

LD1205

Senator Bailey, Representative Perry, Distinguished Committee Members: I am here to testify in opposition of LD1205

My name is Hope Jackson, and until recently I was a licensed midwife in the state of Maine. My license lapsed in October, because I am currently residing in the United Kingdom while I complete a Masters Degree in Global Maternal Health policy and implementation. I now work for City, University of London as a research assistant and project lead for the European Midwifery Unit Accreditation Standards.

But before this I was a midwife in Maine. I held a Maine midwifery license from the moment it became available in January, 2020; following 8 years practicing as a Certified Professional Midwife in Maine. I was so excited to get my midwifery license in hand, because I had spent the 3 years prior serving on the Board of Complementary Health Care Providers; in the sole Licensed Midwife seat on the board, working extensively on the rules and regulations for practice. During this time I also served as complaints officer for licensed midwives in Maine.

For the 3 years before that I was meeting every other week at the Maine Medical Association to sit with a multi-profession stakeholder group ironing out ever single word and detail in the law. And even before then, I served as Secretary for MACPM during the lead up to the licensing efforts, meeting with midwives across Maine to garner engagement with these legislative efforts.

I share this history to inform you that I was intimately involved with almost every meeting, every conversation, every argument and debate, every decision that was made as to the content of both the statute and the rules and regulations for Licensed Midwives in Maine.

The content of the data collection portion of the statute is extremely thorough and robust. So much so, that LD1205 does not propose any change to the content of data to be collected. The addition of data pertaining to VBAC is redundant, because that is now required in rule.

Currently the data is reported annually to the board, where I can agree it is being underutilized to this point. However, with licensing being active

for just 4 years, and licensed midwives attending 3-400 births per year in Maine, the overall data pool is still small for research and analysis purposes. A pertinent next step would be for the board administration to allocate the HR to entering the existing and future data into a interpretable form; and to update the existing data collection form to align with this format for ease of use.

This does not require a change to the statute of a professional licensing law.

I can not find reasonable cause to adopt LD1205 given the redundancy of the existing data collection requirement. If Maine CDC or Vital Statistics would like to collate the data collected by the board with their data collected by DAVEs (Data, Research and Vital Statistics), it can do so by submitting a request for data release of the board.

The intention, in writing the law, of including such comprehensive data on licensed midwives practice outcomes was to support quality improvement and consumer protection, and for analysis by the board to review the appropriateness of the midwifery scope of practice. This is reflective of our complete commitment to integrity throughout the process. The law we have is based on research, and international guideline, and evidence-based standards; and it serves it's purpose very well. The purpose being; to increase the safety of home birth, and to support the autonomous profession of midwifery to provide the best possible care to families in Maine.

Finally, I can not support this bill due to it's discriminatory nature. Other maternity care providers in Maine are not being asked to release case by case data to the CDC. The only appropriate mechanism through which to increase reporting to Vital Statistics would be via the DAVEs reporting system and to have it apply to all maternity care providers in the State.

For these reasons, I urge the committee to vote ought not pass on LD1205