Nurse Practitioners of Oregon

21 February 2021

Good Day, Oregon legislators.

My name is Shelby Lee Freed, and I am writing on behalf of the Nurse Practitioners of Oregon as the Chair of the Health Policy Committee in support of HB 2388: Equitable Access to Birth Options and Midwifery Care. **Nurse Practitioners of Oregon fully supports increasing equitable access to birth in community-based settings with care provided by Certified Nurse Midwives and Certified Professional Midwives.**

Morbidity & Mortality: Among developed countries, the United States has the highest maternal mortality rate, a relative undersupply of maternity care providers, and is the only country not to guarantee access to provider home visits or paid parental leave in the postpartum period, a recent report from The Commonwealth Fund concluded. Maternal deaths have been increasing in the United States since 2000, and although 700 pregnancy-related deaths occur each year, two-thirds of these deaths are considered to be preventable. Overall pregnancy-related mortality in the United States occurs at an average rate of 17.2 deaths per 100,000 live births. Leading causes of death include cardiovascular conditions, hemorrhage, and infection. However, in the Netherlands, Norway, and New Zealand, that rate drops to 3 or fewer women per 100,000. Additionally, the United States has a long-standing crisis of high perinatal death rates. Black, Indigenous, and People of Color (BIPOC) are *two to five times* more likely to die around the time of childbirth than White people. This crisis is largely attributed to racism and bias in our health care systems, as well as the overuse of cesarean sections for birth. Both issues are present in Oregon.

Supply & Demand: *Although OB-GYNs outnumber midwives in the United States and Canada, in most other countries the inverse is true.* According to the American College of Nurse Midwives, the "US maternity workforce is upside down relative to patient needs." When it comes to care providers, the United States and Canada have "the lowest overall supply of midwives and obstetrician-gynecologists (OB-GYNs) — 12 and 15 providers per 1000 live births, respectively," whereas all other countries have a supply that is between 2 and 6 times greater. Midwives differ from OB-GYNs in that they help manage a normal pregnancy, assist with childbirth, and provide care during the postpartum period. In contrast, OB-GYNs are physicians trained to identify issues and intervene should abnormal conditions arise. OB-GYNs typically only provide care in hospital-based settings.

Quality of Care: *The role of midwives has been found to be comparable or preferable to physician-led care in terms of mother and baby outcomes and more efficient use of health care resources.* WHO recommends midwives as an evidence-based approach to reducing maternal mortality. "Midwives provide most prenatal care and deliveries in the U.K. and the Netherlands— countries considered to have among the strongest primary care systems in Europe. Dutch midwives also deliver home births, which represent 13% of all births, the highest rate of any developed countries," the report reads.

Cost: *A study of birth center outcomes by Centers for Medicare and Medicaid Services showed lower cesarean section rates, fewer preterm births, fewer low birth weight babies, and a lower cost to the health care system* (Strong Start for Mothers and Newborns, 2018). Compared with any other wealthy nation, the United States also spends the highest percentage of its gross domestic product on health care. Midwife services are not uniformly covered by private insurance plans in the United States, whereas both midwifery and obstetrician care services are covered by universal health insurance in some other countries. Medicaid also currently covers 43% of all deliveries in the United States but only extends coverage for a maximum of 60 days postpartum. Under the Affordable Care Act (ACA), Medicaid programs are required to cover midwifery care, but "the supply of providers is often so low that beneficiaries are often unable to access these services." State

licensure laws, restrictive scope-of-practice laws, and rules requiring physician supervision of midwives may all contribute to the low supply of midwives in the United States.

How this relates to Oregon:

- **It is imperative that midwifery reimbursement rates match the high-quality, evidence-based, cost-effective, and cost-containing care midwives provide across settings to all Oregonians in need of maternity services.** Birth center fees in Oregon range from $6,000-$12,000, while uncomplicated hospital births are at least $18,000. Birth Center facilities fees are rarely and inadequately covered by insurance, leaving fewer birth options for families. They are covered by the Oregon Health Plan at a rate that is *significantly under cost*. This bill addresses these facilities fees and requires that insurers offer birth center options and negotiate fairly for reimbursement amounts based on actual costs. Currently, payment to providers through Medicaid and Medicare may not cover the full cost of care and prevents some providers from accepting more women with Medicaid coverage" (Birth Settings in America: Outcomes, Quality, Access, and Choice, 2020). "Women have the right to informed choice of the birth setting they desire, but to exercise that choice, they must have access to options for birth settings" (National Academies of Sciences, Engineering, Medicine, 2020).

- **Community-based midwifery care can directly address the BIPOC maternal crisis, effects of systemic racism, and improve outcomes through personalized care and reduction of unnecessary cesarean surgeries.** The Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care toolkit (2018) calls for policymakers to "ensure access to doula support and midwifery care" in order to reduce current cesarean section overuse and increase woman-centered care.

- **Access to midwifery care in the community setting (birth center and homebirth) becomes even more important in a pandemic like COVID-19.** These birth settings provide a safe haven for healthy pregnancy and birth by avoiding the risk of exposure to infections in the hospital, conserving hospital resources for those who are sick, and providing the extra support and attention that pregnant people need and deserve during emotionally challenging times.

In summary, access to insurance coverage for midwifery care and fair reimbursement of birth center facility fees are both crucial to the health and wellbeing of pregnant people in Oregon. This legislation will improve access to community-based midwifery care, improve health outcomes, reduce costs to the health care system, and reduce unnecessary cesarean surgeries which are known to increase harm when overused. Increasing access to community-based midwifery care in Oregon has the potential to improve outcomes for People of Color who are disproportionately impacted by the national perinatal health crisis. Nurse Practitioners of Oregon is in full support of HB 2388 in pursuit of this goal.

Thank you for your time and attention to this crucial matter.

Best,

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