Nebraska Nurse-Midwife 407 Technical Review Committee Meeting #2

Elizabeth Mollard, PhD, CNM, WHNP, IBCLC

On behalf of the Nebraska Certified Nurse-Midwives

What we are seeking

- Remove the physician supervision agreement

- Remove the location restriction on our statute
  - No other profession has this location restriction in our state
  - No other state has this restriction on Nurse-Midwives

What we are NOT asking for

- We are not asking to do anything new clinically

- Everything that is written in our proposal is already a part of our practice

Why does it look like so much?

- It may look like a lot because in working with other stakeholders there was a desire to write in a specific scope of practice.
- In fact, this is a restrictive proposal from a national perspective
- There was also a desire by the larger healthcare community to put in a regulatory framework for out of hospital birth

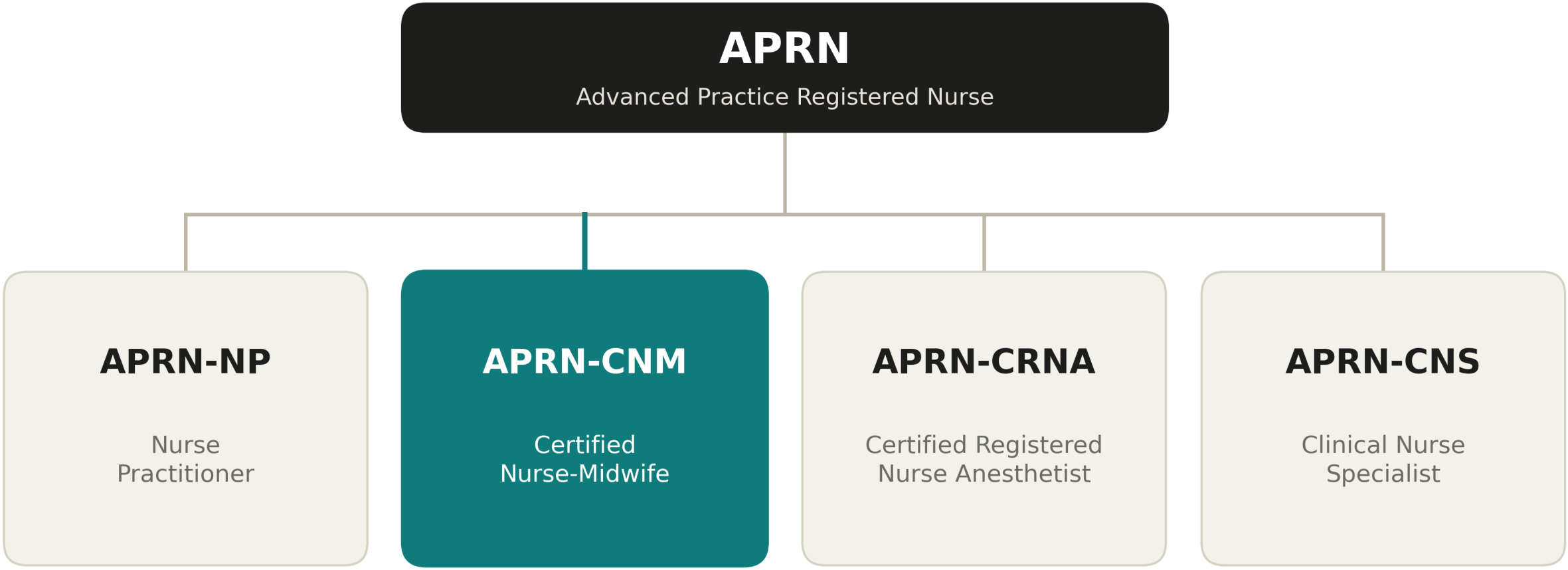
Already Licensed

- Licensed in Nebraska since 1984

- Licensed as Advanced Practice Registered Nurses (APRN)

Yes, certified nurse-midwives are APRNs

Nebraska licenses four types of Advanced Practice Registered Nurse. The CNM is one of them.



License types as listed by the Nebraska Department of Health and Human Services, Licensure Unit.

The focus on safety in our first presentation may have unintentionally made birth seem more dangerous than it is.

