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March 26, 2025

Representatives Robert Bierman, Jeff Backer
Chairs, Health Finance and Policy Committee
Minnesota House of Representatives
Via Electronic Delivery

RE: Support for HF 1010 (MN Certified Midwife Practice Act)

Co-Chair Bierman, Co-Chair Backer, and Members of the Committee:

We write to you today as reproductive health experts to express our support for House File 1010 (Agbaje), a bill to establish a new pathway to midwifery licensure in Minnesota. Our expertise comes from years of research centered on the health and dignity of birthing people and their babies. As a reproductive health equity researcher, Dr. Hardeman investigates the root causes of racial inequities in maternal-infant health outcomes and explores interventions to mitigate these preventable harms. As a maternal health policy researcher, Dr. Kozhimannil conducts research to inform the development, implementation, and evaluation of health policy that impacts health care delivery, quality, and outcomes during critical times in the lifecourse, including pregnancy and childbirth.

The United States has the highest maternal mortality rate and one of the highest infant mortality rates of all developed countries, and the cumulative disadvantages of structural racism cause BIPOC (Black, Indigenous, and people of color) to suffer the very worst outcomes across the nation and here in Minnesota.[1] Creating a pathway for certified midwife (CM) licensure presents an opportunity to expand access to quality, culturally-centered health care in our state, especially for BIPOC and rural birthing people. Minnesota should expand access to the midwifery profession through the policy change proposed in HF 1010, for the reasons outlined below:

1. Midwifery care is evidence-based, cost saving, and associated with improved outcomes in low-risk pregnancies. Midwifery care is associated with lower rates of cesarean delivery and other invasive procedures, higher rates of breastfeeding, and improved patient satisfaction.[2,3] These outcomes may be related to enhanced patient-provider communication; our research has found that birthing people report better communication when their care is provided by midwives.[4] Furthermore, our work indicates that midwifery care presents an opportunity for significant cost savings to the health care system.[5]

2. State midwifery workforce laws have a meaningful impact on access to midwifery care and birth outcomes. For example, our research shows that states that permit midwives to practice autonomously have a larger proportion of midwife-attended births.[6,7] Notably, these states also have lower rates of cesarean delivery, preterm birth, and low birth weight compared to states with more restrictive midwifery scope of practice laws.[6,7] While HF 1010 does not propose changing Minnesota's scope of practice, these findings demonstrate that state policy decisions result in real consequences for maternal and infant health.

3. Creating a new pathway for midwifery licensure could help increase the diversity of Minnesota's health care workforce and lead to better outcomes for BIPOC families. A growing

body of research shows that patients have better outcomes and report higher quality care when their clinicians share their race or cultural background.[8,9,10] Training more BIPOC maternity care providers is critical to addressing our state's unacceptable racial disparities in perinatal complications and deaths. In Minnesota, Black birthing people are 2.3 times more likely and Indigenous people are 4 times more likely to die during or after pregnancy than their white counterparts.[11] Reducing barriers to entering the midwifery profession, such as the cost of going to nursing school for those who already know they want to be midwives, could increase the ability of birthing people to access care from providers that look like them.[12,13]

4. Midwifery-led models of care can facilitate culturally-centered care, leading to better equity, value, and outcomes in childbirth. Minnesota's own Roots Community Birth Center, an African American-owned, midwife-led freestanding birth center in North Minneapolis, offers culturally-centered, community-based care and has demonstrated incredible outcomes. Over a four year period, Roots saw zero preterm births out of 284 families served in a community that experiences the largest racial inequities in birth outcomes in Minnesota.[14,15] Evaluations across the country have found similarly striking outcomes in community birth centers, many of which are midwife-led.[16]

5. Creating a Certified Midwife credential would help expand the maternity care workforce, especially in rural areas. Greater Minnesota communities are experiencing a dramatic decline in maternity care providers; at least 29 Minnesota counties no longer have hospitals that deliver babies.[17,18] Our research found rural birthing people are at 9% greater risk of suffering severe complications or death related to childbirth compared to urban residents.[18,19] Expanding the maternity workforce through midwives is a valuable tool for reversing this deadly trend, as shown in a recent Mayo Clinic study that described how midwives can be used to staff rural obstetric units that struggle to retain obstetricians.[20] With over 1 in 3 Certified Nurse Midwives (CNMs) in Minnesota being over the age of 54, an aging profession could further exacerbate these gaps as the current workforce begins to retire. Reducing barriers to the midwife profession is key to preventing a crisis from turning into a catastrophe.

