

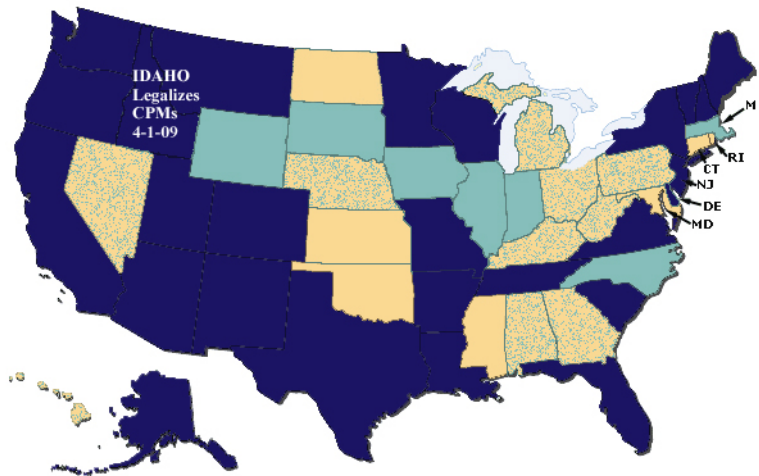
# A CLOSER LOOK at the PushStates



In 24 states, as well as the District of Columbia and Puerto Rico, Certified Professional Midwives (CPMs) are subject to criminal prosecution for practicing medicine or nursing without a license. Citizens and birth-advocacy organizations are working together, with the help of the Big Push for Midwives Campaign, to effect change at the organizational, community, and policy making level by pushing to pass laws licensing CPMs nationwide and incorporating them into our state and federal healthcare infrastructure. States where CPMs are not legally authorized to practice:

- |             |                |                      |
|-------------|----------------|----------------------|
| Alabama     | Maryland       | Oklahoma             |
| Connecticut | Massachusetts  | Pennsylvania *       |
| Georgia *   | Michigan       | Rhode Island         |
| Hawaii      | Mississippi    | South Dakota         |
| Illinois    | Nebraska       | West Virginia        |
| Indiana     | Nevada         | Wyoming              |
| Iowa        | North Carolina | District of Columbia |
| Kansas      | North Dakota   | Puerto Rico          |
| Kentucky    | Ohio           |                      |

## 2009: State-by-State Status of Certified Professional Midwives (CPMs)



STATES WHERE CPMs ARE LEGALLY AUTHORIZED TO PRACTICE:  
26

STATES WHERE CPMs ARE NOT LEGALLY AUTHORIZED TO PRACTICE:  
24

STATES INTRODUCING LEGISLATION  
8

STATES PLANNING LEGISLATION  
10

STATES ORGANIZING ADVOCACY EFFORTS  
7

### Kansas

The state Supreme Court ruled that a midwife could not be convicted of practicing medicine without a license because she was under physician supervision at the time. The ruling did not apply to other midwives in the state, who still face the possibility of prosecution.

### Massachusetts

The state Supreme Court ruled that midwives may not be prosecuted for practicing medicine without a license for providing routine maternity care. This exemption does not extend to midwives who assess and treat complications.

### Mississippi

“Females engaged solely in the practice of midwifery” are exempt from the state medical practice act and may not be prosecuted for practicing medicine without a license simply for providing routine care. However, without a statutory definition of “midwifery,” midwives remain subject to prosecution on a case-by-case basis.

\* **GEORGIA & PENNSYLVANIA:** OLD LAWS BEING REVIVED; RULEMAKING ROUTE IN PROCESS. Advocacy groups have forced the state government to recognize that old laws are still on the books that require the state to regulate midwives instead of prosecuting them. These groups are working cooperatively with state agencies to write updated and evidence-based regulations for midwives. As a result of these efforts, midwifery is being revived in two states where organized medicine had successfully attempted to “retire” old laws providing for the regulation and licensure of midwives.

**T**he following 26 states provide for licensure or legally authorized practice by Certified Professional Midwives (CPMs).

Recently, however, the Big Push for Midwives Campaign has been contacted by several of these legal states seeking resources, as they find themselves with increasingly hostile and prohibitive CPM practice environments. Specifically, there are increasing numbers of physicians unwilling to consult with or receive transfers from professional midwives who practice in out-of-hospital settings. For example, in Delaware this is because insurance companies are threatening to drop malpractice coverage for any physician who consults with CPMs.



Alaska	Maine <sup>2</sup>	South Carolina
Arkansas	Minnesota	Tennessee
Arizona	Missouri <sup>3</sup>	Texas
California	Montana	Utah
Colorado	New Hampshire	Vermont
Delaware <sup>1</sup>	New Jersey	Virginia
Florida	New Mexico	Washington
Idaho	New York	Wisconsin
Louisiana	Oregon	

The fact that CPMs remain subject to criminal prosecution in half of our states is directly attributable to the American Medical Association (AMA) Scope of Practice Partnership, as well as to its recently passed anti-midwife, anti-home birth policy resolutions.

**The reason the AMA resolution to target the legality of home birth is so disturbing is that a family's right to choose the place of birth has never been threatened by law. Home birth itself is not now and never has been illegal. The fact that a trade organization like the AMA believes they have the right to supersede the judgment of a family is deeply troubling.**

The Big Push campaign is concerned about the 'signaling' that resolutions like this send to state and local physician groups, hospital medical staff, insurance companies, managed care plans, federal and state policymakers.

This kind of signaling may have been AMA's real intention all along, but they phrased it in terms of legislation to avoid antitrust scrutiny, since the antitrust laws prohibit conspiracies in restraint of trade or attempted monopoly, but recognize that a monopoly has the First Amendment right to petition the government. AMA lawyers may have recommended this approach. We are still waiting for the AMA to issue a denial to our charges that there is no medical evidence to support their anti-midwife, anti-home birth policy resolutions.

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<sup>1</sup> **Delaware**—Legal if licensed, but only one license has been issued due to the physician supervision requirement. Licensure is tied to physician supervision, which is difficult to achieve in this state.

<sup>2</sup> **Maine**—Legal, yet unregulated as licensure is unavailable. New 2008 law allows midwives to practice without fear of prosecution, as well as carry and administer medications.

<sup>3</sup> **Missouri**—Legal, yet unregulated as licensure is unavailable.

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The Big Push for Midwives Campaign is fiscally sponsored by Sustainable Markets Foundation, a not-for-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c)(3). The mission of the Big Push for Midwives is to build winning, state-level advocacy campaigns towards successful regulation and licensure of Certified Professional Midwives (CPMs) in all 50 states, the District of Columbia, and Puerto Rico.

We are envisioning a new model of U.S. maternity care built on expanding access to out-of-hospital maternity care and CPMs, who provide affordable, quality, community-based care that is proven to reduce costly and preventable interventions as well as the rate of low-birth weight and premature births.

We can no longer afford a system that produces inferior results at premium costs. **We need safe and less-costly maternity care now.**

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