
NEBRASKA CREDENTIALING REVIEW PROGRAM
Division of Public Health | Department of Health and Human Services

Application for Credentialing Review

Proposed Change in Scope of Practice

Certified Nurse-Midwife Practice Modernization in Nebraska

SUBMITTED BY

Nebraska Affiliate of the American College of Nurse-Midwives

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SUBMITTED TO

Nebraska Department of Health and Human Services
Division of Public Health, Credentialing Review Program

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Part A. Description of the Applicant Group and Its Proposal

Question 1. Applicant Group Information

Applicant Group Name: Nebraska Affiliate of the American College of Nurse-Midwives

Applicant Group Contact Information

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National Parent Organization

American College of Nurse-Midwives

409 12th Street SW, Washington, DC 20024

Applicant Group Composition

The Nebraska Affiliate of the American College of Nurse-Midwives is the statewide professional association representing Certified Nurse-Midwives (CNMs) and advancing the profession of midwifery in Nebraska. Membership includes practicing CNMs and student nurse-midwives. Nebraska has approximately 100 licensed Certified Nurse-Midwives; the Affiliate currently has approximately 40 dues-paying members. A comprehensive list of licensed nurse-midwives and available public licensure information may be obtained through the Nebraska Board of Nursing.

Relationship of the Applicant Group to the Occupation

The applicant group is the principal statewide professional organization representing the occupation directly affected by this proposal. Its members include Nebraska CNMs who practice under the statutes and regulations at issue in this application. The organization advocates for safe, evidence-based maternity and women's health policy, supports professional standards, promotes continuing education, and serves as the recognized voice for nurse-midwifery within Nebraska.

Authorized Representative

Elizabeth Mollard, PhD, CNM, WHNP, President, Nebraska Affiliate of the American College of Nurse-Midwives

Question 2. Related Organizations and Stakeholders

The following Nebraska organizations are materially relevant to this proposal as they represent nursing professionals, hospitals, rural health systems, physicians, pediatric providers, maternity care systems, employers, regulators, and consumers who may be affected by modernization of CNM practice authority.

1. Nebraska Nurses Association

c/o VTL Solutions, 217 Oscar Drive, Suite C, Jefferson City, MO 65101 | (888) 885-7025 | director@nebraskanurses.org | nebraskanurses.org

2. Nebraska Medical Association

1045 Lincoln Mall, Suite 200, Lincoln, NE 68508 | (402) 474-4472 | info@nebmed.org | nebmed.org

3. Nebraska Hospital Association

134 S 13th St. Suite 800, Lincoln, NE , 68508 | (402) 742-8140 | info@nebraskahospitals.org | nebraskahospitals.org

4. Nebraska Rural Health Association

P.O. Box 83111, Lincoln, NE 68501 | (402) 420-0404 | info@nebraskaruralhealth.org | nebraskaruralhealth.org

5. Nebraska Academy of Family Physicians

1124 Pacific Street, Omaha, NE 68108 | (402) 476-4737 | academy@nebrafp.org | nebrafp.org

6. Nebraska Chapter of the American Academy of Pediatrics

7906 Davenport Street Omaha, NE 68114 | (402) 393-1415 | director@nebraska-aap.org

7. Nebraska Section, American College of Obstetricians and Gynecologists

c/o ACOG, 409 12th Street SW, Washington, DC 20024 | (202) 638-5577 | info@acog.org | acog.org

8. Nebraska Board of Nursing

Primary Contact: Ann Oertwich, PhD, MSN, RN, Executive Director

301 Centennial Mall South, Lincoln, NE 68509 | (402) 471-4376 | dhhs.ne.gov

9. University of Nebraska Medical Center College of Nursing

985330 Nebraska Medical Center, Omaha, NE 68198 | (402) 559-4000 | unmc.edu/nursing

These organizations represent the principal professional associations, regulatory entities, healthcare systems, rural health advocates, educational institutions, and physician stakeholder groups with a direct or substantial interest in maternity care delivery, APRN regulation, workforce policy, interdisciplinary collaboration, and public access to women's health services in Nebraska.

Question 3. Current Scope of Practice**Current Scope of Practice as Defined in Nebraska Statutes**

The following statutes are most relevant to current CNM scope of practice. Additional sections referencing these provisions would also require amendment in any final legislative proposal.

38-604. Approved certified nurse midwifery education program, defined.

Approved certified nurse midwifery education program means a certified nurse midwifery education program approved by the board. The board may require such program to be accredited by the American College of Nurse-Midwives.

38-606. Certified nurse midwife, defined.

Certified nurse midwife means a person certified by a board-approved certifying body and licensed under the Advanced Practice Registered Nurse Practice Act to practice certified nurse midwifery in the State of Nebraska. Nothing in the Certified Nurse Midwifery Practice Act is intended to restrict the practice of registered nurses.

38-607. Collaboration, defined.

Collaboration means a process and relationship in which a certified nurse midwife works together with other health professionals to deliver health care within the scope of practice of certified nurse midwifery as provided in the Certified Nurse Midwifery Practice Act. The collaborative relationship between the physician and the nurse midwife shall be subject to the control and regulation of the board.

38-609. Practice agreement, defined.

Practice agreement means the written agreement authored and signed by the certified nurse midwife and the licensed practitioner with whom he or she is associated which: (1) identifies the settings within which the certified nurse midwife is authorized to practice; (2) names the collaborating licensed practitioner; (3) defines or describes the medical functions to be performed by the certified nurse midwife; and (4) contains such other information as required by the board.

