

Bill Number: SB 764: An Act Concerning Medicaid Providers

Appropriations Public Hearing on the Governor's Proposed FY 2022-2023 Budget for Human Services Agencies, March 3, 2021

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Chairs and members of the Appropriations Committee,

I write in support of SB 764: An Act Concerning Medicaid Providers. Connecticut is an anomaly among all other New England states in its inequitable reimbursement of services by certified nurse-midwives (CNMs) compared to the same service provided by obstetric and gynecologic physicians. There is no more egregious example of this discrepancy than in the case of the global fee, which is the fee paid to a provider or practice for a woman's entire package of prenatal care, labor and birth, and includes the treatment of routine gynecological conditions during scheduled prenatal visits. This fee is billed under the provider who attends the birth.

In the case of physician-owned practices that employ midwives, a midwife and a physician are typically on call simultaneously, with the midwife as the primary call provider. This allows for optimal care; a midwife who uses medical interventions judiciously, backed up by a skilled physician in case an emergency arises during the course of labor. However, if a midwife attends the birth of a mother with Husky insurance, the practice is paid 10% less than a physician would be paid for the entire global fee, even if a physician saw her for every prenatal visit and took care of her until just prior to the birth. Thus, a practice that provides double the workforce and superior care in labor is paid a lower rate than a single physician.

I am employed by such a practice, in which the expansion of midwifery services has allowed CNMs to cover a majority of our call schedule and deliver a majority of all vaginal births. Though our patients are better served and more satisfied with the newly expanded midwifery coverage, our practice's income has dropped now that more of our births are attended by CNMs. This is a direct result of the reduction in Medicaid global fee payments. How long before a group such as ours decides it is not worth it to have midwives take care of women with Medicaid insurance, or stop taking Medicaid altogether? As CNMs decrease the use of costly intervention and provide needed care to underserved women, the state of Connecticut has much to gain by instituting income parity to ensure that the midwifery workforce is able to expand to meet the great demand.

Respectfully,

Stephanie Welsh, CNM, DNP