

## **Barriers to Care for Licensed Midwives**

### **Supervision Issues**

Many barriers are related to the supervision requirement in the Licensed Midwives Practice Act (LMPA). Midwives report that they would like to change the wording from “supervision” to “consultation” or “collaboration”. The barriers identified by licensed midwives (LMs) related to supervision are:

#### General Medical Care Issues

- **Liability:** This is the most important issue. Midwives are unable to access necessary medical care for clients because the law defines the relationship of physicians to licensed midwives as supervisory, which implies liability. Liability insurers will not provide insurance to any individual that attends a homebirth, supervises someone who attends homebirths, or backs up patients planning a homebirth.
- **Ultrasound:** Midwives report that they are unable to order ultrasounds on their own, and often the results will only be released to a physician.
- **Expert Reviewer:** When a complaint is investigated against a midwife, only midwives who have supervising physicians are allowed to provide an expert review. As a result, most expert reviewers work exclusively in doctor’s offices and clinics and do not attend home births, this puts investigated licensed midwives at a disadvantage.

#### Prescription Medication Issues (Related to Supervision)

- **Pharmaceutical suppliers** will not sell LMs emergency and other necessary injectible medications because the LMPA does not include a list of legend drugs that LMs are allowed to furnish or use without prescription.
- LMs are not always able to easily obtain devices needed to provide safe care, such as, syringes and IV equipment.
- LMs are unable to obtain oxygen without a prescription, and often are not able to obtain oxygen with a prescription since LMs are providers rather than users.
- Clinics and physician offices are often reluctant to hire LMs because the LMPA does not make allowance for LMs to order or furnish drugs in accordance with standard protocols under the supervision of a licensed physician.

### **Issues Under the Regulatory Authority of Other Government Agencies**

#### California Department of Public Health (CDPH)

- **Birth Certificates:** Every county is allowed to create their own rules and worksheets for registering homebirths using the state directive as a guideline, as long as they follow existing law. Midwives are not allowed to possess or complete paper birth certificate forms, are not allowed to submit forms electronically, and are subject to requirements

that are not required by the State Office of Vital Records (i.e. home visit from county nurse, utility bill with parent's name and address from month of birth, etc.) LMs are unable to register births within the 10 days required in law due to county specific time schedules and restrictions. Social Security numbers are also not automatically given to homebirth clients as they are for hospital births. Parents must go in to a Social Security office and request one (and are often told that they don't have the appropriate paperwork to get a number for their baby).

- Alternative Birth Center Regulations: LMs are not included along with Certified Nurse Midwives and Physicians as one of the required attendants during birth, which prohibits the hiring of LMs as out of hospital birth attendants in licensed Alternative Birth Centers.
- Lab Accounts: LMs have difficulty opening accounts with diagnostic laboratories due to CDPH's Laboratory Field Services' determination that LMs must have the signature of the supervising physician on file in order to open or maintain an account.

#### Department of Motor Vehicles

- Carpool Lane Exemption: The majority of LMs provide home birth care, and often are called to births during heavy traffic times. LMs could use a carpool lane exemption decal to assist in getting to laboring mothers in a timely fashion. (Low Priority)

#### **Payment Issues**

##### Department of Health Care Services

- Medi-Cal: Medi-Cal will only cover services with the signature of the supervising physician.

##### California Department of Public Health

- Comprehensive Perinatal Services Program (CPSP) – This program provides midwifery care to low income women who are seen in clinics. LMs were never added to the list of CPSP providers or the list of providers authorized to receive payment from Medi-Cal for those services.

##### Managed Risk Medical Insurance Board

- Access for Infants and Mother's Program – LMs are not listed as qualified to certify pregnancy.

##### Insurers

- Being out of network providers, LMs are paid at a significantly lower rate. LMs are often told that homebirth and/or LMs are not covered even for women who have purchased maternity benefits. Section 10354 of the Insurance Code was originally added with the passage of the LMPA and allowed for direct payment to LMs. This Section of law has since been repealed from the Insurance Code, and as a result, many insurers will not pay LMs directly.