38-610. Supervision, defined.

Supervision means the ready availability of a collaborating licensed practitioner for consultation and direction of the activities of the certified nurse midwife related to delegated medical functions as outlined in the practice agreement.

38-611. Certified nurse midwife; authorized activities.

A certified nurse midwife may, under the provisions of a practice agreement, (1) attend cases of normal childbirth, (2) provide prenatal, intrapartum, and postpartum care, (3) provide normal obstetrical and gynecological services for women, and (4) provide care for the newborn immediately following birth. The conditions under which a certified nurse midwife is required to refer cases to a collaborating licensed practitioner shall be specified in the practice agreement.

38-613. Permitted practice; supervision; settings; rules and regulations.

(1) The specific medical functions to be performed by a certified nurse midwife within the scope of permitted practice prescribed by section 38-611 shall be described in the practice agreement which shall be reviewed and approved by the board. A copy of the agreement shall be maintained on file with the board as a condition of lawful practice.

(2) A certified nurse midwife shall perform the functions detailed in the practice agreement only under the supervision of the licensed practitioner responsible for the medical care of the patients described in the practice agreement.

(3) A certified nurse midwife may perform authorized medical functions only in the following settings: (a) in a licensed or certified health care facility as an employee or person granted privileges by the facility; (b) in the primary office of a licensed practitioner or in any setting authorized by the collaborating licensed practitioner, except that a certified nurse midwife shall not attend a home delivery; or (c) within an organized public health agency.

Proposed Changes to Scope of Practice

The proposed legislative changes were developed in collaboration with the Nebraska Medical Association in the 2025-26 legislative session and have been vetted and supported by a coalition of urban and rural healthcare stakeholders. This is the same language as was proposed in AM914 to LB676 in 2025-2026 which was largely supported by senators. This language is based on North Carolina's statute which took effect in 2024. Deleted text is shown with strikethrough; added text is shown with underline. Additional conforming changes to sections that reference these provisions will be required in final legislation.

Relevant repeals: 38-607, 38-609, 38-610, 38-613

Section 38-604 (amended)

Approved certified nurse midwifery education program means a certified nurse midwifery education program approved by the board. The board may require such program to be accredited by the ~~American College of Nurse-Midwives~~ Accreditation Commission for Midwifery Education.

Section 38-606 (amended)

Certified nurse midwife means a person certified by a board-approved certifying body and licensed under the Advanced Practice Registered Nurse Practice Act to practice certified nurse midwifery in the State of Nebraska. Nothing in the Certified Nurse Midwifery Practice Act is intended to restrict the practice of physicians, physician assistants, nurse practitioners, or registered nurses in accordance with the Uniform Credentialing Act.

New Section: Gynecologic and episodic care, defined.

Gynecologic and episodic care includes, but is not limited to:

- (1) Routine gynecologic care, family planning, perimenopause care, and postmenopause care;
- (2) Screening for cancer of the breast and reproductive tract;
- (3) Screening for and management of minor infections of the reproductive organs;
- (4) Assessment and treatment of minor, self-limiting conditions, such as urinary tract infections, mild upper respiratory infections, and simple skin infections;
- (5) Provision of pharmacologic treatment in accordance with established clinical guidelines;
and
- (6) Screening, counseling, and referral for conditions that require ongoing primary or specialty care.

New Section: Immediate newborn care, defined.

Immediate newborn care means care that focuses on the newborn up to and including seven days after birth, including but not limited to:

- (1) Routine assistance to the newborn to establish respiration and maintain thermal stability;
- (2) Routine physical assessment including Apgar scoring;
- (3) Vitamin K administration;
- (4) Eye prophylaxis for ophthalmia neonatorum;
- (5) Methods to facilitate newborn adaptation to extrauterine life, including stabilization, resuscitation, and emergency management as indicated; and
- (6) Collecting and submitting blood specimens in accordance with section 71-519.

New Section: Intrapartum care, defined.

Intrapartum care means care that focuses on the facilitation of the physiologic birth process, including but not limited to:

- (1) Confirmation and assessment of labor and its progress;
- (2) Identification of normal and deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies;
- (3) Management of spontaneous vaginal birth and appropriate third-stage management, including the use of uterotonics;
- (4) Performing amniotomy;
- (5) Administering local anesthesia;
- (6) Performing episiotomy and repair; and
- (7) Repairing lacerations associated with childbirth.

New Section: Low-risk pregnancy, defined.

Low-risk pregnancy means a pregnancy in which all of the following conditions are met:

- (1) There is a single fetus;
- (2) There is a cephalic presentation at onset of labor;
- (3) The gestational age is ≥ 37 weeks and 0 days and ≤ 42 weeks and 0 days at the time of delivery;
- (4) The patient has no preexisting disease or condition that adversely affects the pregnancy and that the certified nurse midwife is not qualified to independently address; and
- (5) The patient has not previously had a cesarean delivery.

New Section: Postpartum care, defined.

Postpartum care means care that focuses on management strategies and therapeutics to facilitate a healthy puerperium, including but not limited to: (1) management of the normal third stage of labor; (2) administration of uterotonics after delivery of the infant when indicated; and (3) postpartum evaluation examination and initiation of family planning.

New Section: Prenatal care, defined.