To conclude, midwifery care is a prime example of the sought-after "Triple Aim" in health care: enhanced patient experience, improved population health outcomes, and systems-level cost savings.[21] Expanding access to diverse, culturally-centered midwifery care through the creation of the Certified Midwife (CM) credential is urgently needed to improve the health and wellbeing of Minnesota birthing people, infants, and families. As reproductive equity experts, we are proud to support this bill.

Sincerely,

Katy B. Kozhimannil, PhD, MPA
Professor, Division of Health Policy and Management
Director, University of Minnesota Rural Health Research Center
Director, University of Minnesota Rural Health Program

Rachel R. Hardeman, PhD, MPH
Associate Professor, Blue Cross Endowed Professor of Health and Racial Equity, Division of Health Policy and Management
Founding Director, Center for Antiracism Research for Health Equity

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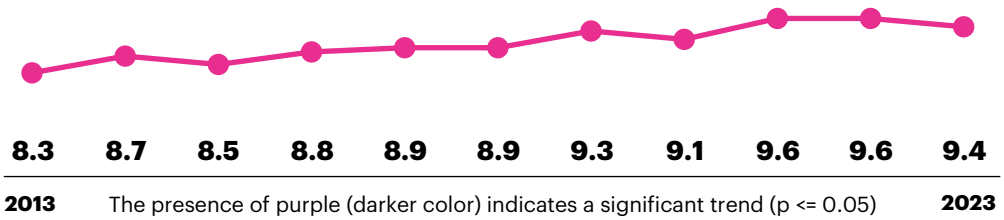
2024 MARCH OF DIMES REPORT CARD
MINNESOTA

The preterm birth rate in Minnesota was 9.4% in 2023, lower than the rate in 2022

PRETERM BIRTH GRADE **C+**

US RATE	MN RATE	MN RANK
10.4	9.4	11

Percentage of live births born preterm

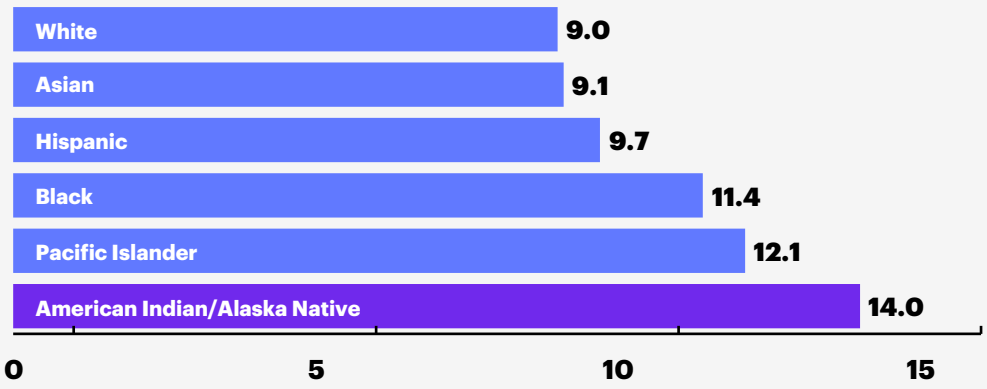


2013										2023
8.3	8.7	8.5	8.8	8.9	8.9	9.3	9.1	9.6	9.6	9.4

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2021-2023



DISPARITY RATIO **1.22**

This data is intended to highlight disparities in outcomes related to race/ethnicity and should serve as a starting point for discussions about addressing systemic racism and inequality.

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).

