Date

Assemblymember/Senator \_\_\_ [insert name]

Insert address of your representative’s State Capitol office

Re: AB 2682 (Burke) – SUPPORT

Dear Assemblymember/Senator \_\_\_\_\_\_: [insert name]

I am a constituent and I am writing to ask for your support of AB 2682. I am/have been a client of a certified nurse-midwife (CNM) and am receiving/have received excellent care [expand here if you want to give a personal story]. I feel strongly about care with nurse-midwives because [personal reasons here].

More and more families are seeking care from nurse-midwives because the data on maternal health outcomes is excellent: lower cesarean birth rates, lower episiotomies, lower epidural rates, higher breastfeeding and patient satisfaction rates. The evidence is so clear that nurse-midwifery is becoming mainstream, influenced by popular media recommendations of the New York Times and Consumer Reports.I encourage you to check out this recently published article by NPR/Propublica: https://www.propublica.org/article/midwives-study-maternal-neonatal-care

As California law is currently written, nurse-midwives are required to have physician supervision in order to practice. In 2013, the California legislature **removed** the requirement for *licensed midwives*, to work under physician supervision. Licensed midwives mostly attend births at home but do not have an RN license and are not otherwise bound by similar educational requirements for nurse-midwives*.* As a consumer, it does not make sense why there would be a difference in supervision requirements- especially when nurse-midwives hold RN licenses and master’s degrees, and are among the most educated and experienced in the world, exceeding international standards for midwifery competencies and standards of practice.

It was always apparent to me that part of the excellent care provided by a nurse-midwife was the collaborative relationship with the physicians. Nurse-midwives value *partnership* with physicians to provide the highest quality of care.

Nonetheless, AB 2682 is needed because despite physician willingness to partner with nurse-midwives, many malpractice carriers do not permit physicians to “supervise” a nurse-midwife unless the midwife is an employee of the physician or physician group. This further limits consumer options in finding nurse-midwives in her health plan. Furthermore, “supervision” means nurse-midwives are tethered geographically to where physicians practice. This means many women, especially in rural counties where there are significant obstetrician shortages, cannot access a nurse-midwife. In my experience, every woman should have the opportunity to receive the excellent care given by a nurse-midwife.

Safety and personalized evidence-based care are the hallmarks of nurse-midwifery. **I believe that AB 2682 will significantly improve women’s health care and I encourage you to vote yes.** I will be following the progress of this legislation closely. I would be happy to talk with you further should you have questions about the community support for this effort.

Please see this website for more information: www.CaliforniaNurseMidwivesAction.com

Sincerely,

[sign name here]

[type name here and home address ]