Prenatal care means care that focuses on promotion of a healthy pregnancy using management strategies and therapeutics as indicated, including but not limited to:

- (1) Obtaining history with ongoing physical assessment of mother and fetus;
- (2) Obtaining and assessing the results of routine laboratory tests;
- (3) Confirmation and dating of pregnancy; and
- (4) Supervising the use of prescription and nonprescription medications, such as prenatal vitamins, folic acid, and iron.

Section 38-611 (amended)

~~A certified nurse midwife may, under the provisions of a practice agreement, (1) attend cases of normal childbirth, (2) provide prenatal care, intrapartum care, and postpartum care, immediate newborn care, and gynecologic and episodic care consistent with the Core Competencies for Basic Midwifery Practice adopted by the American College of Nurse-Midwives, or its successor national professional organization, as approved by the board. (3) provide normal obstetrical and gynecological services for women, and (4) provide care for the newborn immediately following birth. The conditions under which a certified nurse midwife is required to refer cases to a collaborating licensed practitioner shall be specified in the practice agreement.~~

New Section: Transition to Practice Authority.

(1)(a) A certified nurse midwife who has completed fewer than two thousand hours of active clinical practice shall enter into a transition-to-practice agreement with a qualified supervising provider. A transition-to-practice agreement shall provide for the delivery of health care through a collaborative practice and shall meet the requirements of this section.

(b) After completing two thousand hours under a transition-to-practice agreement, a certified nurse midwife may apply to the board for authorization to practice independently. Upon authorization, the certified nurse midwife shall be granted full independent practice authority and shall no longer be required to participate in a transition-to-practice agreement.

(2) Upon entering or terminating a transition-to-practice agreement, a certified nurse midwife shall report such information to the department on a form prescribed by the department.

(3) To be eligible to enter into a transition-to-practice agreement as a qualified supervising provider, a person shall be:

(a) A physician licensed in Nebraska with at least four years and eight thousand hours of obstetric or midwifery-related clinical experience; or

(b) A certified nurse midwife who has completed at least six years and twelve thousand hours of clinical practice.

(4) If a transition-to-practice agreement is terminated, the certified nurse midwife shall have ninety days to establish a new agreement and may continue practicing during such ninety-day period.

New Section: Prescribing Authority.

A certified nurse midwife may prescribe therapeutic measures and medications relating to health conditions within the scope of practice for which the certified nurse midwife is credentialed. A certified nurse midwife who is participating in a transition-to-practice agreement may only order or furnish controlled substances included in Schedules II through V of section 28-405 in accordance with policies and protocols established by the qualified supervising provider. Upon being granted full independent practice authority, a certified nurse midwife may independently prescribe controlled substances included in Schedules II through V of section 28-405 within the scope of practice for which the certified nurse midwife is credentialed and consistent with state and federal regulations.

New Section: Planned Out-of-Hospital Birth.

(1) The board shall adopt rules and regulations pursuant to section 38-126 to provide for a certified nurse midwife to attend a planned out-of-hospital birth.

(2) A certified nurse midwife who attends a planned out-of-hospital birth shall discuss with the patient the associated risks and obtain a signed informed consent agreement. The department, with the recommendation of the board, shall develop the contents of the informed consent agreement. The informed consent agreement shall include:

(a) Information about the risks associated with a planned out-of-hospital birth;

(b) A clear assumption of those risks by the patient;

(c) If the out-of-hospital birth services are not covered under a policy of liability insurance, a clear disclosure to that effect; and

(d) An agreement by the patient to consent to transfer to a health care facility when and if deemed necessary by the certified nurse midwife.

(3) A certified nurse midwife who attends a planned out-of-hospital birth shall provide the patient with a detailed, written plan for emergent and nonemergent transfer, including: (a) the name of and distance to the nearest hospital with at least one operating room; (b) the procedures for transfer; and (c) an affirmation that the relevant health care facility and emergency medical service have been notified of the transfer plan.

(4) A certified nurse midwife shall only attend a planned out-of-hospital birth if the patient is determined to be experiencing a low-risk pregnancy.

New Section: Transfer Liability Protection.

A health care provider or health care facility that accepts a transfer of a client or patient from an out-of-hospital birth shall not be liable for an outcome arising from an action or inaction of the out-of-hospital birth attendant.

Question 4. Proposed Scope of Practice (If Not Credentialed in Nebraska)

Not applicable. Certified Nurse-Midwives are already credentialed in Nebraska.

Question 5. Functions and Legal Limitations

The functions performed by Certified Nurse-Midwives are grounded in the 2025 *Core Competencies for Basic Midwifery Practice of the American College of Nurse-Midwives* (see supplementary materials). These competencies guide accredited midwifery education, national certification, and professional practice across primary health, reproductive health, pregnancy, birth, postpartum care, and newborn care.

Foundational Professional Functions

- Provide evidence-based, person-centered care
- Promote health, prevent disease, and deliver health education
- Support informed choice, shared decision-making, and patient autonomy
- Recognize normal physiologic processes while identifying complications requiring intervention
- Collaborate, consult, co-manage, and refer when clinically indicated
- Practice safely across settings including clinics, hospitals, birth centers, and homes

Primary and Preventive Health Functions

- Comprehensive health assessment across the lifespan
- Preventive screening and immunization services
- Management of common acute and chronic conditions within scope
- Mental and behavioral health screening
- Ordering, performing, and interpreting diagnostic studies
- Prescribing medications and therapeutic interventions as authorized by law

Reproductive and Gynecologic Functions

- Annual preventive gynecologic care; cervical cancer screening; STI testing
- Contraceptive counseling and provision; fertility counseling; preconception planning
- Menopause and perimenopause management
- Evaluation and treatment of common gynecologic and urogynecologic conditions
- Referral for specialty or surgical care when indicated

