

## JOCELYN P. ANTONIO, MPH

**Testimony on H-5858, Prescriptive Authority for Certified Professional Midwives  
House Health & Human Services Committee  
March 13, 2025**

Good afternoon, Chairperson Donovan and members of the House Health & Human Services Committee. My name is **Jocelyn Antonio**, and I serve as the **Director of Program Implementation and Policy** at the Hassenfeld Child Health Innovation Institute at the Brown University School of Public Health. I am providing this testimony in my personal capacity.

I express my **strong support** for **H-5858 – An Act Relating to Health and Safety – Maternal and Child Health Services for Children with Special Health Care Needs**, sponsored by Representative Stewart and co-sponsored by Representatives Alzate, Cruz, Shallcross Smith, Kislak, Potter, McGaw, and Casimiro.

This legislation **seeks to define and expand the prescribing authority of Certified Professional Midwives (CPMs) in Rhode Island**. Granting CPMSs the ability to **prescribe essential medications** would **increase access to maternal healthcare, reduce unnecessary barriers, and improve birth outcomes—particularly for communities most affected by maternal health disparities**.

### **The Role of Certified Professional Midwives**

CPMs are **highly trained primary maternity care providers specializing in community-based birth settings, such as homes and birth centers**. They provide **comprehensive prenatal, labor, birth, and postpartum care, offering education, counseling, and support throughout the perinatal period**.<sup>1</sup>

Unlike other midwifery credentials, the **CPM designation uniquely requires extensive training in out-of-hospital settings**. While CPMs are **qualified to practice in all birth settings, the majority serve patients in private homes and birthing centers**, expanding maternal care access beyond hospital-based services.<sup>2</sup>

### **Current Limitations and the Need for Change**

Under existing Rhode Island regulations, **CPMs are restricted from prescribing medications, despite being permitted to carry and administer certain medications in emergencies**. **H-5858 would allow CPMs to prescribe medications they are already trained to administer, such as:**

- Antibiotics for infections
- Medications for postpartum hemorrhage prevention and treatment
- Pain management options
- Vaccinations recommended by the CDC for newborns

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<sup>1</sup> National Association of Certified Professional Midwives, "Who Are CPMs?"

<sup>2</sup> midwifeschooling.com, "CNM, CPM, CM, Doula | Understanding Midwifery Roles and Credentials"; National Association of Certified Professional Midwives, "Who Are CPMs?"

This bill would **enhance maternal and infant care** by ensuring **CPMs can provide comprehensive, timely treatment** without requiring an **unnecessary referral to another provider** - a step that can delay care, increase costs, and create barriers for low-income and marginalized communities.

## **Public Health Implications**

### *1. Improving Maternal and Neonatal Outcomes*

Granting CPMs prescriptive authority would help reduce preventable complications, hospital readmissions, and delays in treatment. Research shows that:

- Midwifery care is associated with fewer unnecessary interventions, such as cesarean sections.<sup>3</sup>
- Integrated midwifery models lead to higher rates of breastfeeding, fewer NICU admissions, and greater patient satisfaction.<sup>4</sup>
- Timely postpartum care—including pain management and infection prevention—reduces severe maternal health complications.<sup>5</sup>

By allowing CPMs to address common maternal health concerns immediately, H-5858 ensures **better continuity of care, improved health outcomes, and lower healthcare costs.**<sup>6</sup>

### *2. Addressing Racial and Socioeconomic Disparities in Maternal Health*

The United States – and Rhode Island- are facing a **maternal health crisis** that disproportionately affects **low-income and communities of color.**

- Black women are two to four times more likely to die from pregnancy-related causes than White women, even when controlling for factors like socioeconomic status and access to quality prenatal care.<sup>7</sup>
- Black and Latino infants face substantially higher rates of maternal and neonatal mortality, preterm birth, and low birthweight.<sup>8</sup>
- People on Medicaid are significantly more likely to experience barriers to postpartum care, impacting recovery and long-term health.

**Institutional racism and lack of access to culturally responsive care are key contributors to these disparities.** Research indicates that **patients of color have better outcomes when receiving care from providers who share their background or offer culturally competent services-** something midwifery care has been shown to provide.

