79TH HOUSE DISTRICT
PARTS OF CLARK COUNTY
INCLUDING: SPRINGFIELD, NEW CARLISLE,
SOUTH CHARLESTON, AND ENON

COMMITTEES

CHAIR: AGRICULTURE & CONSERVATION
PRIMARY AND SECONDARY EDUCATION
TECHNOLOGY AND INNOVATION

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State Representative Kyle Koehler
Ohio House of Representatives

Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Denson, and Members of the Ohio House Families, Aging, and Human Services Committee – thank you for allowing me to provide sponsor testimony on HB 496.

This is an important bill which moves to license the practice of midwifery in the State of Ohio.

As we tackle the topic of midwifery licensure, know that we are not the first state – we are not even the first General Assembly – to consider the licensure of midwives. My predecessor from Clark County, Merle Kearns, co-chaired a legislative study commission in 1998 investigating this topic. Yet, today, midwives remain unlicensed.

Over the next few weeks, we will spend a lot of time talking about what this bill is. I would like to start off by telling you what this bill is not.

HB 496 was not brought about to fix a problem. The midwives providing care in Ohio are not causing problems – they do not need to be "fixed." Allowing woman the choice of where and how to deliver their babies has been going on since the beginning of time. This is not a bill to punish anyone for practicing midwifery in Ohio.

In fact, my goal is the complete opposite. It is my hope, and the hope of the dedicated proponents of this bill, that HB 496 will open up and expand the practice of midwifery in Ohio.

Midwifery has shown to be a low-cost birth option that reduces the rate of unnecessary surgical intervention. Studies indicate that where midwives are present, the rate of maternal and infant mortality decreases. We want midwifery to be prevalent and widely accessible… we want midwifery to flourish. That is the intention of this bill.

Most importantly, Ohio is facing an infant and maternal mortality crisis – one that is disproportionately harming Black mothers and babies. Not only are the outcomes in non-white communities especially poor, but ODH has determined that the majority of these deaths are preventable.

Midwifery could be an antidote to this crisis.

The midwifery model of care embodies a combination of clinical and relationship-based service. Ohio still faces major healthcare service deserts and midwives are trained to fill those gaps. Midwives are able to provide culturally-informed care that is low-cost and accessible.

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Midwives literally save lives.

You are going to hear many terms associated with midwifery. With my written testimony, I have provided a list of terms and acronyms for your reference. Some of those terms are:

Certified Nurse Midwives (CNMs): CNMs are Registered Nurses (RN) or Advance Practice Registered Nurses (APRNS) that have additional training in midwifery. All CNMs hold a master's degree or PhD. While CNMs are able to practice in all birth settings including private homes, clinics, birth centers, physicians' offices, and hospitals, a majority strictly attend births in a hospital setting.

Certified Midwives (or CMs): All CMs hold a master's degree or PhD in midwifery, but, unlike CNMs, they do not hold a degree in nursing. Like CNMs, they can practice anywhere, but the majority strictly attend hospital births.

In every way but education, CNMs and CMs are functionally the same.

Certified Professional Midwives (CPMs): All CPMs have graduated from a midwifery education program or an experience-based education route and have obtained a CPM certification through NARM. CPMs work almost exclusively in freestanding birth centers and in the home-birth setting. CPMs are trained to provide care for low-risk, normal pregnancies.

Direct Entry Midwives (DEMs): *Also called a Traditional Midwife or Lay Midwife.* Educated through an apprentice based model, DEMs have no formal certification, licensure, or education program. The training and the level of care DEMs engage in varies greatly between midwives.

Ohio already recognizes and licenses CNMs. HB 496 creates a licensure pathway for CMs and CPMs.

All of these groups have had input on this bill. We have had multiple of meetings with each of these groups and many individual midwives over the last year. They have differing opinions, different desires. There is at least one group of direct entry midwives that would like us to do nothing at all… but then individual members of the group come to us saying they support some of the provisions.

As you consider this bill, the most important thing to remember is that, in Ohio, non-nurse midwifery is not expressly permitted, nor is it expressly prohibited. CPMs and DEMs have been arrested, jailed, sued, and investigated for doing nothing more than providing the care they were trained to provide. During our one-on-one conversations we have heard midwives say:

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"You aren't really a midwife until you've been investigated."