14.0% **Smoking** (4.4% of all births)

21.8% **Hypertension** (3.0% of all births)

11.3% **Unhealthy weight** (33.9% of all births)

32.1% **Diabetes** (1.3% of all births)

Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

MINNESOTA

The infant mortality rate decreased in the last decade; In 2022, 288 babies died before their first birthday

INFANT MORTALITY RATE

4.5

US RATE

5.6

MN RANK

11

Rate per 1,000 live births

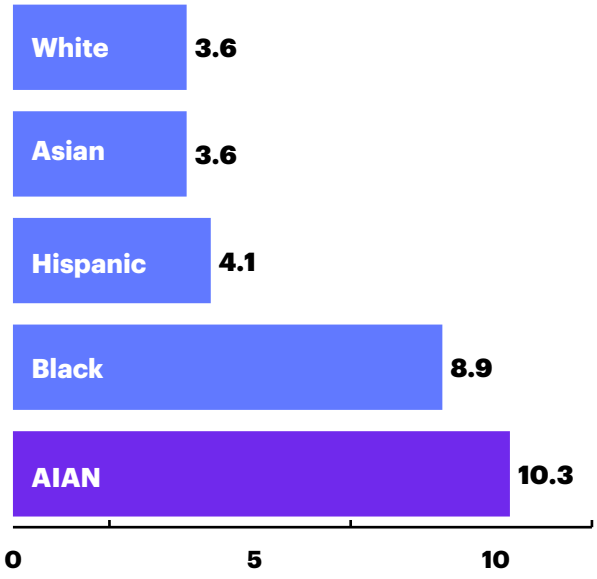
2012										2022
5.1	5.0	5.2	5.1	4.8	5.1	4.5	4.1	4.8	4.5	4.5

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The infant mortality rate among babies born to AIAN birthing people is 2.3x the state rate

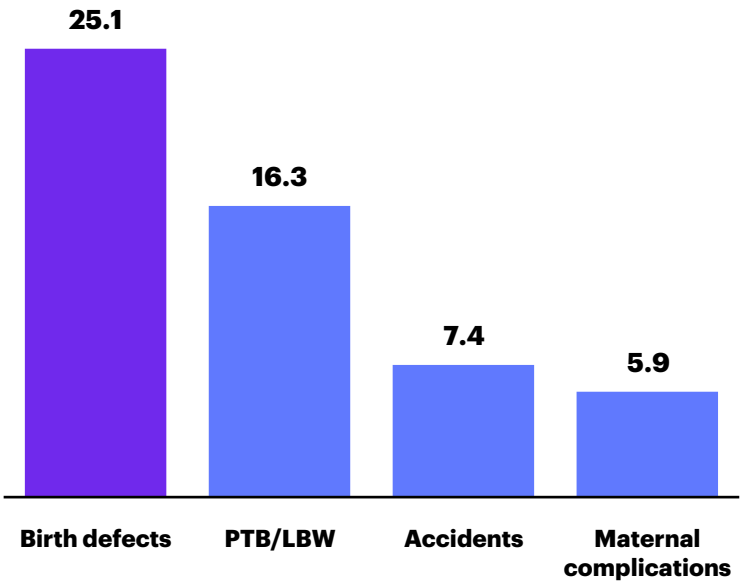
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

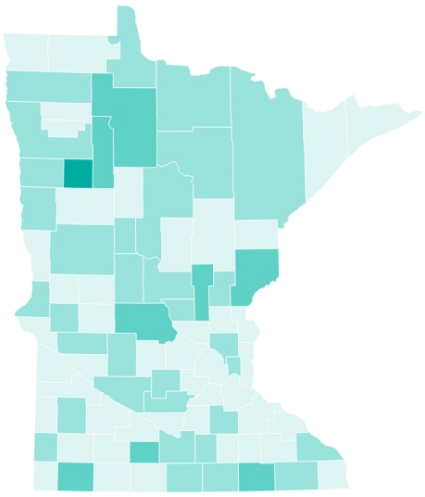


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 45.3% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MINNESOTA

Maternal Vulnerability Index by county



Very Low | Low | Moderate | High | Very High

The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Minnesota are most vulnerable to poor outcomes due to the following factors:

Physical environment

Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. https://mvi.surgoventures.org/

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: http://www.cdc.gov/heatrisk

28
DAYS

EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

10
DAYS

POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

The measures below are important indicators for how Minnesota is supporting the health of birthing people

12.3
PER 100,000 BIRTHS

23.2

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

26.6
PERCENT

26.6

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

10.5
PERCENT

15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

MINNESOTA

Adoption of the following policies and sufficient funding in Minnesota is critical to improve and sustain maternal and infant healthcare

MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.

