

Dear Chair Greenlick and the House Committee on Healthcare,

My name is Katie Nadalsky, CNM, MSN and I am a midwife at Andaluz Waterbirth Center with locations in Multnomah, Washington, and Yamhill Counties. I am a certified nurse midwife with an advanced nursing degree.

I am writing in regards to HB 3451 which requires the Oregon Health Authority to reimburse freestanding birthing centers based on median cost to birthing centers providing services in this state. Currently OHA reimburses birth center facilities much lower than what hospital facilities are reimbursed, even though we provide the same service for a normal delivery. A woman comes into our birth center in labor, labors and births there, and is cared for with her baby postpartum. Our costs to provide the excellent care that we provide are greater than what OHP is currently reimbursing us, so, when we take on clients who have OHP we are losing money as a business. We want to be able to offer our services to all women, including those on Medicaid. We offer a safe alternative to hospital birth for low-risk women. For this to continue to be an option for women on OHP we need HB 3451 to pass. Otherwise, the low reimbursement could drive us out of business. Birth centers and midwifery have been shown to save money in the long run because of lower cesarean rates, decreased use of medical interventions that have been proven ineffective in improving outcomes for low-risk pregnant women, and less emergency room visits by mom and baby due in part to accessibility of the midwife and education of the client.

I am also writing on behalf of HB 3456 which requires health benefit plans to reimburse the cost of care provided by licensed direct entry midwives at freestanding birthing centers if care would be reimbursed if provided by a licensed physician or certified nurse practitioner in a hospital setting. As a CNM working in an out-of-hospital birthing center alongside educated, experienced and competent direct-entry midwives, I can firmly attest that certified professional and direct entry midwives should be reimbursed for the same services that the nurse midwives are reimbursed for, and at the same rate, because they provide the same level of care. Direct entry midwifery is legal in Oregon. The licensing board under OHLA, NARM, which is the organization that certifies CPMs, the Midwifery Education Accreditation Council, and the Oregon OARs and ORSs that discuss direct entry midwifery are all in place to determine the education, training requirements, and scope of practice of LDMs. My belief is that there is no reason why licensed direct entry midwives who are practicing within these laws shouldn't be reimbursed for the thorough and safe care they provide to low-risk women. Every pregnant person has the right to choose where they want to give birth - whether in the hospital, in a birthing center, or at home. Where their health benefit plan will cover services should not have to be a factor in these clients' decisions. It is important to me as a certified nurse midwife, that my CPM, LDM colleagues be reimbursed by health benefit plans for prenatal, labor, birth, and postpartum care so that all people have the opportunity to make the safe choice of having a birth center birth, regardless of their ability to pay extra to choose an out of hospital care provider.

Sincerely, --

Katie Nadalsky  
RN, CNM, MSN