Antepartum Functions

- Pregnancy confirmation, dating, and maternal-fetal risk assessment
- Routine prenatal management; ordering and interpreting prenatal studies
- Management of common pregnancy conditions
- Counseling regarding childbirth, lactation, parenting, and postpartum recovery
- Identification of complications requiring consultation, co-management, or transfer

Intrapartum Functions

- Assessment of labor onset, progress, and fetal/maternal well-being
- Support of physiologic labor and birth
- Pharmacologic and non-pharmacologic comfort measures

- Management of spontaneous vaginal birth and third stage of labor
- Repair of appropriate perineal lacerations
- Recognition, stabilization, and escalation of obstetric emergencies

Postpartum Functions

- Maternal recovery assessment and management
- Lactation support; postpartum mental health screening and referral
- Contraception counseling; management of postpartum complications
- Transition to ongoing primary and gynecologic care

Newborn Functions

- Initial newborn assessment and support of physiologic adaptation after birth
- Feeding and weight monitoring; preventive screening and routine newborn care
- Recognition of abnormal findings; resuscitation, stabilization, and referral when indicated

Current Legal Limitations in Nebraska

1. Practice Dependence Requirement. Nebraska requires Certified Nurse-Midwives to maintain a physician supervisory relationship as a condition of practice, rather than allowing authority to flow directly from licensure, certification, and demonstrated competence. This model of supervision, versus independence or collaboration, remains in only two states: Nebraska and Georgia. It reflects an earlier regulatory model that predates modern APRN reforms adopted in most jurisdictions.

2. Prohibition on Planned Home Birth Attendance. Nebraska statute prohibits Certified Nurse-Midwives from attending planned home births. Nebraska is the only state with this restriction in statute. This prohibition reflects historical policy choices rather than current national regulatory norms or contemporary competency standards.

3. Practical Impact of Current Limitations. These statutory restrictions may result in reduced workforce mobility, barriers to rural practice expansion, reduced continuity of care across settings, administrative burdens unrelated to competence, and misalignment with regulation of Certified Nurse-Midwives in most other jurisdictions.

Nebraska's principal legal limitations do not arise from deficiencies in education or competency, but from legacy statutory restrictions that constrain an already licensed and highly regulated profession.

Question 6. Overlapping Occupations

Several licensed health professions perform functions that overlap in part with those performed by Certified Nurse-Midwives. Overlap does not mean equivalence of education, regulatory structure, or clinical emphasis.

Obstetrician-Gynecologists: Overlap substantially in maternity care, preventive gynecology, contraception, and reproductive health services including labor, delivery, and postpartum care.

Pediatricians: Overlap exists in the immediate neonatal period, specifically, the initial assessment of the newborn at birth, Apgar scoring, routine stabilization, resuscitation when indicated, administration of vitamin K, eye prophylaxis, hepatitis B vaccine, and collection of newborn screening specimens. Breastfeeding support and early feeding guidance also represent areas of shared interest.

Family Medicine Physicians: May provide prenatal care, routine women's health, selected labor and delivery services, postpartum care, newborn care, and ongoing primary care. Functional overlap most common in rural and community settings.

Women's Health Nurse Practitioners: Provide preventive gynecologic care, reproductive health, menopause management, contraception, and management of common women's health conditions. Not specifically educated for intrapartum management or attendance at childbirth.

Physician Assistants / Physician Associates: May participate in women's health, prenatal, postpartum, and hospital-based care depending on training and physician delegation, but without a nationally standardized midwifery pathway.

Question 7. Unique Functions of Certified Nurse-Midwives

The defining characteristic of the profession is the Midwifery Model of Care. The Midwifery Model of Care recognizes pregnancy, birth, and reproductive life events as normal physiologic processes unless complications arise. This model emphasizes prevention, health promotion, informed choice, shared decision-making, respectful partnership, and the careful use of intervention only when clinically indicated, distinguishing CNMs from other models that are more episodic, procedure-focused, or centered primarily on pathology.

Within the APRN workforce, CNMs are the only specialty group with preparation in childbirth and the most extensive intrapartum training among non-physician clinicians. Their formal education and clinical training specifically includes prenatal care, labor management, spontaneous vaginal birth, postpartum recovery, lactation support, and normal newborn management.

CNMs also uniquely integrate maternity expertise with comprehensive women's health care across the lifespan, enabling patients to establish a continuous relationship with one clinician from adolescence through pregnancy, postpartum, and later life. This continuity across settings and life stages is uncommon in more narrowly defined provider roles.

Compared to the professions in Question 6: CNMs differ from OB-GYNs through greater emphasis on physiologic birth and low-intervention management and not having surgical training; differ from pediatricians as they are not trained as pediatric generalists or subspecialists and do not provide ongoing well-child care, management of pediatric disease, or neonatal intensive care; differ from family physicians through less focus on primary care, more focus on reproductive care, and no surgical training; differ from women's health NPs through formal preparation for childbirth and newborn care; and differ from physician assistants through a nationally standardized APRN specialty pathway rather than a physician assistant practice model.