- ✓ **INDEPENDENT PRACTICE**
- ✓ **PAY PARITY**
- ✓ **PRESCRIPTIVE AUTHORITY**
- ✗ **LICENSURE FOR CERTIFIED MIDWIVES**

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.

MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.

DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend

- ✓ State has the indicated funding/policy
- ✓+ State reimburses up to $1,500
- ✗ State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.4%	1.22	4.5 deaths per 1K births	12.3 deaths per 100K births	26.6%	80.4%
Rank	11th of 52	14th of 47	11th of 52	2nd of 40	32nd of 52	15th of 52
Direction from prior year	Improved	Improved	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 1k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

MNNP MINNESOTA NURSE PRACTITIONERS

March 25, 2025

Dear MN House Health Committee,

The Minnesota Advanced Practice Registered Nurses (APRN) Coalition and the Minnesota Nurse Practitioners (MNNP) organization strongly support the Minnesota Certified Midwife Practice Act, **HF1010**, which will establish scope of practice, practice authority, licensure, and regulation under the Minnesota Board of Nursing.

The Minnesota Certified Midwife Practice Act will:

- Expand patient access to high-quality, cost-effective maternity care, leading to improved outcomes for mothers and infants.
- Increase diversity within Minnesota's maternity workforce and address the challenges posed by an aging workforce.
- Reduce strain on RN educational programs by providing a direct pathway to midwifery for individuals with a bachelor's degree outside of nursing, decreasing both the cost and time required to become a midwife.
- Align Minnesota with 11 other states that already license Certified Midwives, ensuring our state remains at the forefront of maternity care advancements.

Thank you for your leadership and commitment to improving maternity care in Minnesota. We appreciate your efforts in advancing this important public health initiative.

Sincerely,

Rochelle Perry, APRN, DNP, FMHNP-BC, Legislative Liaison and the MNNP Board of Directors

President Angie Rickheim, APRN, DNP, FNP-C, MSN, BSN, PHN

Kim Heckmann, APRN, FNP-C, SCRN, PHN

Sara McCumber, APRN, DNP, CNP, CNS

Samantha Delander, DNP, FNP-C

Jenna Herman, DNP, APRN, FNP-BC

Zane Dye, APRN, DNP, FNP-C

March 24, 2025
The Honorable Committee Co-Chair Robert Bierman
The Honorable Committee Co-Chair Jeff Backer
St. Paul, MN 55155

RE: Support for House File 1010- Certified Midwife Practice Act

Dear Members of the Minnesota House Health Committee,

My name is Janelle Wanzek and I am a current certified midwifery student originally from Minnesota. I have recently become familiar with HF 1010, as I was researching practice laws for certified midwives (CMs) in different states. Currently CMs are not able to practice in MN, but the passing of this bill can open that door. A CM is equivalent in training/education with a certified nurse midwife (CNM) whom already have full practice authority in MN. The only difference between CMs and CNMs is that CNMs have a bachelor's in nursing.

Personally, I have a bachelor's in biology and a masters in Physician Assistant studies, but decided to pursue midwifery in order to expand my care for women during labor and delivery. Unfortunately, even with all of my education and completion of my midwifery degree, I will still be limited as to where I can provide this care because legislation has not accommodated for CMs in Minnesota. I hope that we can change this. The passing of this bill will allow for many current and future midwives to be able to provide quality maternity care in Minnesota, in turn, creating more access to affordable and evidence-based care for pregnant people in the state. Additionally, creating a new pathway to midwifery care that does not include a nursing degree, would allow opportunity for more people interested to be able to pursue a career in midwifery. As well as, creating more open seats in nursing programs for those interested in providing nursing care.