Midwifery-led models have been **proven to increase access, improve birth outcomes, and lower costs,** especially for **Medicaid-eligible families and those living in maternity care**

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<sup>3</sup> Alliman et al., “Strong Start in Birth Centers.”

<sup>4</sup> Alliman et al.; Jefferson, Bouchard, and Summers, “The Regulation of Professional Midwifery in the United States”; Applebaum, “Expanding Certified Professional Midwife Services during the COVID-19 Pandemic.”

<sup>5</sup> Alliman et al., “Strong Start in Birth Centers”; Nethery et al., “Birth Outcomes for Planned Home and Licensed Freestanding Birth Center Births in Washington State.”

<sup>6</sup> Alliman et al., “Strong Start in Birth Centers”; Jefferson, Bouchard, and Summers, “The Regulation of Professional Midwifery in the United States.”

<sup>7</sup> Vedam et al., “Mapping Integration of Midwives across the United States.”

<sup>8</sup> Vedam et al.

**deserts. H-5858 would reduce barriers to care by allowing CPMs to provide necessary medications immediately, rather than requiring families to navigate additional appointments, referrals, and financial obstacles.<sup>9</sup>**

### ***3. Expanding Access to Sexual and Reproductive Healthcare***

In other states, CPMs with prescriptive authority have also been able to **expand access to contraception and reproductive healthcare**—another **key factor in reducing maternal mortality and improving health equity**.

- **Washington, D.C., Washington State, and New York have granted CPMs prescriptive authority, including the ability to prescribe contraceptives and controlled substances for pain management.<sup>10</sup>**
- **Countries like Sweden, Canada, the U.K., and New Zealand already grant midwives full prescriptive authority, improving patient autonomy, provider integration, and perinatal health outcomes.<sup>11</sup>**

H-5858 is an opportunity for Rhode Island to follow successful, evidence-based models and ensure that **CPMs can provide comprehensive, patient-centered care** without unnecessary restrictions.<sup>12</sup>

### **Safety and Professional Oversight**

#### ***Education and Training***

CPMs undergo **rigorous education and clinical training**, including pharmacology, to **ensure they are prepared to prescribe and administer medications safely**. Their core educational competencies are **similar to those of Certified Nurse Midwives (CNMs) and Certified Midwives (CM)**- both of whom have **full practice authority in all 50 states**.<sup>13</sup>

#### ***Regulatory Oversight***

H-5858 ensures **proper oversight** by requiring:

- **Clear prescribing guidelines under the Rhode Island Department of Health**
- **Continued education and competency verification for CPMs**
- **Collaborative integration with other healthcare providers**

This bill strikes a **balance between expanding access and ensuring patient safety**, aligning Rhode Island with **best practices already in place across the U.S. and globally**.<sup>14</sup>

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<sup>9</sup> Midwives' Association of Washington State, "Support SB 5765 to Authorize Licensed Midwives to Prescribe Contraceptives and Manage Common Conditions of Pregnancy.," 2022.

<sup>10</sup> The Network for Public Health Law, "Direct Entry Midwives Across the Nation."

<sup>11</sup> Effland et al., "Medication Access and Midwifery Integration."

<sup>12</sup> Effland et al.; Zell CPM, MSM et al., "Prescriptive Authority for Direct Entry Midwives in Washington State."

<sup>13</sup> Zell CPM, MSM et al., "Prescriptive Authority for Direct Entry Midwives in Washington State."

<sup>14</sup> Effland et al., "Medication Access and Midwifery Integration."

## **Conclusion**

House Bill 5858 represents an **important step toward modernizing maternal healthcare in Rhode Island**. By granting **Certified Professional Midwives the authority to prescribe necessary medications**, this legislation:

- **Improves maternal and infant health outcomes**
- **Reduces racial and economic disparities in perinatal care**
- **Expands access to essential reproductive healthcare**
- **Lowers healthcare costs by reducing unnecessary interventions**
- **Ensures CPMs can provide the full scope of care they are trained for**

Other states and countries have already made this change **with overwhelmingly positive results**. Rhode Island should not fall behind.

I urge the committee to **support and advance H-5858 to ensure all birthing people- regardless of race, income, or location- have access to the high-quality, patient-centered care they deserve**.

Thank you for your time and consideration,

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