Question 8. Supervision Relationships

Under Nebraska's current statutory framework, CNMs practice within a model that may require physician involvement through supervisory or collaborative arrangements. In operational terms, this most commonly involves obstetrician-gynecologists and, in some communities, family medicine physicians who provide maternity care. In practice, this does not typically function as continuous on-site direction. Rather, the CNM independently evaluates patients, develops plans of care, orders tests, prescribes treatments within authorized parameters, and manages routine maternity and women's health care within

scope. Consultation, co-management, or transfer occurs when patient acuity or complexity exceeds the appropriate scope of independent midwifery management.

With respect to those receiving clinical direction from CNMs: depending on employer structure, CNMs may provide clinical direction, delegation, or team leadership to registered nurses, licensed practical nurses, medical assistants, nursing support staff, and students in clinical settings.

- **Occupations that may supervise or contractually oversee this group:** Obstetrician-gynecologists and family medicine physicians with obstetric practice.
- **Occupations that may receive clinical direction from this group:** Registered nurses, licensed practical nurses, medical assistants, nursing support staff, and students/trainees, depending on setting and employer structure.

This proposal seeks to modernize statutory practice dependence requirements but does not eliminate the ongoing need for consultation, interdisciplinary teamwork, referral, or access to physician specialty care when clinically indicated.

Question 9. Autonomy in Practice

Under Nebraska's current legal framework, CNMs do not practice with full independent authority in the same manner recognized in most other jurisdictions. However, within the required supervisory structure, CNMs commonly exercise substantial day-to-day clinical autonomy and are the principal clinician managing routine patient care within their scope of practice.

Functions commonly performed without direct real-time physician orders include:

- Prenatal evaluations and routine prenatal management
- Ordering and interpreting laboratory studies and imaging
- Prescribing medications and therapeutic treatments within scope
- Labor assessment and management of normal labor progress
- Attendance at spontaneous vaginal birth
- Management of the third stage of labor
- Repair of appropriate perineal lacerations
- Postpartum assessment and treatment
- Immediate care of the normal newborn
- Preventive gynecologic care; contraceptive counseling and provision
- Menopause and routine women's health management
- Referral to specialists or higher levels of care when indicated

The profession is best described as having high clinical autonomy within a legally dependent regulatory framework. This proposal seeks to align the legal framework with the operational realities of contemporary care while preserving consultation, collaboration, referral, and patient safety safeguards when clinically indicated.

Question 10. Workforce Estimates

Based on publicly available licensure information, there are approximately 100 individuals licensed in Nebraska as Certified Nurse-Midwives. Not all necessarily reside in Nebraska or provide in-person clinical services within the state. The applicant group estimates that approximately 60 licensed nurse-midwives currently reside in Nebraska.

- **Licensed in Nebraska:** approximately 100

- **Estimated Nebraska residents:** approximately 60
- **Actively practicing in Nebraska:** variable, dependent on employment status, telehealth activity, multi-state practice arrangements, and maintenance of active clinical practice

All individuals practicing as Certified Nurse-Midwives in Nebraska are required to hold the appropriate state credential as an Advanced Practice Registered Nurse with nurse-midwifery authorization, in addition to meeting applicable educational, certification, and renewal requirements. The profession is substantially credentialed rather than informal or unregulated.

Question 11. Education and Training

Certified Nurse-Midwives are highly educated Advanced Practice Registered Nurses who complete a structured pathway of undergraduate nursing education, graduate clinical education in nurse-midwifery, national certification, and ongoing continuing competency requirements.

The typical educational pathway begins with completion of a bachelor's degree and licensure as a Registered Nurse. Applicants then enter an accredited graduate nurse-midwifery program at the master's or doctoral level, accredited by the Accreditation Commission for Midwifery Education (ACME). Accreditation standards ensure programs meet nationally recognized requirements for curriculum, faculty qualifications, student evaluation, and supervised clinical preparation.

A substantial component of preparation occurs through supervised clinical education, including precepted experiences in prenatal clinics, labor and delivery units, postpartum care, newborn care, gynecology settings, and women's primary care environments. After graduation from an accredited program, candidates must pass the national certification examination administered by the American Midwifery Certification Board (AMCB). Nebraska licensees must also meet state requirements for APRN licensure, renewal, and continuing competency.

How Training Is Typically Acquired

1. Undergraduate nursing education and RN licensure
2. Enrollment in an ACME-accredited graduate nurse-midwifery program
3. Completion of supervised clinical practicum experiences
4. Graduation with a master's or doctoral degree
5. Passage of the AMCB national certification examination
6. State APRN licensure and continuing competency compliance

Pathway to becoming a Certified Nurse-Midwife



Bachelor's Degree



NCLEX Exam



Work as a RN



Graduate Degree



AMCB Board Exam

Additional Training Requirements Related to This Proposal

The principal request in this application is modernization of the regulatory framework, not creation of a new profession or expansion into unfamiliar clinical functions and therefore will not require new training requirements.

Question 12. Work Setting and Employers

Certified Nurse-Midwives practice in a wide range of healthcare environments in Nebraska, including hospital-based maternity care, outpatient women's health services, birth centers, community health practice, rural care delivery, telehealth, and interdisciplinary team-based models.

Current Nebraska CNM Practice Sites (non-exhaustive)

- Beatrice Women's & Children's Clinic
- Brodstone Family Medical Center
- CHI Health
- Columbus Women's Health
- Lincoln OB-GYN
- Mid-City OB-GYN
- Midwest OB-GYN
- Nebraska Medicine
- North Platte OB-GYN
- Obstetricians & Gynecologists, P.C.
- OneWorld Community Health Center
- Regional West Women's Health

Certified Nurse-Midwives are an established component of Nebraska's healthcare workforce and currently practice across urban, rural, academic, community, and hospital settings throughout the state.

