Testimony Opposing House Bill 5858
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Submitted by **Desirae Heys, DNP, APRN-CNP, FNP-BC**
President, Nurse Practitioner Alliance of Rhode Island (NPARI); Government Affairs Committee Chair

Chairperson and Members of the Committee,

Thank you for the opportunity to provide written testimony on behalf of the Nurse Practitioner Alliance of Rhode Island (NPARI). As nurse practitioners committed to evidence-based, equitable care and professional accountability, we strongly oppose House Bill 5858.
At first glance, this bill appears to expand access to midwifery care in Rhode Island. However, it presents a concerning and confusing proposal: adding a scope of practice for Certified Professional Midwives (CPMs) that closely mirrors that of Certified Nurse Midwives (CNMs) and Certified Midwives (CMs) — potentially granting similar reimbursement for care that does not meet the same rigorous standards in education, clinical training, or licensure.

1. Professional Equivalence is Inaccurate and Unsafe

CPMs, CNMs, and CMs are distinctly different in training, certification, and clinical readiness.
• **CNMs** are registered nurses who complete graduate-level programs accredited by the **Accreditation Commission for Midwifery Education (ACME)** and hold certification from the **American Midwifery Certification Board (AMCB)**.
• **CMs**, though not nurses, complete the **same graduate-level AMCB-accredited midwifery education** and meet identical certification standards as CNMs.
• **CPMs**, on the other hand, are trained through **certificate or non-degree pathways**, often via apprenticeship, and are certified by the **North American Registry of Midwives (NARM)** — which lacks advanced clinical coursework in **Advanced Pharmacology, Advanced Pathophysiology, or Advanced Physical Assessment**.
These distinctions matter. CPMs are not trained nor licensed as advanced practice providers, and yet this bill elevates their authority to a level **comparable to APRNs** — despite not meeting the **LACE** (Licensure, Accreditation, Certification, and Education) framework that underpins safe, independent clinical practice.

2. LACE Framework Highlights Incompatibility
Under the LACE model:
• **Licensure**: CPM regulation varies dramatically by state. Only 37 states currently license CPMs, with inconsistent oversight. In contrast, CNMs/CMs are licensed under the robust APRN framework.
• **Accreditation**: CNMs/CMs are trained in ACME-accredited graduate programs; CPMs may complete MEAC-accredited certificate programs, with many not required to hold a college degree.
• **Certification**: CNMs/CMs pass a rigorous AMCB exam covering full-scope midwifery and primary care. CPMs pass the NARM exam, focused on low-risk, community birth settings.

• **Education**: CNMs/CMs must complete **Advanced Pharmacology, Advanced Pathophysiology, and Advanced Physical Assessment**. CPMs are not required to complete these foundational courses.
Despite the vital role CPMs may play in **low-risk, out-of-hospital birth**, their preparation does not equip them to manage complications, prescribe safely, or work autonomously in high-acuity settings, which is what many of the asks in H5858 is adding. Granting them full or near-full scope under this bill would **misrepresent their qualifications and potentially compromise patient safety** in a population that is already, by definition, a lower socioeconomic and less-educated group of individuals.

3. Misuse of National Data to Justify Local Legislation
Much of the rationale for this bill and RIDOH's CPM program relies on **national-level data** that does not reflect **Rhode Island's current healthcare landscape**. Data was presented here https://health.ri.gov/sites/g/files/xkgbur1006/files/2025-01/MCH_CPM_White_Paper.pdf?mc_cid=5f3527f0bb.

According to Becker's 2023 data:
• Rhode Island ranks **8th nationally** for women's health providers, with **62.3 OB/GYNs and midwives per 100,000 women aged 15+**.
• RI had **9,805 live births in 2023**, with **87 midwives and 343 OB-GYNs** — equating to **43.9 providers per 1,000 births**, far exceeding the **15 per 1,000** national average cited in the RIDOH white paper.
Using this out-of-state data is misleading. Rhode Island is not Texas, Washington, or Alabama. We are **not facing a midwifery shortage**, and this legislation is not the appropriate solution for improving outcomes in our communities.

4. This Bill Misdiagnoses the Root of Maternal Health Disparities
NPARI agrees that inequities in maternal outcomes persist — especially for Black, Indigenous, and low-income populations. But provider availability is not the primary issue in Rhode Island. Instead, poor outcomes are more often driven by unaddressed social determinants of health (SDOH):
• Transportation insecurity and housing instability prevent patients from reaching care — even when clinics are nearby.
• Food insecurity and lack of paid leave force pregnant individuals to choose between wages and wellness, often working longer and later during pregnancy and returning to the workforce sooner then they should.
• Many patients miss appointments or delay care not because of a provider shortage — but because of survival challenges.

These complex issues require **investment in upstream solutions**, such as housing, food access, childcare, and paid leave — **not lowering the standards of clinical care providers** in an attempt to increase access.

5. Potential for Inappropriate Reimbursement and Cost Burden
By introducing a scope of practice similar to CNMs and CMs, this bill may inadvertently create **reimbursement parity** for care that does not meet the same standards. This raises serious

questions about cost-effectiveness, oversight, and accountability — especially in Medicaid and publicly funded programs.

Reimbursing CPM care at parity with CNMs without requiring the same foundational competencies **devalues the education and clinical preparation** of licensed, graduate-level midwives and APRNs. It also exposes our healthcare system to **potentially increased risk** with **reduced oversight**.

6. Rhode Island's Maternal and Infant Health Outcomes Outperform National Averages

According to the **2023 March of Dimes Report Card**, Rhode Island outperforms the national average across multiple maternal and infant health indicators. While the **U.S. preterm birth rate** stands at **10.4%**, Rhode Island's rate is notably lower at **8.3%**, earning the state a **"B" grade**, compared to the national **"C"**. In terms of maternal health, Rhode Island reports a **lower rate of women with late or no prenatal care** (5.3%) compared to the national average of 6.2%, and fewer women of childbearing age are uninsured. These indicators point to **strong, accessible systems of care** and a **stable midwifery workforce**. While disparities still exist — particularly among Black and Indigenous populations — Rhode Island's maternal health landscape **does not reflect a crisis of provider access**, but rather highlights the importance of addressing upstream social determinants of health. These outcomes underscore that our focus should remain on strengthening our current evidence-based system, not expanding clinical authority to providers whose training does not meet national APRN-level standards.

Conclusion
We urge you to oppose HB 5858 for the following reasons:
• It conflates fundamentally different training and licensure pathways, misrepresenting the qualifications of CPMs.
• It was foundationally presented with national data that does not reflect Rhode Island's workforce reality.
• It offers a false solution to maternal health disparities, failing to address root causes.
• It introduces scope expansion and potential reimbursement parity for care that is not held to equivalent safety and quality standards within a LACE framework.

Rhode Island has been a leader in women's health access and maternal care. Let us continue to advance equity **without compromising professional standards or patient safety**.

We respectfully ask the committee to **vote NO on House Bill 5858.** Thank you for your time and dedication to thoughtful policymaking that protects Rhode Island families.

Respectfully,

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