**Testimony to the Healthcare Coverage, Insurance, and Financial Services Committee**
January 20, 2024

**Senator Bailey, Representative Perry, Distinguished Members of the HCIFS Committee:**

My name is Heidi Fillmore and I am a licensed midwife in Maine. I have been practicing midwifery in the western part of the state for the past 36 years. I also founded and was the Executive Director of Birthwise Midwifery School, an accredited 3-year midwifery training program in Bridgton, Maine, for 26 years. I was active in the coalition that introduced a bill to license Certified Professional Midwives (CPMs) and Certified Midwives (CMs) in the state of Maine, first unsuccessfully in 2007 and again in 2016/17 when the current licensing statute was passed. Maine is one of 36 states that license CPMs. I am here today to testify against LD1205, an amendment to the statute that governs licensed midwives Sec.1 32 MRSA 12539.

As background, there are approximately 40 licensed CPMs and CMs in Maine that attend 300-400 births per year in homes and freestanding birth centers, a number that has been increasing in recent years. This is approximately 2% of the total births that occur annually in Maine. Administrative oversight of our license is provided by the Board of Complimentary Healthcare Providers, and CPMs practice according to the rules and regulations adopted by this Board. As with other professions, there are license eligibility requirements, a license renewal process, and a complaint and disciplinary mechanism. Unlike most other professions, CPMs are also required, per the statute, to submit data from our individual practices to the Board annually—something we do happily for quality assurance and improvement purposes.

The bill we are discussing today, LD1205, proposes to change the way that this practice data is reported by changing the language in section 12539 of the statute, which I will paste below:

## § 12539. Data collection and reporting for a licensed midwife

**1. Report.** Beginning February 1, 2017, and on each February 1st thereafter, a midwife licensed under this subchapter shall report to the board, in a form specified by the board, the following information regarding cases in which the midwife assisted during the previous calendar year when the intended place of birth at the onset of care was an out-of-hospital setting:

A. The total number of clients served as primary maternity caregiver at the onset of care;

B. The number, by county, of live births attended as primary maternity caregiver;

C. The number, by county, of cases of fetal demise, infant deaths and maternal deaths attended as primary maternity caregiver at the discovery of the demise or death;

D. The number of women whose primary maternity care was transferred to another health care practitioner during the antepartum period and the reason for transfer;

E. The number, reason for and outcome of each nonemergency transfer during the intrapartum or postpartum period;

F. The number, reason for and outcome of each urgent or emergency transport of an expectant mother in the antepartum period;

G. The number, reason for and outcome of each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period;
H. The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting;
I. A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate; and
J. Any information required by the board in rules.

My objections to this bill are three-fold.

1. It takes data collection away from the Board of Complementary Healthcare Providers where it is intended to inform the Board of their licensees' outcomes and guide them in modifying scope of practice to enhance public safety-- the original intent of the statute.

2. The bill proposes that the Maine DHHS Office of Data, Research, and Vital Statistics expand the Database Application of Vital Events system (DAVE) to include the data points required for licensed midwives. This is an online platform where all births are registered by providers and hospitals. This would require a significant change to the platform, would come with a fiscal note, and has potential to add an administrative burden, particularly in the cases of transfer of care from one provider to another. The costs and benefits should be considered carefully before our state resources are dedicated to it.

3. Should it be determined that enhanced reporting through the DAVE system would be useful, it need not and probably should not require a change in the statute for licensed midwives. A recent change in DAVE-- the addition of questions regarding patient substance use in pregnancy-- was done through rulemaking and was not a legislative process. Reporting to the Board could remain as is and used by the Board in the ways intended.

I think we can all agree that data collection and analysis is critical in all areas of healthcare as a way to see what is working and what is causing harm. The current statute for licensed midwives includes a robust set of data points that licensed midwives are required to report to the Board each year that monitors each licensed midwife's practice statistics and outcomes. I believe this is adequate and more than most other health professionals are asked to do. That being said, I do support efforts to improve the quality of data the state is collecting with the goal of improving the perinatal system in Maine. I imagine this to be a comprehensive, multidisciplinary process of identifying the weak points in the data and exploring the best ways to address those deficits-- done outside of the legislative process and that would include all perinatal providers, not just licensed midwives.

Thank you for your consideration of this bill and for your service to the state of Maine.

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