Question 13. Population Served

Certified Nurse-Midwives serve both the general population and defined patient populations depending on clinical setting. While most associated with pregnancy and childbirth, the population served is broader and includes individuals seeking primary preventive care, reproductive health services, and care across multiple life stages.

- **Reproductive-age and adult patients:** Annual exams, screening, contraception, fertility counseling, menstrual concerns, sexual health services, and menopause-related care.
- **Pregnant and postpartum patients:** Prenatal care, labor and birth management, postpartum recovery, lactation support, and transition to ongoing health care.
- **Newborns:** Immediate care of the normal newborn and early neonatal assessment, stabilization, feeding support, and referral when indicated.

- **Rural and underserved communities:** Often an essential provider group in shortage areas, community health centers, and settings with limited maternity workforce availability.
- **Families seeking continuity-based care:** Patients who desire a model emphasizing education, prevention, shared decision-making, and continuity of clinician relationship.

Question 14. Reasons for Service Use

Individuals seek the services of Certified Nurse-Midwives for routine healthcare needs as well as specific reproductive, maternity, newborn, and women's health concerns. Utilization may be based on the type of clinical service needed, patient preference for the Midwifery Model of Care, availability of local providers, or the desire for continuity across multiple stages of life.

Pregnancy, labor, childbirth, postpartum recovery, lactation support, and immediate care of the normal newborn are core areas of specialized midwifery education and clinical training. In communities with shortages of obstetric or women's health providers, access to CNMs may be geographically necessary to obtain timely prenatal care, childbirth services, postpartum follow-up, and preventive women's health care.

Question 15. Referral Patterns

Referrals To Certified Nurse-Midwives

Patients are commonly referred to CNMs by physicians, nurse practitioners, physician assistants, nurses, hospitals, community clinics, and self-referral. Common reasons include routine prenatal care, low-risk maternity care, labor and birth services, postpartum follow-up, contraception counseling, preventive gynecologic care, and care within the midwifery model.

Referrals From Certified Nurse-Midwives

CNMs routinely refer patients to physicians, specialists, behavioral health professionals, lactation consultants, physical therapists, social workers, pediatric providers, emergency departments, and other healthcare professionals when clinically indicated. Common reasons include the need for surgical care, high-risk pregnancy management, maternal-fetal medicine consultation, complex gynecologic conditions, infertility treatment, significant medical comorbidities, advanced imaging, neonatal concerns, and emergency complications.

These referral patterns demonstrate that CNMs function as independent clinicians within a coordinated care system. Safe practice includes knowing when care can be managed directly, when co-management is appropriate, and when timely transfer or referral best serves the patient.

Question 16. Prescription or Order Requirements

In general, a prescription or order from another licensed health provider is not required for Certified Nurse-Midwives to provide services that fall within their authorized scope of practice.

Question 17. Continuing Competence

Ongoing competence of Certified Nurse-Midwives is evaluated through a continuous, multi-layered system of national certification maintenance, state continuing competency requirements, employer oversight, and professional development.

- **National level:** Certified Nurse-Midwives maintain certification through the American Midwifery Certification Board (AMCB), which includes annual continuing competency requirements to ensure certificants remain current with evolving clinical evidence and professional standards.
- **State level:** Nebraska renewal requirements include continuing education and continuing competency standards for both RN and APRN licensure.
- **Employer level:** Many CNMs practice in hospitals, clinics, and health systems that conduct credentialing, privileging, peer review, quality monitoring, and ongoing professional practice evaluation.

Certified Nurse-Midwives also remain subject to regulatory review by the Nebraska Board of Nursing if concerns regarding practice or professional conduct arise.

Question 18. Credential Renewal

Credential renewal for Certified Nurse-Midwives involves both state licensure renewal and national certification maintenance, which operate together to ensure practitioners remain qualified for continued practice.

- **Nebraska licensure:** RN and APRN licenses renewed on a biennial (two-year) cycle with compliance with applicable state renewal standards, including continuing competency requirements.
- **National certification:** AMCB maintenance includes annual requirements and ongoing competency activities within the five-year certification maintenance program. Continued national certification is a foundational component of ongoing credential eligibility.
- **Institutional recredentialing:** For hospital-employed CNMs, continued practice may also require renewal of clinical privileges, payer enrollment updates, and compliance with employer quality and training policies.

Question 19. Regulation in Other Jurisdictions

Certified Nurse-Midwives are regulated throughout the United States. The profession is recognized through licensure, APRN regulation, or equivalent statutory authority in all fifty states and the District of Columbia.

Based on current state law, 34 states and the District of Columbia provide CNMs with Full Practice Authority or equivalent independent practice authority, either upon licensure or after completing specified transition requirements. Only Nebraska and Georgia continue to use explicit physician supervisory language in statute. Nebraska is also the sole state with a statutory prohibition on CNM attendance at planned home births. All other 49 states and the District of Columbia permit planned home birth attendance under their respective regulatory frameworks.

Across the United States, CNMs are commonly authorized to provide prenatal care, labor and birth management, postpartum care, newborn care, contraception, gynecologic care,

preventive health services, prescribing, diagnostic evaluation, and referral or consultation when clinically indicated with practice authority tied primarily to education, national certification, and licensure rather than mandatory physician oversight.