"I've gone through the training, but I won't use my license until midwifery is legal."

"Whether you like it or not, all it takes is one angry doctor to end your career."

"I've stopped using my license because a court case would be devastating for my family."

Currently, non-nurse midwives are legally prohibited from obtaining and administering pharmaceuticals, yet nearly every midwife I've spoken with carries medication.

Non-nurse midwives are legally prohibited from ordering ultrasounds, tests, and labs – yet midwives order labs and tests anyway.

We do not want to outlaw these activities for midwives – access to pharmaceuticals and tests is medically appropriate and necessary. By licensing midwives, HB 496 will make these activities legal so midwives can provide the best and safest care possible.

Beyond pharmaceuticals and tests, HB 496's provisions create a standard for midwives that balances safe care and the patient's medical freedom. The bill creates a tangible structure that will strengthen the working relationship between physicians, nurses, and midwives – something Ohio is sorely lacking. I know you all have the bill analysis, so I will just give you the high points:

- The bill provides three pathways to meet the educational requirements to become a licensed CPM:

    1. Graduate from a MEAC-accredited education program and obtain the CPM certificate through NARM;

    2. Obtain the CPM certification through NARM and a Midwifery Bridge Certificate. The Bridge Certificate constitutes fifty hours of continuing education, focused on providing care in emergency situations;

    3. Hold a valid license to practice in another state.

- The bill allows CPMs to legally provide the care they are already providing by allowing them to obtain, furnish, and administer a limited, codified list of pharmaceuticals. This list was

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developed with input from the American College of Obstetricians and Gynecologists and the CPMs;

- It allows CPMs to order ultrasounds, tests, and labs without physician intervention;

- It requires midwives conducting a home-birth to create an individualized transfer plan with each patient and, in the event of transfer, provides EMS and the receiving hospital liability protection for any services or care provided before, during, or after the transfer;

- HB 496 includes robust informed consent measures - requiring midwives to provide their credentials, escalation of care steps, and practice philosophy to prospective patients and obtain the patient's informed consent before providing care;

- To better understand the impact of midwifery on maternal and infant health, the bill creates an annual data reporting system. It also requires all adverse incidents that occur during a home birth to be reported by the midwife within fifteen days;

- **HB 496 does NOT create any new licensing boards.** CPMs and CMs will be licensed under the Board of Nursing, the regulatory authority currently licensing CNMs. To ensure the unique and historic roots of midwifery are maintained, the bill creates a Midwifery Advisory Council under the Board of Nursing to recommend regulation and rule changes. This bill will add two seats on the Board of Nursing that must be filled by a CNM, CM, or CPM – with one practicing in a rural area and the other from an urban area.

- Finally, midwifery has substantial ties to Ohio's religious and cultural communities. To prevent lapses in care and out of respect for those individuals, the effective date of all unauthorized practice penalties are delayed until January 1, 2025.

- The bill also includes three common-sense exemptions – religious, Indigenous, and non-religious serving religious. The number of practicing non-nurse midwives in Ohio is estimated at between around 100. I will tell you that these exemptions cover almost every DEM in Ohio.

In the end -

- 1 in 6 of our counties (14 total) are maternal healthcare deserts with no access to birthing hospitals, OBGYNs, or certified nurse-midwives;

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- Ohio has one of the highest infant and maternal mortality rates in the nation;
- 1 in 7 women of working age (14% total) in Ohio live below the poverty line.

The way Ohio has historically cared for mothers and babies, especially in communities of color, is not working. Legal and accessible midwifery offers a safe alternative for the women who are most in need of specialized, relationship-based care.

Again, this bill is not trying to harm or stop those who have been practicing midwifery in Ohio for years. Many of these midwives have delivered hundreds, if not thousands, of healthy babies.

The bill does, however, want to help those just now entering the field of midwifery by giving these first time midwives the tools and guidance they need to take midwifery where it is needed most.

I thank you all, in advance, for helping me make this bill the best it can be for everyone involved… including the expectant mothers in Ohio. Thank you for your time and I look forward to your questions.