The Maine Home Birth Collaboration: A New Model for Licensure

Maine Association of Certified Professional Midwives
History of CPM legislative activity in Maine

• A CPM licensing bill was introduced in Dec. 2006, passed in the House but failed in the Senate in 2008.
• Subsequently, a minority report bill was introduced and passed in the Senate and House. This controversial bill did not license CPMs, but rather gave certified midwives access to a short list of prescription medications for use in their practice.
• Because the Pharmacy Board was not consulted, this bill has been sometimes helpful, and sometimes not.
Since 2008, CPMs in Maine have been actively engaged with state and regional agencies to raise awareness and lay the foundation for another legislative attempt.

- The Maine CDC Continuum of Care Meetings
- Revision of the Birth Certificate
- Changes in Newborn Bloodspot Screenings
- Increased access to Newborn Hearing Screening
- Involvement in the ME Transport Guidelines
- Access to Pulse Oximeters
- Membership in NNEPQIN
- Expansion of the Perinatal Leadership group
- Increased involvement and visibility of MACPM
Why CPMs are seeking a state license

- It is customary for emerging health-related professions to eventually become regulated—particularly those who
  - use restricted medications and supplies,
  - who are responsible for the physical safety of their clients, and
  - who must be part of a larger system of healthcare providers to perform their job safely.

All of these criteria apply to CPMs.

The opportunities to improve access to safe, high quality midwifery care are immediate and compelling!
US MERA has changed the landscape

“Effective immediately, to support legislative language stating that, by 2020, all new applicants for midwifery licensure must have successfully completed an education process accredited by ACME or MEAC that qualifies them to take the AMCB or NARM national certification exam.”
What exactly has changed?

- ACNM has built upon its relationship with ACOG to help them understand the impact of the ICM Global Standards for the practice and education of midwives, and the significance of the US MERA agreements.
- There is widespread agreement that there will soon be a critical shortage within the maternity care workforce.
- ACOG is in support of the ICM Standard for accredited midwifery education.
- The US MERA agreements have set the stage for reducing or eliminating opposition to new licensure efforts.
What is the Maine Home Birth Collaborative?

A partnership of previously oppositional players, coming together in a grant-supported, facilitated, consensus process to work toward a common goal:

• To write a licensing bill for midwives that will ensure public safety, professional accountability, and accessibility for women and families in the birth setting of their choice.
Who is at the table?

- MACPM
- ME ACNM
- ME ACOG
- MMA
- ME AWHHON
- Lobbyists
- Lawyers
- Others
Steps and progress:

• Meeting every two weeks since January
• Studying other state statutes and regulatory structures
• Learning about each other’s issues and practices
• Talking through differences and disagreements
• Consulting with outside experts and stakeholders:
  NACPM Policy Analyst
  MANA Division of Research
  ACOG State Legislative expert
  ACNM Legislative expert
• Using the US MERA tools to support our work:
  Legislative statement language
  Delphi Principles of Model Legislation
  Midwifery Bridge Certificate language
In May, we held an invitational event attended by more than 60 diverse stakeholders, including midwives, nurses, doctors, hospital administrators, insurance representatives, legislators, and consumers. During a day of presentations and group work, we shared what we were learning and accomplishing together, and received valuable input.
What has gone well?

- Understanding, communication and respect has grown
- We have reached comfortable compromises in many areas
- We have innovatively problem-solved together
- We have envisioned an exciting, long-range maternity care coalition in Maine
- We have realized our common values and goals
What has been difficult?

• Bridging the “culture gap”
• Talking about scope of practice issues
• Finding a regulatory “home” for midwives
• Working with a consensus model while also dealing with Practice Position Statements
• Separating statute from rules and reg.s
What has been essential?

- Commitment of all Stakeholders
- Persistence and Time
- Financial Support
- Expert Facilitation
- Willingness to find a third way
Where are we now?

- Deadline in mid-December to have the Bill ready to submit
- Bi-partisan sponsors and broad committee support likely
- Down to a small handful of challenging issues
- Fleshing out a visionary plan for a stand-alone Midwifery Board
- Fine-tuning our statutory language to be inclusive of CMs
- Capturing all the elements of the US MERA agreements and legislative documents as they become available
- Drafting a statute that is durable, applicable, and useful for CPMs and CMs in Maine
And then we go to the State House...
Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.

Margaret Mead