



September 18, 2017

The Honorable Vincent C. Gray  
Chairman, Committee on Health  
Council of the District of Columbia  
1350 Pennsylvania Avenue N.W.  
Suite 406  
Washington, D.C. 20004

Dear Chairman Gray,

On behalf of the American College of Nurse-Midwives (ACNM), we appreciate the opportunity to provide comments in support of Bill 22-0333 entitled *Advanced Practice Registered Nurse Signature Authority Amendment Act of 2017*. The ACNM and its members stand for improving access to quality care and coverage for women through the lifespan. We support common-sense policy solutions that ensure women have guaranteed health coverage and access to a full range of essential health services under Medicare and Medicaid, and individual and family health insurance plans. Enactment of this legislation would improve access to care delivered by Certified Nurse Midwives (CNMs) and other advanced practice nurses by granting them the autonomy to fully practice within their defined scope.

ACNM is the professional association that represents CNMs and Certified Midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the U.S. and strengthens the capacity of midwives in developing countries. Our members are primary care providers for women throughout the lifespan, with an emphasis on pregnancy, childbirth, and gynecologic and reproductive health care.

The proposed amendment seeks to codify a standard of care that is consistent with a CNM's scope of practice as defined by ACNM. Specifically, Bill 22-0333 would allow CNMs and other Advanced Practice Registered Nurses (APRNs) to sign, certify, stamp, or endorse all documents that require a signature by a physician, provided it is within their scope of authorized practice to do so. CNMs in the District currently sign, certify, stamp and/or endorse a multitude of documentation associated with a patient under their care (e.g., a CNM may provide certification of health conditions subject to

the Family Medical Leave Act and a CNM may authorize a patient for physical therapy). Enactment of this legislation would not expand the current scope of practice for CNMs and APRNs in the District, rather it would codify in statute an APRNs ability to practice to the fullest extent of their education, training, and competence in accordance with existing D.C. law.

The midwifery scope of practice as defined by ACNM encompasses a wide-range of primary health care services for women from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. CNMs provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. These services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers.

It is the position of ACNM that safe, quality health care can best be provided when policy makers develop laws and regulations that permit CNMs to provide independent midwifery care within their scope of practice while fostering consultation, collaborative management, or seamless referral or transfer of care when indicated. Addressing potential practice barriers that could impact APRNs will ensure patients in the District continue to have access to timely, high-quality, patient-centered care that CNMs and other APRNs provide. As such, ACNM strongly supports and recommends passage of the *Advanced Practice Registered Nurse Signature Authority Amendment Act of 2017*.

APRNs including CNMs play an important role in managing and delivering health care in the District and across the nation. These providers are recognized under many state laws and regulations as authorized to complete documents such as physical examination forms and other medical certification documents for patients under their care that require a signature by a physician so long as it's within their scope of practice to do so. Enabling APRNs to deliver care, including signing documentation related to care provided to a patient, autonomous of a physician has been shown to improve access, especially in underserved urban and rural areas, streamline care, decrease cost and protect patient choice.

ACNM appreciates the opportunity to comment in support of this measure. Passage of Bill 22-0333 would go a long way towards ensuring APRNs including CNMs are allowed to practice to the fullest extent of their education and training in accordance with existing D.C. law. Such changes are vital to our nation's efforts to expand access to safe and cost-effective health care. We stand ready to work with both the Committee and the City Council to prioritize the health care of women and newborns through improvement of laws and that support access to affordable coverage and the excellent care

midwives can provide. Please don't hesitate to contact me with any questions or concerns at [akohl@acnm.org](mailto:akohl@acnm.org) or 240-485-1806.

Sincerely,



Amy M. Kohl  
Director, Advocacy and Government Affairs  
American College of Nurse-Midwives