Birth is safe, in the hospital and at home

U.S. survival rates for mothers and babies

MOTHERS

99.98%

of births ended without a maternal death

CDC, 2024

BABIES: FIRST MONTH

99.6%

of all babies survived their first 28 days

CDC, 2024

BABIES: FULL TERM

99.8%

of full-term babies reached their first birthday

CDC, 2024

PLANNED HOME BIRTH

99.6–99.8%

of babies survived birth and the first month

MANA Stats 2014; Oregon 2015

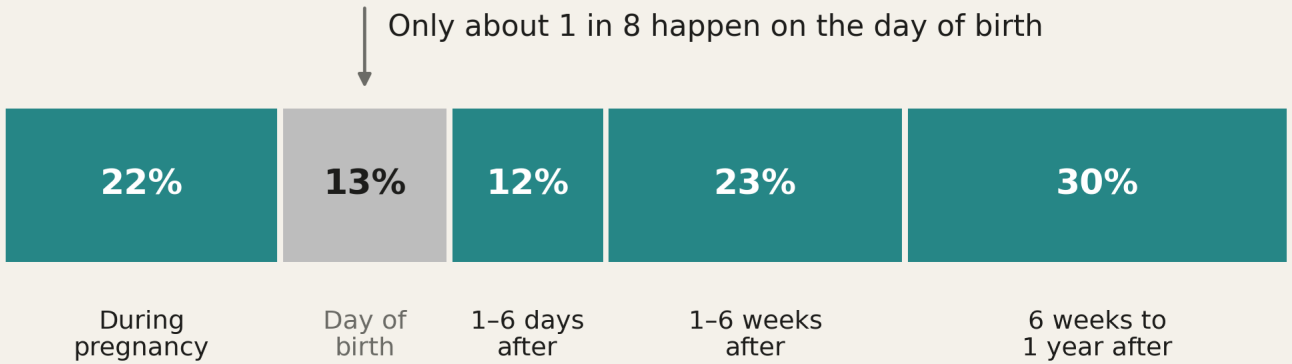
Where home birth is integrated with hospitals, outcomes for low-risk mothers match hospital birth.

Sources: CDC NCHS maternal mortality 2024 (17.9 per 100,000) and infant mortality 2024 (neonatal 3.66 per 1,000; term 2.09 per 1,000). Planned home birth: Cheyney et al., J Midwifery Womens Health 2014 (16,924 births; ~2.1 deaths per 1,000 excl. lethal anomalies); Snowden et al., NEJM 2015 (Oregon: 3.9 per 1,000 out of hospital vs. 1.8 in hospital). Integration: Hutton et al., eClinicalMedicine 2019 (~500,000 home births).

Most of the risk sits before and after birth

Where prenatal and postpartum care can reach it

MOTHERS: when pregnancy-related deaths happen



84% were judged preventable. The leading cause is mental health conditions (23%).

CDC Maternal Mortality Review Committees, 36 states, 2017–2019

BABIES: leading causes of infant death

Birth defects — **20%**

Prenatal screening finds many early, so birth can be planned where specialists are

Born too early / too small — **15%**

Prenatal care can catch warning signs like high blood pressure and diabetes

Maternal complications — **6%**

Monitoring the mother protects the baby

CDC NCHS, infant mortality 2024

Prenatal and postpartum care reach the risks the delivery room can't. That is the core of midwifery care.

Timing shares: 21.6% during pregnancy, 13.2% day of delivery, 12.2% 1–6 days, 23.3% 7–42 days, 30.0% 43–365 days postpartum. Infant causes: share of all 2024 infant deaths (20,048).

What demographics do Nurse-Midwives serve?

