

**Testimony for Public Hearing – Appropriations Committee – March 3, 2021**  
SUBJECT MATTER: Governor's Proposed FY 2022-2023 Budget for Human Services Agencies  
\*H.B. No. 6439 (COMM) AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING  
JUNE THIRTIETH, 2023, AND MAKING APPROPRIATIONS THEREFOR.

**Michelle Killingsworth**, CNM 32 South Canterbury Road, Canterbury, CT 06331  
**With Women Wellness – Comprehensive Midwifery**, 394 West Center Street, Manchester, CT 06040

Chairs and Distinguished Members of the Appropriation Committee:

I am writing in support of funding SB 764 which pertains to pay parity for Certified Nurse Midwives. I am a Certified Nurse Midwife and owner of the primary midwifery practice, With Women Wellness. We are one of the few primary midwifery practices in the state where gynecological, prenatal, and birth services are provided primarily by Certified Nurse Midwives, with 24/7 coverage for birth in the hospital setting. Over the past 6 years in business, we have attended 970 births at Manchester Memorial Hospital. We have a wonderful working relationship with our collaborating physicians who are supportive of our model. Medicaid recipients account for 30-40% of our births, which is consistent to the average rate of Medicaid births across the state.

Our safety and health outcome statistics are impressive. We keep detailed benchmarking data and these outcomes have been consistent over the years. For the purposes of this testimony, I will focus on cesarean section rates, but this thought process could be applied to numerous positive health indicators that midwives are known for (for example low preterm birth rates and high exclusive breastfeeding rates). Our overall practice cesarean section rate is just 13.6%. This is 21.2% less than the State of Connecticut cesarean section rate, which was 34.8% in 2018. The World Health Organization (WHO) suggests that the cesarean section rate should be between 10-15% for optimal health outcomes. The Healthy People 2030 target cesarean rate is 23.6%. How impressive that our practice has already reached both measures! I believe it is not a coincidence that Manchester Hospital as a whole also has a lower rate (25.6% in 2019) given the strong midwifery presence there. The majority of births are attended by midwives between our practice and several additional midwives that are employed by physician practices. The WHO recommends the collaborative midwifery and physician model of care as one of the interventions to avoid unnecessary cesarean sections.

Low cesarean rates translate to significant healthcare cost savings. The Medicaid cost for one vaginal delivery is \$7870 while a cesarean is \$10973. It is estimated that reducing the cesarean section rate by just 1% would save the state of Connecticut \$471,000. Despite our impressive performance, even with recent pay for performance trends, midwives are currently reimbursed by Medicaid only 90% of their physician counterparts for the same services. A midwife provides global OB care (prenatal, birth, and postpartum) to a Medicaid recipient for \$2351 while physicians are paid \$2612. Each year, we avoid approximately 12 Medicaid covered cesarean sections. If midwives were paid equitably, this would cost \$3120 in additional professional fees, but overall save the state \$36,000 annually. Access to midwifery care is not only safe, but extremely cost effective.

Unfortunately, low reimbursement rates for midwives translates to decreased access to midwifery services for the very population that needs improved healthcare outcomes the most. Even more important than healthcare savings, primary midwifery care translates to decreased maternal fetal mortality rates, which are shameful in this country. Low reimbursement rates have delayed hiring additional midwives in my practice. Medicaid/Medicare sets the precedent for private insurance, and some private insurers also give midwives reduced fees for the same services. We have also had to make the difficult consideration that at some point in the future we may cease accepting patients with insurance carriers that do not reimburse midwifery care equitably. This is not a decision we would take lightly, due to our fundamental commitment to serve women across all socioeconomic backgrounds. Despite collaborative care being an ideal model, physician practices are penalized financially for hiring midwife providers versus physician providers to provide the same services.

Approving the funding for SB 764 is the fiscally sound decision to make and the ethically right thing to do. Thank you for your time and consideration,

Michelle Killingsworth, CNM