NACPM national association of certified professional midwives

CPMs: Midwifery Landscape and Future Directions

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Licensure and Regulation

NACPM is committed to securing licensure for Certified Professional Midwives in all 50 states and U.S. territories based on the standards set by the profession for certification, education, scope of practice, and standard of care. Understanding that midwifery regulation historically was often used as a tool to restrict or eliminate midwifery, we are committed to strengthening the profession, addressing barriers to full participation in the profession, particularly by people of color, and supporting legislation that facilitates access to care and contributes to a robust, more representative midwifery workforce.

Health professional licensure in the United States

In the United States, state governments have jurisdiction over the licensing and regulation of health professions with more than 125 health occupations or professions regulated in one or more of the 50 states. Licensing laws are a mechanism for protecting public health and safety and, when based on national credential and professional standards, can serve to reinforce and strengthen the role of the profession in defining safe, competent care. State licensure is also a cornerstone in creating consumer access to the health professions because it is typically required for employment in healthcare facilities as well as for insurance and Medicaid reimbursement.

Licensing requirements and regulations for each profession can also vary widely from one state to another. History, economics, cultural differences, relative power and influence are all variables that come into play in the political processes that determine licensing requirements for any given profession. This variability can undermine professional autonomy, create confusion about the practice and professional responsibilities of each health profession, and unduly restrict scope of practice.

Midwives and licensure in the United States

Certified Professional Midwives currently have a path to licensure in 31 states. Certified Nurse-Midwives are legally recognized in all 50 states and U.S. territories. Certified Midwives can legally practice in six states. The struggle to achieve licensure and regulation that recognizes professional autonomy and is based on national midwifery standards is ongoing.

Midwives, predominantly immigrant and black midwives, attended the majority of births in the U.S. until the early 20th century when a multiplicity of factors converged to undermine the vital role midwives played historically in community life. Despite evidence that midwives often had better outcomes than physicians, the "midwife problem" was a focus of debate among physicians, public health advocates, and social reformers who were concerned about infant mortality and the well-being of childbearing people. Racism, sexual discrimination, and anti-immigrant fervor often fueled these debates. By 1935, less than 20% of all women were attended by midwives, and by the end of World War II, it was less than 5%. Eventually, elimination of thousands of practicing midwives became a matter of public policy, as one state after another passed legislation to ban or restrict practice.

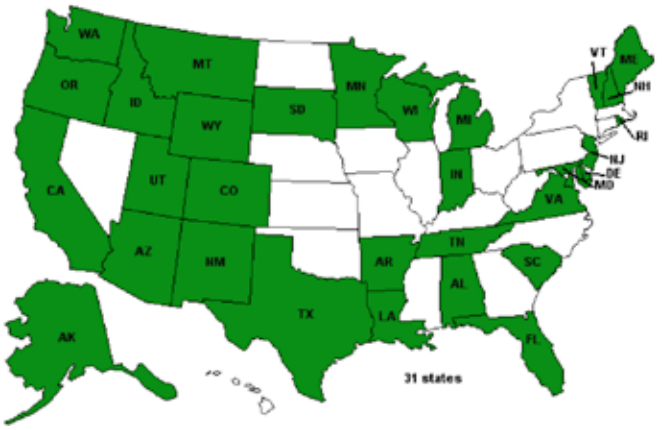
Nurse-midwifery emerged in the 1930's through the efforts of public health nurses and other advocates who believed nurse-midwives could play an important role in meeting the needs of underserved populations. Approximately 14,000 nurse-midwife credentials have been issued since then and nurse-midwives have achieved legal recognition in every state, although regulation is inconsistent from state-to-state and there are still struggles to achieve autonomy in practice. The Certified Midwife was created by the American College of Nurse-Midwives in the 1990s as a route for midwives who have

the same training and scope of practice as CNMs with no requirement for prior training and certification in nursing. CMs are currently regulated in six states.

