

Testimony on SB 65 Senate Health Care Committee February 4, 2019

Chair Monnes-Anderson, Vice Chair Linthicum and members of the committee. My name is Nancy MacMorris-Adix. I am a Certified Nurse-Midwife and chairperson of the Legislative Committee of the Oregon Affiliate of the American College of Nurse-Midwives as well as chair of the Oregon Nurses Association Cabinet on Health Policy. While I would like to applaud the diligence of Oregon State Board of Nursing Executive Director, Ruby Jason, on searching through current statute for all laws that name Nurse Practitioners, I would also raise some concerns. I am testifying against SB 65 in its current form.

Nurse midwife nurse practitioners, that is, certified nurse-midwives, work with patients who have relatively low-risk pregnancies, and around 95% of CNM births in Oregon are in the hospital setting in interdisciplinary teams. Certified nurse-midwives have been consistently attending more than one-fifth of the births in Oregon and one quarter of all vaginal deliveries. Nurse-midwives also provide well-woman care throughout the lifetime which might, for some patients, include primary care needs such as pap smears and routine immunizations. We are committed to the health and well-being of our communities and are working to help address the maternity care shortages, particularly in rural areas.

I have been licensed in Oregon as an RN since 1978 and as a Nurse Practitioner (NMNP) since 1985. I passed the certification exam to be a CNM in 1985 and have claimed the title of CNM ever since. When asked about my licensure, I explain that I am a Certified Nurse-Midwife, licensed by the state of Oregon as a Nurse Practitioner. To my knowledge, I have never had a patient or her family confused about who I am and nor my qualifications.

When I was an OHSU midwifery student, my classmates were Family Nurse Practitioner, Adult Nurse Practitioner, Psych Mental Health Nurse Practitioner and Women's Health Care Nurse Practitioner students. We took the same general classes and the Women's Health students took the exact same classes as the midwifery students, except they were relieved of the intrapartum class and all the call hours that went along with that course! There is controversy amongst the national nurse midwifery organization about our classification as Nurse Practitioners but, if you look at both our practice and our educational preparation, we have much more in common with Nurse Practitioners than with other Advanced Practice Registered Nurses like Clinical Nurse Specialists and Certified Registered Nurse Anesthetists. The risk to our scope of practice of moving outside of the Nurse Practitioner statutes has always seemed too large. The simple solution to me has always been to retitle NMNP's in statute as Licensed CNMs where other NP types are defined. The current move in SB 65 seems much more difficult and risky. Perhaps the exhaustive search and categorization of laws by the OSBN mitigates this risk, but I am not certain it completely eliminates the risk.

Prior to moving toward passage or moving forward with any amendments, I propose that representatives of the Nurse-Midwifery program at OHSU, as content experts on core competencies, and leadership in the Oregon Affiliate of the ACNM, sit down with representatives from the Oregon State Board of Nursing to fully understand the implications of this move. In addition, all parties must feel certain that the impact on CNM practice and the care that CNMs provide to women and infants in Oregon will not be deleterious.

Whenever changes have an impact on a group's practice, it seems essential to involve representatives of that group in the planning and implementation of those changes. I believe the work I am proposing should have been completed prior to bringing this bill forward.

Thank you for your opportunity to share my opposition to this bill with you today. You should also have written testimony submitted by Lori Swain, president of the Oregon Affiliate of the ACNM. I am glad to answer any questions.