Please support HF 1010 this legislative session. The bill has many supporters including the Minnesota American College of Nurse Midwives (ACNM) Affiliate and the Minnesota Advanced Practice Registered Nurse (APRN) Coalition. The MN section of American College of Obstetrics and Gynecology (ACOG), also in support, have named this bill their number one legislative priority this year. There is bipartisan support with no opposition to this bill. The passing of HF 1010 would be quite impactful for the MN healthcare system and for many lives including my own.

As I near graduation of my CM program I am eager to return to MN to practice in my home, close to many of my family members and friends. I appreciate all your work as members of the Health Finance and Policy Committee and your efforts in keeping all Minnesotans healthy and safe. I thank you for reading this letter and hearing my thoughts on supporting HF 1010, The Certified Midwife Practice Act.

Sincerely,
Janelle Wanzek, PA-C, Certified Midwife Student
1442 S 600 E, Salt Lake City, UT 84105
701-367-7070, jwanzek@alumni.nd.edu

THE MINNESOTA COUNCIL OF CERTIFIED PROFESSIONAL MIDWIVES

MCCPM

March 26, 2025

To: Members of the Minnesota Legislature

Re: House File 1010 (MN Certified Midwife Practice Act)

I am writing on behalf of the Minnesota Council of Certified Professional Midwives (MCCPM) in support of House File 1010, which would establish licensure for Certified Midwives (CM) in Minnesota.

Minnesota is fortunate to be home to a thriving birth community with an array of maternity providers. The Minnesota Council of Certified Professionals is composed mainly of Certified Professional Midwives, who practice mainly in the home or birth center setting. However, we are also part of a larger midwife community in the Twin Cities. Our group's objectives include advocacy for standards of safe, evidenced-based midwifery care, and communication and relationships between midwives and other healthcare professionals. The Midwives of ACNM are a part of our midwifery community, and MCCPM enthusiastically supports their growth with the introduction of Certified Midwives to Minnesota.

In recent years we have seen an increase in partnership between Certified Nurse Midwives and Certified Professional Midwives. We collaborate on education opportunities, community building, tackling health inequity, and smooth transfers between the home or birth center setting and the hospital when indicated. Team building and collaboration ultimately lead to improved care and outcomes for birthing families. Licensure of Certified Midwives in Minnesota has the opportunity to expand and elevate midwifery care in Minnesota, giving patients and families more access and opportunities to obtain women's healthcare from safe, evidence-based, cost-effective providers.

Licensure of Certified Midwives in Minnesota can also play a critical role of expanding the diversity of race and geography of maternity care in Minnesota. By removing barriers to becoming an ACNM midwife, the Certified Midwife pathway enables Minnesota to increase its maternity workforce, as well as benefit from a wider pool of midwife candidates, including rural residents and future midwives of color.

The introduction of licensure for Certified Midwives (CM) in Minnesota is a tangible and meaningful step in improving the health of Minnesota families. We appreciate you and your colleagues' commitment to advancing maternal and family health. We urge the Minnesota Legislature to act swiftly on these commitments by approving pending HF 1010 to license Certified Midwives.

Rosa Sequoia Oesterreich, CPM, LM
President
Minnesota Council of Certified Professional Midwives

March 25, 2025

Dear MN House Health Finance and Policy Committee,

The Minnesota Advanced Practice Registered Nurses (APRN) Coalition and the Minnesota Nurse Practitioners (MNNP) organization strongly support the Minnesota Certified Midwife Practice Act, **HF1010**, which will establish scope of practice, practice authority, licensure, and regulation under the Minnesota Board of Nursing.

