
Recommendation 1 - Continue the Regulation of Direct-Entry Midwives Until July 1, 2006; Continue the Midwife Exemption to the Medical Practice Act Contained in §12-36-106(1)(f)(II), C.R.S.; and Change Legislative References from Registered to Licensed.

In April of 1999, the Pew Health Professions Commission and the University of California, San Francisco Center for the Health Professions issued a joint report entitled "The Future of Midwifery." This report made some interesting findings. As an example, although the United States spends more per capita on health care than any other country, 24 nations have lower infant mortality rates. The report also found large disparities in the costs of births at hospitals compared to birthing centers. The report found that the costs for hospital births were not justified by the outcomes in most cases.

Worldwide, the use of hospitals and physicians for births is the exception rather than the rule. According to the Pew report, only the United States and Canada use physicians more extensively than midwives in the care of pregnant women. The use of midwives for routine deliveries is the norm in most industrialized countries.

According to the National Association of Childbearing Centers (NACC), in 1995, a typical vaginal delivery in a hospital cost an average of \$6,378. Approximately 60 percent of this cost was for the use of the hospital facility. Approximately 40 to 45% of the delivery cost was attributed to the professional services of the physician. Birthing center deliveries, usually attended by nurse midwives, averaged almost half the cost at \$3,241. Nationally, reliable data on costs for direct-entry midwives is not available. However, registrants contacted for this report indicated fees substantially less than those reported by the NACC for physicians and nurse midwives.

Registered vs. Licensed

The Colorado direct-entry midwife registration program is in fact a licensing program. In the regulatory scheme, registration is the least restrictive form of regulation. A true registration program requires no education or experience standards. The purpose of the registration is merely to alert the public to the correct address of the registered individual for purposes of process serving in the event it is necessary for a civil action.

When a regulatory requirement contains qualifications or standards for individuals before registration, it is more accurately termed a certification program. Certifications in the true sense are like high school or college diplomas, where an organization certifies that an individual has obtained a specific level of training or education.

Only a licensing program requires applicants to meet minimum standards before being allowed to practice a profession and the ability of the state to remove or restrict (discipline) the ability of the individual to practice. In reality, the current direct-entry midwife registration program is a licensing program and should correctly be referred to as such. Thirteen of the 15 states with formal regulatory programs for direct entry midwifery license midwives. Nine of these 13 states authorize licensed midwives to be reimbursed by Medicaid and other third-party insurers.

Recommendation 2 - The General Assembly Should Increase the Educational Standards for Licensure, Increase the Minimum Practical Experience Requirement, and Allow Greater Flexibility to Grant Credit for Actual Experience.

A formal apprenticeship is an accepted method of entering many professions. As recently as 30 years ago, pharmacists were attaining licensure in Colorado without formal college education. However, most health care professions currently require formal education to be combined with practical experience in the form of an internship or apprenticeship as a standard for licensure.