not address a real need/problem for midwives and childbearing families in Ohio. It is essentially a “solution looking for a problem”. It reflects a government overreach with regulation at the cost of rights/freedoms of birthing families and midwives alike.

Unlicensed midwives (every traditional midwife and CPM in Ohio today) are not criminals now, however, as it is written, this bill creates a felony status against traditional midwives for practicing midwifery in the way she has done for decades. For those providers who are not nurses or physicians, the threat of criminal penalties should be removed. Providers should instead supply informed consent documents to be signed by the birth parent(s) prior to birth and be kept on file by the provider. Mandatory licensure and its requirements will eliminate the true art of midwifery and, ultimately, eliminate the traditional midwife. Please reconsider the demise and extinction of this ancient art of which this bill will surely cause.

Thank you for listening.

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