In the 1970s, as the increasing medicalization of birth was driving many people to seek alternatives to hospitalization for normal birth, a new generation of community midwives began to emerge. In the few states where midwifery had never been outlawed, they pushed to be licensed under old laws. A number of states adopted new unique state specific requirements for licensing these direct-entry midwives. In most other states, the midwives were forced to practice out-of-sight and often illegally. Once the CPM credential was developed and the first certificates were issued in 1994, several states adopted new licensing laws for direct-entry midwives using the CPM credential as a basis for licensure. Many states with older laws made changes to recognize or require the CPM credential, and all of these states now use the NARM national midwifery examination as their state licensing examination.

However, after significant gains between 1995 and 2005, efforts to achieve licensure in the remaining states were stymied by opposition from other maternity care professionals. In 2015, new agreements were forged among national associations representing CPMs, CNMs, and CMs to support new licensing laws that require accredited education along with bridging education for currently credentialed midwives trained through a non-accredited pathway. New momentum and mutual support has contributed to five new states passing laws to license CPMs in just the past two years. Now several other states have legislative initiatives underway or planned.

As of June 2017, there are 31 states provide a path to licensure for CPMs: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Florida, Idaho, Indiana, Louisiana, Maine, Maryland, Michigan, Minnesota, Montana, New Hampshire, New Jersey, New Mexico, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming.



NACPM's commitment to licensure

NACPM is committed to securing licensure and equitable reimbursement for CPMs in all 50 states and all U.S. territories. While significant progress has been made, CPMs still do not have an avenue for licensure in every state and are not universally recognized as providers eligible for third-party reimbursement, including Medicaid which covers roughly one-half of all childbearing families. This profoundly limits opportunities for expanding the midwifery workforce to meet the needs now and into the future.

Every childbearing person deserves access to quality midwifery care for pregnancy, birth, and the postpartum period. When the profession of midwifery is underground, only very persistent women with economic and social capital will seek and find invisible midwives. Lack of access to qualified health providers for maternity care is a significant contributing factor in the unconscionable disparities in maternal and child health outcomes in the U.S.

Licensure is key to making midwifery more widely accessible and enables CPMs to participate in an integrated system that includes opportunities for consultation, collaboration, referral, and multi-disciplinary peer review. It is also a mechanism by which members of the midwifery profession are held accountable to the public for providing safe care that is consistent with the scope of practice defined by the profession and upheld by state law and subsequent regulatory guidelines.

NACPM supports legislation that is based on national midwifery standards for certification, education, and practice. When licensure is based on national certification, the profession as a whole plays an important role in regulation through the processes of accountability maintained by the national certifying agency, the North American Registry of Midwives (NARM). National certification is a mechanism by which members of the profession exercise the right and responsibility for ensuring there are standards for the core competencies necessary for safe practice and that members of the profession

achieve and maintain the defined competencies. The profession as a whole retains its authority to define midwifery when licensure is based on the scope of practice, standards of practice and ethical conduct established by NARM, and national professional associations for CPMs. Similarly, when midwifery educational program regulation is based on the national standards for accreditation established by the Midwifery Education Accreditation Council, the profession as a whole plays an important role in setting standards by participating in the processes of accountability maintained by MEAC.

In 2012, NACPM endorsed the NARM Position Statement on State Licensure for Certified Professional Midwives (*narm.org/wp-content/uploads/2012/05/State-Licensure-of-CPMs2012.pdf*), which was used as a reference for this paper. At the same time, we joined other national midwifery organizations to explore how the Global Standards for Midwifery Regulation and Education adopted by the International Confederation of Midwives could be used to promote and strengthen autonomous midwifery in the U.S. This collaboration, called US MERA or US Midwifery Education, Regulation, and Association, has generated two important documents related to midwifery licensure.

International midwifery standards for regulation

INTERNATIONALMIDWIVES.ORG/WHAT-WE-DO/REGULATION-CORE-DOCUMENTS/

NACPM is a member association of the International Confederation of Midwives and embraces the ICM Global Vision for Strengthening Midwifery and the ICM Standards for Midwifery Regulation (2011). These standards serve as a guide to development of legislation, amendments to existing legislation, and promoting changes that strengthen regulatory frameworks to support autonomous midwifery practice. The standards are grounded in the ICM founding values and principles, which recognize that:

- Regulation is a mechanism by which the social contract between the midwifery profession and society is expressed. Society grants the midwifery profession authority and autonomy to regulate itself. In return, society expects the midwifery profession to act responsibly, ensure high standards of midwifery care, and maintain the trust of the public.
- Each childbearing person has the right to receive care in childbirth from an educated and competent midwife authorized to practice midwifery.
- Midwives are autonomous practitioners; they practice in their own right and are responsible and accountable for their own clinical decision-making.
- Midwifery is a profession that is autonomous, separate and distinct from nursing and medicine. What sets midwives apart from nurses and doctors is that only midwives can exercise the full scope of midwifery practice and provide all the competencies within this scope.