Certified Nurse-Midwife Full Practice Authority by State	
State	Full Practice Authority
Alabama	No
Alaska	Yes
Arizona	Yes
Arkansas	Yes
California	Yes*
Colorado	Yes
Connecticut	Yes
Delaware	Yes
Florida	Yes*
Georgia	No (supervision)
Hawaii	Yes
Idaho	Yes
Illinois	No
Indiana	Yes
Iowa	Yes
Kansas	Yes
Kentucky	Yes*
Louisiana	No
Maine	Yes
Maryland	Yes
Massachusetts	Yes
Michigan	No
Minnesota	Yes
Mississippi	No
Missouri	No
Montana	Yes
Nebraska	No (supervision)
Nevada	Yes
New Hampshire	Yes
New Jersey	No
New Mexico	Yes
New York	Yes
North Carolina	Yes*
North Dakota	Yes
Ohio	No
Oklahoma	No
Oregon	Yes
Pennsylvania	No
Rhode Island	Yes
South Carolina	No
South Dakota	Yes
Tennessee	No
Texas	No
Utah	Yes
Vermont	Yes
Virginia	Yes
Washington	Yes
West Virginia	Yes
Wisconsin	No ⁺
Wyoming	Yes
District of Columbia	Yes

Yes = Full Practice Authority | Yes* = Pathway to Full Practice Authority | No = No pathway to independence

+ Wisconsin has passed FPA for CNMs to be enacted in late 2026. This will make 36 jurisdictions with CNM FPA by the end of this 407 review process.

Part B. Additional Questions

Additional Question 1. Public Health Need

This proposal addresses several pressing public health and healthcare workforce needs in Nebraska. First, Nebraska communities continue to face shortages in maternity care, women's health services, and obstetric workforce capacity, particularly in rural and underserved areas. Hospital obstetric unit closures, provider recruitment challenges, and geographic maldistribution of clinicians can delay access to prenatal care, postpartum care, contraception, and preventive women's health services. Certified Nurse-Midwives are an existing, highly trained workforce that can help expand access if permitted to practice to the full extent of their education and competency.

Second, Nebraska's current statutory framework unnecessarily restricts deployment of an already regulated profession. Requiring dependent practice arrangements can create administrative barriers to hiring, limit practice opportunities, reduce flexibility in care models, and discourage workforce recruitment or retention, particularly consequential in communities where physician supply is limited.

Third, Nebraska remains the only state that statutorily prohibits CNMs from attending planned home births. Some Nebraska families continue to seek out-of-hospital birth regardless of current law. The present framework prevents those families from accessing the most highly educated and comprehensively regulated midwifery professionals for that setting. Nebraska families are already seeking CNM-attended home birth regardless of the current prohibition and are willing to pursue legal action to access it. In January 2026, a Nebraska mother filed suit against the State; the lawsuit was resolved only when the State allowed the birth to proceed with a CNM present. Additional lawsuits are anticipated. A prohibition that cannot be consistently defended in court and does not prevent the practice it prohibits does not serve the public interest.

Finally, modernizing CNM practice authority would better align Nebraska with national regulatory standards, contemporary team-based care models, and broader public health goals of timely prenatal care, continuity of care, postpartum support, preventive women's health services, and a more resilient maternal healthcare workforce.

Additional Question 2. Consideration of Regulatory Options

Not applicable. This profession is already regulated in the State of Nebraska.

Additional Question 3. Public Benefit

Because Certified Nurse-Midwives are already regulated in Nebraska, the principal public benefit is improved utilization of an existing licensed workforce. The most immediate benefit is improved access to care removing unnecessary statutory barriers would expand provider capacity and improve timely access to needed services, particularly in rural communities, underserved areas, and regions experiencing maternity workforce shortages.

The proposal also strengthens Nebraska's maternal health infrastructure. Greater utilization of CNMs can help sustain maternity services, support hospital and clinic capacity, and improve continuity from pregnancy through postpartum recovery. Public benefit also accrues when consumers may choose among qualified, accountable, licensed

professionals expanding access while preserving safeguards already built into the profession (graduate education, national certification, state licensure, continuing competency, and disciplinary oversight).

With respect to planned out-of-hospital birth, the public benefit is that families who seek that option would have access to the most highly educated and comprehensively regulated midwifery professionals rather than being excluded from that level of credentialed care.

Additional supporting evidence, workforce analysis, state comparisons, and references are contained in the Supplemental Evidence Report and Criterion Evaluation submitted with this application.

Additional Question 4. Risk Assessment

Potential Risks If the Proposal Is Approved

Potential risks if approved are limited and manageable: as with any healthcare profession, risks may arise if a practitioner exceeds competence, fails to recognize complications, or delays referral. These risks are mitigated by safeguards already embedded in the profession graduate education, national certification, state licensure, continuing competency, and professional accountability. One mechanism by which this proposal addresses any potential risk of early-career practice is the inclusion of a transition-to-practice pathway, developed in response to stakeholder feedback, which provides structured mentorship before independent authority is granted. Hospitals and employers retain credentialing and privileging authority; the state retains disciplinary oversight. Because this proposal concerns modernization of an already licensed and regulated profession, the relevant question is not whether an untested workforce would be introduced, but whether adjusting the statutory framework creates net benefit while maintaining public protections.

