



House Bill 496
Proponent Testimony
Ohio House of Representatives, Families, Aging, and Human Services Committee
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Chair Manchester, Vice-Chair Cutrona, Ranking Member Densen, and members of the House Families, Aging, and Human Services Committee, my name is Lisa Amlung Holloway and I hold the position of Maternal and Infant Health Initiatives Director in Ohio for March of Dimes. Thank you for your longstanding leadership in support of women and families and for continued commitment to addressing critical issues that meet the needs of Ohio families. I am pleased to submit this testimony in support of House Bill 496.

March of Dimes is our nation's leading nonprofit organization fighting for the health of all moms and babies. We began that fight more than 84 years ago as an organization dedicated to eradicating polio in the U.S., a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

March of Dimes' ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Rates of preterm birth are increasing, the U.S. is one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in birth outcomes between women and infants of color and their white peers. This is the case in Ohio also where 14,120 babies (2019) are born preterm every year. That is 1 in 10 babies. In addition, women died from pregnancy-related causes in Ohio at a ratio of 14.7 per 100,000 live births from 2008 through 2016 and over half of deaths (57 percent) were thought to be preventable. (ODH) Disparate outcomes are also extreme in Ohio where the preterm birth rate among Black women is 48% higher than the rate among all other women and Black women died at a rate more than two and a half times that of white women. (MOD, ODH) Lastly, there are 14 maternity care desert counties in Ohio where women do not have access to prenatal and maternity care. (MOD)

Ensuring that women, infants and families have access to quality care is essential to achieving our goals of reducing premature birth, infant mortality, maternal morbidity and mortality and an achieving equity in birth outcomes. March of Dimes supports increasing access to midwifery care for low- and moderate-risk women as part of an integrated system of care. Studies document that midwifery care is associated with fewer interventions, cost-effectiveness, increased patient satisfaction and improved care.

March of Dimes believes that the approach and philosophy of midwifery, as described by the International Confederation of Midwives (ICM), should be widely available as a choice for women.

March of Dimes both applauds and supports Ohio in finding a pathway to increase access to midwifery care. In such, we support the intentions of House Bill 496 and offer these recommendations:

- We support licensing of CPM's (certified professional midwives) based on the recommendations of the U.S. Midwifery Education, Regulation and Association (MERA) which states;

U.S. MERA encourages the inclusion of the following two statements in legislative language for states developing licensure statutes for CPMs:

1. For the licensure of CPMs who obtain certification after January 1, 2020, in states with new licensure laws, all applicants for licensure will be required to have completed an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) and obtained the CPM credential.
 2. For CPMs who obtained certification through an educational pathway not accredited by MEAC:
 - a. CPMs certified before January 1, 2020, through a non-accredited pathway will be required to obtain the Midwifery Bridge Certificate issued by the North American Registry of Midwives (NARM) in order to apply for licensure in states using the U.S. MERA language for licensure, or
 - b. CPMs who have maintained licensure in a state that does not require an accredited education may obtain the Midwifery Bridge Certificate regardless of the date of their certification in order to apply for licensure in a state that includes the U.S. MERA language.
- Removal of the Standard Care Arrangement (SCA) for CNM's – this agreement has been retired in many states and regarded as an unnecessary administrative and financial burden.
 - Scope of Practice: while we support increasing access to midwifery care for low- and moderate-risk pregnancies and infant care, we request the bill include clear definitions of “high-risk” pregnancies.

In closing, March of Dimes encourages the Ohio House of Representatives Families, Aging and Human Services Committee to support House Bill 496 with the proposed recommendations stated above. We will continue to monitor this bill and are happy to provide additional information, as requested. Thank you!