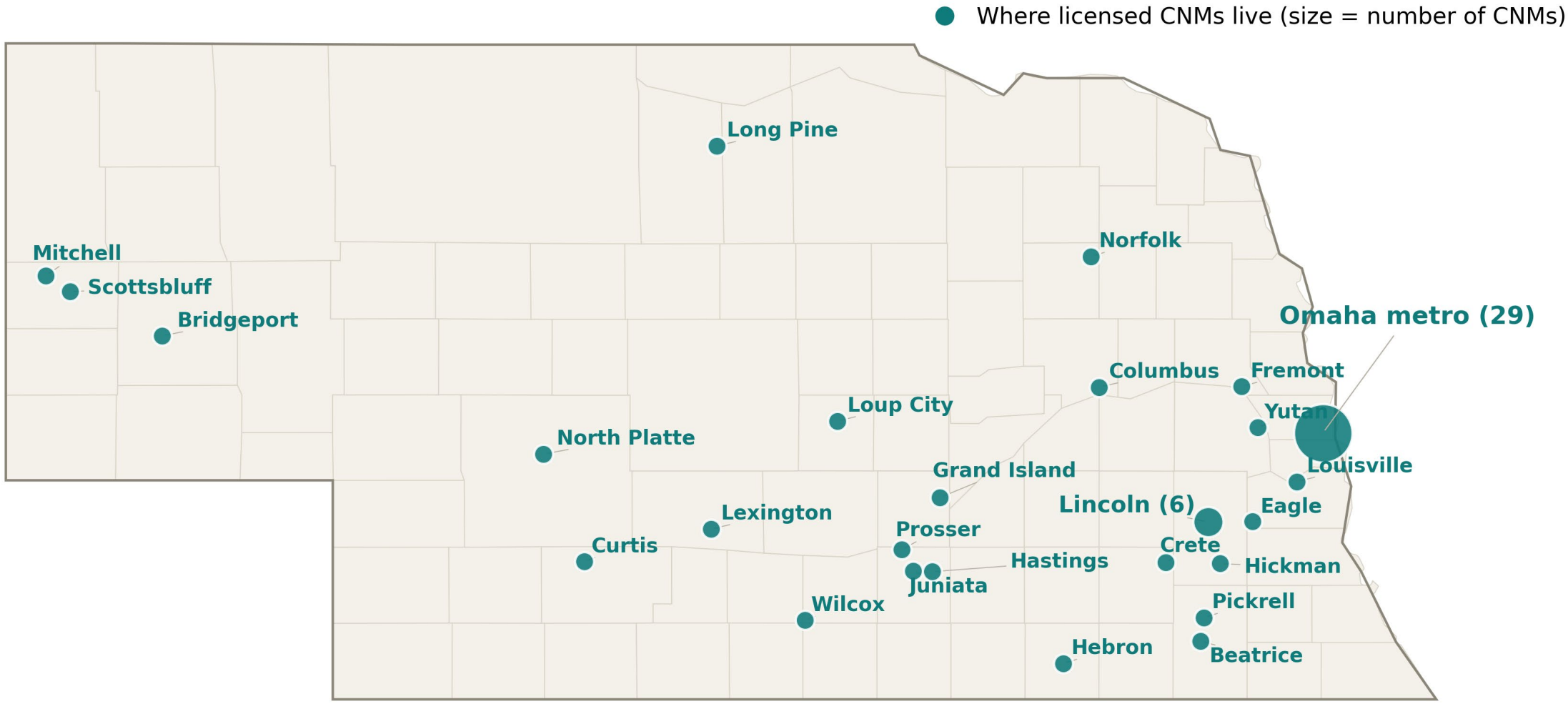
Nebraska Births: CNM-Attended vs. All Births

Characteristic	CNM births	All Nebraska births
Medicaid	43.0%	37.8%
Hispanic/Latino	24.9%	18.4%
White	86.6%	84.0%
Black	5.9%	7.4%
Asian	2.2%	3.6%
American Indian/Alaska Native	2.0%	1.9%
Bachelor's degree or higher	36.0%	38.4%
Age <25	26.6%	21.9%
Age 25–34	59.8%	62.3%
Age ≥35	13.6%	15.9%
Rural/nonmetro*	27.4%	33.1%

Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). *National Vital Statistics System, Natality on CDC WONDER Online Database: Natality 2016–2024 (Expanded)*. Data from birth certificates, 2016–2024. Accessed September 30, 2026.

Where do the Nurse-Midwives reside and what does that look like in relation to the maternal care deserts?

Where Nurse-Midwives Reside



Note. CNM locations are the city of each licensee's address of record, from the Nebraska DHHS list of active APRN-Certified Nurse Midwife licenses (June 2026), plus three CNMs added since (Curtis, Prosser and Long Pine). Address of record may be a home or work address and does not show where a CNM practices. Omaha metro combines Omaha, Elkhorn, Bellevue, Papillion and La Vista.

