Testimony for Public Hearing
Human Services Committee

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H.B. No. 6439 (COMM) AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM
ENDING JUNE THIRTIETH, 2023, AND MAKING APPROPRIATIONS THEREFOR.

Bill Number: 764 : AN ACT CONCERNING MEDICAID PAYMENT RATES FOR NURSE-MIDWIVES

Chairs and members of the Human Services Committee, I am testifying in support of **764: AN ACT CONCERNING MEDICAID PROVIDERS, I will focus my statement on the issues of pay parity for midwives.**

Certified Nurse Midwives/Certified Midwives should receive equal reimbursement rates as OB/GYNs for the same services at the same rate as OB/GYNs for many reasons:
Midwives improve access for Women's reproductive health in the State of Connecticut maternal and improve child health outcomes, specifically in communities of color. Midwives save the state money by expanding the use of CNMs/CMs in Connecticut *and* Attract and retain new graduates and promote midwifery in Connecticut. Midwives Improve viability of practices, Healthcare systems and obstetricians who employ midwives.
Here are some facts:
- CNMs are licensed, autonomous health care providers with prescriptive authority in Connecticut and there are 208 licensed Midwives in CT.
- In 2017, Licensed Midwives attended 9.6% of all Connecticut births, 14.6% of all vaginal births.
- Connecticut has a C/S rate of 34.8%. DSS C/S rate 34.1%
- In 2018, 5,166 CT Medicaid cesarean births (34%) cost DSS $56,689,254. CT would save $471,736 for each 1% the C/S rate is reduced. CT would save $1 Million dollars for every 2.1% reduction in cesarean rates.
- DSS reimbursement for vaginal birth $7,870 vs $10,973 for c/s births. $3,100 differential.
- Studies show that women cared by Licensed Midwives have lower rates of cesarean deliveries, induction rates, anesthesia use and higher breastfeeding rates.
- Medicare rates for Midwives are federally mandated to be equal to physician rates.
- Medicaid payment for midwives is equal to that of Physicians in Rhode Island, New Hampshire, Vermont, Maine and Massachusetts.
- Midwives provide many types of women's healthcare beyond maternity care: contraceptive coverage, annual well-woman exams, STI testing, breastfeeding support, domestic violence screening, cervical cancer screening, breast cancer risk assessment, and other women's preventive healthcare services

I had a midwife for my second pregnancy, I felt more supported, more empowered, more knowledgeable to understand the birth process. I continued to now utilize a midwife for my GYN care. I have a rapport and trust my provider during one of the most vulnerable times in my life and now with my reproductive needs and health. My midwife made such an impact, that now I am enrolled at Fairfield University for my Doctorate in Midwifery myself. I want to be able to serve the women that are most in need and serve them with compassion and expertise. Allowing for equal reimbursement shows that Connecticut values

women and the care they deserve. Unfortunately due to not having equal reimbursement, we are not able to expand our services to all women. Midwifery owned practices need to cap the Medicaid patients they can see for their own financial securities. All women should have equal access to excellent care, by providing equal pay will allow for lower c/section rates and overall complications with improved patient outcomes

Medicaid patients are the most vulnerable and need to be supported and provided the best care for the best possible outcomes. we are in a maternal health crisis that has been worsened by the pandemic. The situation is urgent, especially for Black, Indigenous, and other people of color who suffer much higher rates of maternal mortality and serious morbidity compared with non-Hispanic white women. Midwifery is a key strategy for addressing health inequities. I urge you to take action and pass midwifery payment parity as part of a broader strategy to address access, outcomes, equity, and cost in the Husky program.