US MERA Principles for Model U.S. Midwifery Legislation and Regulation

WWW.USMERA.ORG/WP-CONTENT/UPLOADS/2015/11/US-MERALEGISLATIVESTATEMENT2015.PDF

NACPM is one of eight national midwifery organizations that comprise the US Midwifery, Regulation, and Association collaboration on the implementation of the ICM Global Standards for Regulation and Education. Adapting the ICM Standards for Regulation to the specific context for health professional regulation in the U.S. was undertaken in a consensus-building process and finalized in 2015 as the Principles for Model U.S. Midwifery Legislation and Regulation. The purpose of this consensus document is to foster communication and collaboration for future efforts in the development of U.S. midwifery legislation and regulation and to promote regulatory

mechanisms that protect the public by ensuring that competent midwives provide high quality midwifery care. Highlights from the document, endorsed by each of the US MERA organizations include:

- There is a midwifery-specific regulatory authority with adequate statutory powers to effectively regulate midwives and support autonomous midwifery practice. The majority of members of the midwifery regulatory authority are midwives.
- Regulation is based on completion of an accredited education program accredited by an agency recognized by the U.S. Department of Education and passage of a national certification exam administered by a certifying agency and accredited by NCCA. This enables uniformity of practice standards and facilitates freedom of movement of midwives across state jurisdictions.
- The midwifery regulatory authority adopts standards for midwifery education and accreditation of midwifery education programs and institutions consistent with accreditation standards
- The scope of practice of the midwife, standards of practice and ethical conduct are based upon those established by the professional midwifery associations and the national certifying bodies.

US MERA Statement on the Licensure of CPMs

WWW.USMERA.ORG/INDEX.PHP/2015/07/01/STATEMENT-ON-THE-LICENSURE-OF-CERTIFIED-PROFESSIONAL-MIDWIVES-CPM/

In addition to the overarching principles for regulation, the US MERA organizations also agreed in 2015 to support legislative language stating that by 2020, all new applicants for midwifery licensure must have successfully completed an educational program or pathway accredited by an organization recognized by the U.S. Department of Education (USDE) or obtained the Midwifery Bridge Certificate. More specifically, US MERA encourages the inclusion of the following two statements in legislative language for states developing licensure statutes for CPMs:

1. For the licensure of CPMs who obtain certification after January 1, 2020, in states with new licensure laws, all applicants for licensure will be required to have completed an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) and obtained the CPM credential.
2. For CPMs who obtained certification through an educational pathway not accredited by MEAC:
   a. CPMs certified before January 1, 2020, through a non-accredited pathway will be required to obtain the Midwifery Bridge Certificate issued by the North American Registry of Midwives (NARM) in order to apply for licensure in states using the US MERA language for licensure, or
   b. CPMs who have maintained licensure in a state that does not require an accredited education may obtain the Midwifery Bridge Certificate regardless of the date of their certification in order to apply for licensure in a state that includes the US MERA language.

Conclusion

New collaborations among CPMs, CMs, and CNMs over the last several years are generating new momentum and opportunities for scaling up access to midwifery services, and, in particular, for state licensure and federal recognition for CPMs. New, stronger cross-credential relationships, understanding, and commitments are generating exciting opportunities, including for mutual support and collaboration on regulation, for practice partnerships, and for addressing other areas of mutual interest and concern. Public demand for midwifery services is also increasing, and consumer advocates are critical to state licensing efforts. NACPM supports these efforts with health policy, cost-effectiveness, quality of care, and other resources to inform policy-makers. The NACPM State Legislative and Advocacy Toolkit, containing these documents and other useful information, is available at *nacpm.org/state-legislative-and-advocacy-toolkit/*.