



The Oregon Affiliate of
The American College
of Nurse-Midwives

Testimony on SB 65

Monday, February 4, 2019

Chair Monnes-Anderson, Vice Chair Linthicum and members of the Senate Healthcare Committee, my name is Lori Swain and I am the President of the Oregon Affiliate of the American College of Nurse-Midwives. I am a graduate of Oregon Health & Science University where I completed my training as a nurse-midwife, and I am a recipient of the Scholars for a Healthy Oregon Initiative, currently in service at one of Oregon's rural community hospitals. In 2017, I completed the Doctor of Nursing Practice at OHSU, a terminal clinical nursing degree.

I am a Certified Nurse-Midwife, having passed the certifying exam administered by the American Midwifery Certification Board, and I am licensed to practice in Oregon by the Oregon State Board of Nursing as a Nurse-Midwife Nurse Practitioner (NMNP). I am presenting this testimony in writing because I am scheduled to see patients in clinic in Woodburn during the time of this hearing.

The scope of the NMNP or Certified Nurse-Midwife includes caring for low to moderate risk patients from pre-conception, through pregnancy, birth, and the postpartum period. 95% of CNM births in Oregon are in the hospital setting as a part of an interprofessional collaborative team. CNMs have been consistently attending about one-fifth of the births in Oregon and 25% of all vaginal births. We can care for newborns in the first 28 days of life. Nurse-midwives also provide well-woman and family planning care throughout the lifetime which might include primary care needs such as cervical cancer screening, routine immunizations, preventive interventions, and health maintenance recommendations. We are committed to the health of our communities and as a profession, we are working to help address maternity care shortages, particularly in rural areas.

I am writing to ask the committee to oppose SB 65 in its current form.

Though the Oregon State Board of Nursing has reviewed statutes that name nurse-practitioners to find statutes that need to be amended to include CNMs, this work was done without the involvement of either practicing CNMs or CNM educators who understand core competencies and scope of practice of CNMs in Oregon. Until CNMs have representation and this work is done inclusively with CNM input, the Oregon Affiliate of the ACNM will oppose this change.

Oregon has been a national leader in legislation that has allowed Nurse-Midwives to practice independently, to have hospital admitting privileges, to be full members of hospital medical staff, and to have prescriptive privilege - to name a few. Oregon is a leader in this field and our CNM colleagues around the country view Oregon as a model for work with their state legislatures.

Currently, it is unclear as to what problem this legislation solves. In Oregon, we take our lead from clinicians in the state, the data reflecting the outcomes for mothers and babies, the voices of the women and families we serve, and the broader view of the public health of Oregonians. I am particularly concerned about unforeseen potential disruptions in care for the many families currently seeing Certified Nurse-Midwives throughout Oregon as a result of passing this bill in its current form.

Thank you,

Lori Swain, CNM, DNP

President, Oregon Affiliate of the American College of Nurse-Midwives