The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) do not recommend planned home birth as a preferred birth setting, citing the increased time to emergency intervention in the event of rare but serious complications. These positions are noted and respected. However, ACOG explicitly affirms the right of women to make medically informed decisions about delivery setting, and both organizations offer recommendations to improve the safety of planned homebirth. The framework proposed here responds directly to the concerns those organizations identify: strict low-risk eligibility criteria, informed consent that will disclose ACOG and AAP guidance, CNM accountability under state licensure and the ability for the department of health to promulgate rules and regulations relating to homebirth. The risk question before this committee is not CNMs versus hospital birth, but CNMs under a regulated framework versus the unregulated attendants families currently access. Evaluated on that basis, this proposal reduces rather than increases risk.

Potential Risks If the Proposal Is Not Approved

If the proposal is not approved, Nebraska is likely to continue experiencing avoidable workforce and access constraints. Existing statutory barriers may limit recruitment and retention of Certified Nurse-Midwives (CNMs), reduce flexibility in staffing models, and restrict expansion of maternity and women's health services, particularly in shortage areas. These constraints may contribute to delayed or fragmented care, with potential downstream increases in preventable maternal and neonatal morbidity.

Maintaining the current prohibition on CNM attendance at planned home birth preserves a system in which families seeking this setting are unable to access the most highly regulated midwifery credential available. In the absence of access to CNMs, some families may pursue out-of-hospital birth with unregulated attendants, a dynamic that has been associated in U.S. data with higher rates of adverse maternal and neonatal outcomes compared to births attended by CNMs within integrated care systems. As a result, the current framework may contribute to avoidable increases in maternal and neonatal morbidity and mortality by limiting access to the safest available provider within the chosen setting.

Nebraska families have already demonstrated a willingness to pursue legal action to obtain CNM-attended home birth. If the proposal is not approved, the State faces a clear risk that litigation will become the de facto pathway for accessing this care. In addition to the previously discussed lawsuit, additional cases against the State are pending. Continued reliance on case-by-case legal action creates ongoing legal exposure, as repeated constitutional challenges are costly to defend, uncertain in outcome, and an inefficient substitute for clear, evidence-based policy.

The principal risks of non-approval include continued workforce inefficiency, reduced access to care, constrained patient choice, potential increases in preventable maternal and neonatal morbidity and mortality, and persistence of an outlier legal framework that is increasingly difficult and costly to defend.

Additional Question 5. Competency Assurance

Competency under the proposed changes would be assessed and ensured through the same layered regulatory framework that currently governs Certified Nurse-Midwives in Nebraska encompassing national certification maintenance (AMCB), state APRN licensure renewal and continuing competency requirements, employer credentialing and privileging processes, and the complaint, investigation, and discipline provisions of the Uniform Credentialing Act.

The proposed transition-to-practice pathway for new graduates provides an additional structured mechanism to ensure demonstrated competence before independent practice authority is granted.

Additional Question 6. Third-Party Reimbursement

Third-party reimbursement already plays a significant role in covering services provided by Certified Nurse-Midwives. CNM services are currently covered by Medicaid, Medicare where applicable, private insurance, and TRICARE, subject to ordinary enrollment, credentialing, coverage, and billing requirements. Covered services commonly include prenatal care, childbirth services, postpartum care, preventive gynecologic care, contraception, and other services within scope of practice.

The proposed changes are not expected to alter the basic role of third-party reimbursement. Not all payers currently reimburse for planned home birth services, and coverage for out-of-hospital birth may vary by payer, benefit design, and applicable policy.

Additional Question 7. Other Jurisdictions

As described in Question 19, Certified Nurse-Midwives are regulated in all fifty states and the District of Columbia through licensure, APRN regulation, or equivalent statutory authority. Most jurisdictions require accredited graduate education, national certification, license renewal, continuing competency, and disciplinary oversight. A majority (35) provide Full Practice Authority or a pathway to it.

With respect to complaint rates and disciplinary actions, there does not appear to be a comprehensive national dataset reported specifically for CNMs across all jurisdictions. In most states, CNMs are regulated within broader nursing or APRN systems and discipline data are commonly aggregated across license types. Available broader APRN data indicate that disciplinary actions are relatively uncommon and occur at low rates compared with the total number of licensed practitioners.

General regulatory outcomes across jurisdictions demonstrate that Certified Nurse-Midwives have been successfully integrated into state licensure systems nationwide, with longstanding use of standard regulatory mechanisms education requirements, certification, renewal, complaint investigation, discipline, and employer credentialing. Nebraska can modernize its framework while relying on regulatory approaches already functioning throughout the rest of the country.

Additional Question 8. Cost Implications

Certified Nurse-Midwives are already a regulated profession in Nebraska. This proposal is not expected to create significant new regulatory costs for the State of Nebraska or the public because it does not establish a new profession, new licensing board, or entirely new credentialing system. The existing regulatory infrastructure the Nebraska Board of Nursing, APRN licensure processes, and the Uniform Credentialing Act is already in place.

Any incremental administrative costs to the state associated with implementation of transition-to-practice reporting requirements or out-of-hospital birth oversight are expected to be modest. Individual CNMs would bear the costs of any specialized continuing education specific to planned out-of-hospital birth practice.

Additional Question 9. Additional Information

The applicant group has prepared a comprehensive Supplemental Evidence Report and Criterion Evaluation to assist the Technical Review Committee. These accompanying materials provide additional background, supporting references, workforce context, comparative state regulatory information, policy analysis, and detailed discussion of the statutory criteria applicable to this application. They are intended to supplement, not replace, the responses contained in this application.

The applicant group respectfully requests that the Committee review those materials alongside this submission for a more complete understanding of the evidence base, regulatory context, and public policy considerations supporting the proposed modernization of Certified Nurse-Midwife practice in Nebraska.