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Associations Between State Regulations and Midwifery Workforce Access

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Associations Between State Regulations and Midwifery Workforce Access

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Funded by the ACNM W. Newton Long Award





Background

- U.S. is worst in maternal care
- Credible support for CNMs as a solution
- Independent licensing has been ineffective
- Other factors may influence access



Methods

- Cross-sectional
- Midwife-attendance at birth
- Variables:
 - Licensing
 - Medicaid parity
 - Medical staff
 - Training programs
 - Prescribing

Table 3



Characteristic	Estimate	Ratio	95% CI	<i>p</i>
Independent License	0.01	1.01	0.96 – 1.07	.689
Medicaid Parity	0.32	1.38	1.31 – 1.45	<.001
Midwifery Training in State	0.15	1.16	1.11 – 1.22	<.001
Medical Staff	0.23	1.26	1.20 – 1.34	<.001


Table 4

Characteristics	Estimate	Ratio	95% CI	<i>p</i>
Independent Licensing				
Medicaid Parity	0.49	1.63	1.47 – 1.81	<.001
Midwifery Training in State	-0.20	0.82	0.76 – 0.89	.021
Medical Staff	0.41	1.50	1.37 – 1.65	<.001
Independent Prescribing	0.32	1.38	1.25 – 1.52	<.010
Restricted Licensing				
Medicaid Parity	0.20	1.22	1.14 – 1.31	<.001
Midwifery Training in State	0.28	1.32	1.22 – 1.43	<.001
Medical Staff	-0.05	0.95	0.87 – 1.04	.270



Discussion for Table 4

- Licensing moderates the impact of training programs & medical staff eligibility
- Parity is significant regardless of licensing status

Table 5

Number of Characteristics	Estimate	Ratio	95% CI	<i>p</i>
Combined				
One	0.02	1.02	0.95 – 1.10	.545
Two	0.03	1.03	0.94 – 1.13	.566
Three	0.21	1.23	1.14 – 1.34	<.001
Four	0.56	1.75	1.62 – 1.90	<.001
Independent Practice				
One	1.19	3.25	2.72 – 3.94	<.001
Two	1.28	3.59	3.00 – 4.30	<.001
Three	1.63	5.15	3.19 – 6.16	<.001
Restricted Practice				
One	0.12	1.13	1.04 – 1.22	.001
Two	-0.63	0.53	0.39 – 0.65	<.001

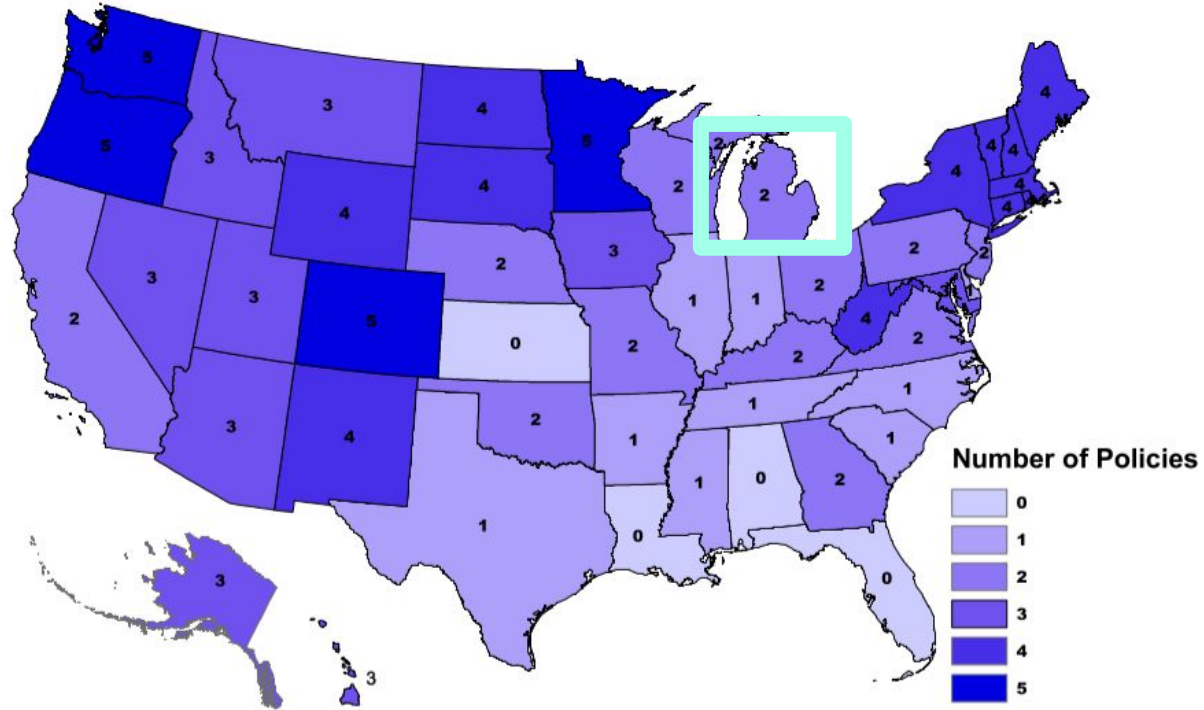


Results

Table 1 Description of State Characteristics that Affect Midwives

State	License	Medicaid Reimbursement	Medical Staff	Independent Prescribing	Midwifery Education Program	Total Number of Characteristics
Alabama	Restricted	80%	No	No	No	0
Alaska	Independent	85%	Yes	Yes	No	3
Arizona	Independent	90%	Yes	Yes	No	3
Arkansas	Independent	80%	No	No	No	1
California	Restricted	100%	No	No	Yes	2
Colorado	Independent	100%	Yes	Yes	Yes	5

Distribution of State Policies that Increase Access to Midwife-Attended Birth.





Discussion

- Most accurate method to date
- Strengths:
 - Inductive
 - CNMs
 - Urban counties
 - Access vs size
 - Primary data



Sources

Medical Staff

State	Date Accessed	Allowed/ Ineligible	Source	Description
Alabama	02/22/2022	No	Dept of Public Health Admin Code > Ch. 420-5-7 Hospitals > 04 The Governing Body 09 Medical Staff	“Every patient is under the care of: 1. A doctor of medicine or osteopathy...2. A doctor of dental surgery or dental medicine...3. A doctor of podiatric medicine...4. A doctor of optometry...5. A chiropractor...6. A clinical psychologist” “The medical staff shall be composed of doctors of medicine or osteopathy and may also be composed of other practitioners appointed by the governing authority.”
Alaska	02/22/2022	Yes	32nd Legislature (2021-2022) Admin Code > 7 AAC 12.110. Medical staff	“onsite medical staff of a critical access hospital may consist exclusively of mid-level practitioners”



Conclusions

- Saving >\$4 billion
- Avenues for advocacy esp. Medicaid parity
- Future research
- Emergency changes during COVID-19



Implications

- Revise independent licensing qualifications
- Independent licensure is necessary but not sufficient
- Policymakers can use the regulatory environment to increase access



Thank you!

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