



Nebraska DHHS Division of Public Health
Credentialing Review Program
PO Box 95026
Lincoln, NE 68509

June 5, 2026

RE: Certified Nurse-Midwife Credentialing Review Proposal

Members of the Technical Review Committee:

The Nebraska Medical Association ("NMA") submits this letter of support for the pending 407 application regarding Certified Nurse-Midwife Practice Modernization in Nebraska. The 407 application reflects over one year of collaboration and discussion between the Nebraska Medical Association and the Nebraska Certified Nurse-Midwives ("NCNM"). Throughout that process, NCNM has been responsive to NMA's input and concerns, and that collaboration is reflected in the application.

Certified Nurse-Midwives are important members of Nebraska's maternal health care team and have long worked collaboratively with physicians, hospitals, and health systems to provide care to patients across the state. While this proposal will grant Certified Nurse-Midwives an independent scope of practice and permit attendance at certain low-risk out-of-hospital births, it does not change the fundamentally collaborative nature of maternity care. Many Certified Nurse-Midwives will continue to practice in hospitals, physician clinics, and integrated health systems, where they work closely with obstetricians, family physicians, pediatricians, and other health care professionals. Even in out-of-hospital settings, consultation, referral, and transfer relationships remain essential components of high-quality maternity care.

As a result of NCNM's collaboration with the NMA, the application incorporates several important provisions for patient safety. For example, the proposed transition-to-practice authority requires a transition-to-practice agreement for Certified Nurse-Midwives with fewer than 2,000 hours of active practice. Only after completing a minimum of 2,000 hours under such an agreement may a CNM apply to the board for authorization to practice independently.

The application further establishes specific informed-consent requirements for CNMs attending planned out-of-hospital births. In such circumstances, a CNM must obtain a signed informed-consent agreement that includes information regarding the risks associated with out-of-hospital birth and, importantly, the patient's consent to transfer to a health care facility when clinically necessary, together with a detailed written plan addressing both emergent and nonemergent transfer of care.

Finally, the application makes clear that CNMs may attend out-of-hospital births only when the pregnancy is determined to be "low-risk." The application specifically defines a low-risk pregnancy. To qualify, the pregnancy must involve a single fetus in a head-down presentation, be between 37 and 42 weeks gestation, involve no maternal medical condition that could adversely affect the pregnancy and falls outside the midwife's independent scope of management, and the patient must not have a prior cesarean delivery.

The guidelines developed in consultation with the NMA and other stakeholders represent a responsible approach to home delivery in Nebraska. Although abundant evidence demonstrates that hospital births are the safest option for mothers and infants, CNMs are the best-trained midwives to attend out-of-hospital births and minimize the inherent risk. The measures outlined above, together with additional provisions the NMA helped develop in the proposal, will assist in mitigating the inherent risks associated with out-of-hospital birth to the greatest extent possible.

Sincerely,

A handwritten signature in black ink that reads "Robert Wergin MD". The signature is written in a cursive, flowing style.

Robert Wergin, MD
NMA President