The Minnesota Certified Midwife Practice Act will:

- Expand patient access to high-quality, cost-effective maternity care, leading to improved outcomes for mothers and infants.
- Increase diversity within Minnesota's maternity workforce and address the challenges posed by an aging workforce.
- Reduce strain on RN educational programs by providing a direct pathway to midwifery for individuals with a bachelor's degree outside of nursing, decreasing both the cost and time required to become a midwife.
- Align Minnesota with 11 other states that already license Certified Midwives, ensuring our state remains at the forefront of maternity care advancements.

Thank you for your leadership and commitment to improving maternity care in Minnesota. We appreciate your efforts in advancing this important public health initiative.

Sincerely,

Kerry Johnson, DNP, APRN, CNP
President
Minnesota APRN Coalition

President@MNAPRNCoalition.com

The MN Certified Midwife Practice Act (HF1010/SF832)

The US is facing a maternal health crisis: rising levels of maternal mortality and morbidity, stark racial disparities, high costs of medical care, and a shortage of maternal health providers projected to worsen.

The MN Certified Midwife Practice Act (HF1010/SF832) would help to address Minnesota's maternal health needs by creating a new avenue for midwifery licensure in Minnesota – the Certified Midwife (CM). CMs would be licensed to practice midwifery in Minnesota, with high standards for education, training and certification, and the same midwifery scope of practice as Certified Nurse Midwives (CNMs). With this legislation, licensure of CNMs and CMs would be under one board (the MN Board of Nursing) to ensure consistent scope of practice and regulatory requirements. The MN Certified Midwife Practice Act would:

- **Expand patient access** to a form of maternity care (midwifery care) that is high-quality, cost-effective, and evidence-based with positive maternal and infant health outcomes;
    - Research has demonstrated that midwifery care is associated with positive birth outcomes for mothers and infants.[1]
    - A recent study from the University of Minnesota School of Public Health found that incrementally shifting toward midwife-led care over the next 10 years would result in 30,000 fewer preterm births in the U.S. and $4 billion in combined savings for private and public health plans[2].

- **Grow the diversity** of Minnesota's maternity care workforce, and address the aging of the workforce;
    - CM education programs attract candidates from diverse backgrounds and professions, broadening the diversity of the midwifery profession.
    - Research demonstrates the benefits of a racially diverse maternity care workforce[3]. Currently less than 10% of midwives in MN identify as midwives of color.
    - With 30% of licensed CNMs in MN over the age of 55 years, Minnesota is positioned to lose nearly one-third of its midwife workforce to retirement over the next 10 years. CM licensure would help to bring a next generation into midwifery practice in Minnesota.

- **Alleviate the strain** on RN educational programs by providing a pathway to midwifery for those with a bachelor degree outside of nursing, thus reducing the cost and length of time to become a midwife;

- **Allow Minnesota to keep pace** with the twelve other states that already license Certified Midwives;
    - CMs are currently licensed in AR, CO, DE, HI, ME, MD, NJ, NY, OK, RI, VA, and DC, with numerous other states also pursuing the licensure of CMs.

- **Enable the University of Minnesota** to begin an eagerly-awaited Certified Midwife education program, with the current University of Minnesota's Nurse Midwifery Program ranking second in the nation.

Supporters of the MN Certified Midwife Practice Act (HF1324/SF1743) include: MN Section of the American College of Obstetricians and Gynecologists (ACOG); the Childbirth Collective; Hennepin Healthcare System, Hennepin County, Hennepin Health, NorthPoint Health and Wellness Center; MN Council of Certified Professional Midwives (MCCPM); Roots Community Birth Center; Dr. Rachel R. Hardeman, PhD, MPH Associate Professor, and Dr. Katy B. Kozhimannil, PhD, MPA Professor, Division of Health Policy and Management, University of Minnesota, Dr. Melissa Saftner, PhD, CNM, Professor and Midwifery Program Director University of Minnesota School of Nursing, March of Dimes.

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[1] Midwife-led continuity models versus other models of care for childbearing women - Sandall, J - 2013 | Cochrane Library
[2] https://www.sph.umn.edu/sph-2018/wp-content/uploads/docs/policy-brief-midwife-led-care-nov-2019.pdf
[3] Mortality rate for Black babies is cut dramatically when Black doctors care for them after birth, researchers say

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