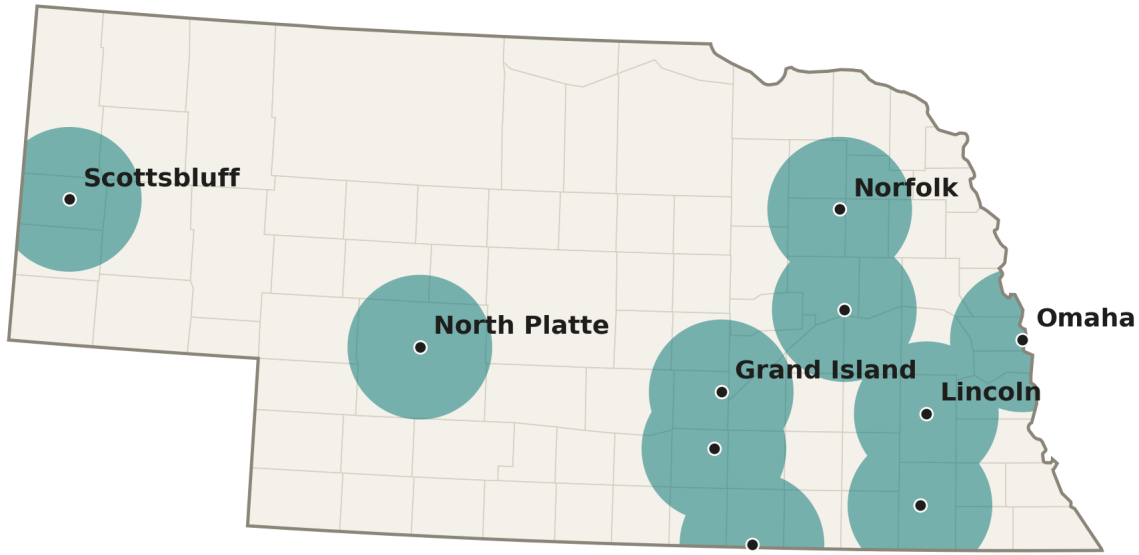
Full practice authority would put CNMs within reach of far more of Nebraska

Area within 30 miles of a certified nurse-midwife (CNM), using CNMs already licensed and living in Nebraska

TODAY

28% of Nebraska's land area

33 of 93 counties reached

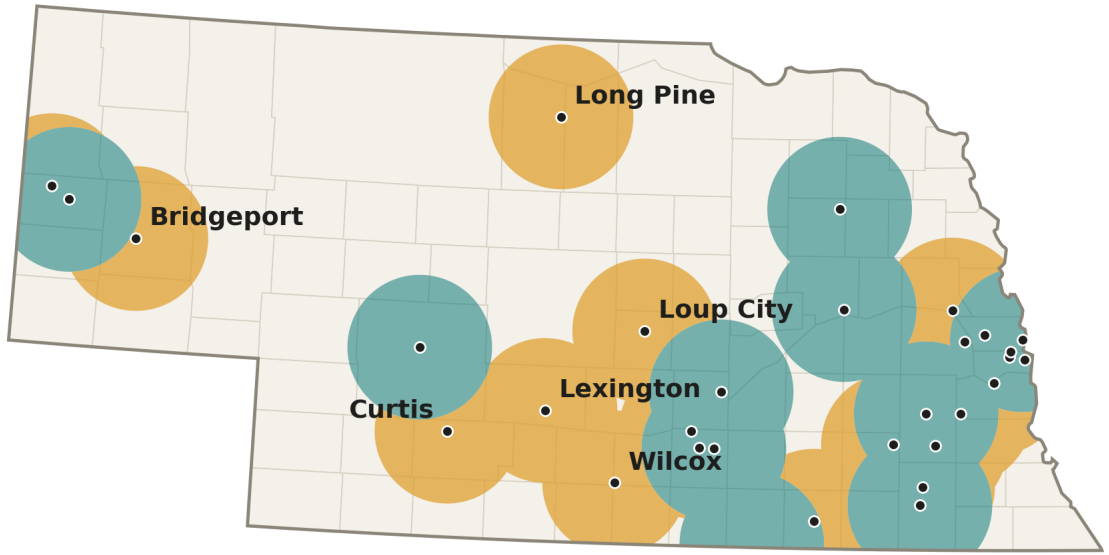


Hospital or birth center only, under a physician practice agreement

WITH FULL PRACTICE AUTHORITY

47% of Nebraska's land area

50 of 93 counties reached



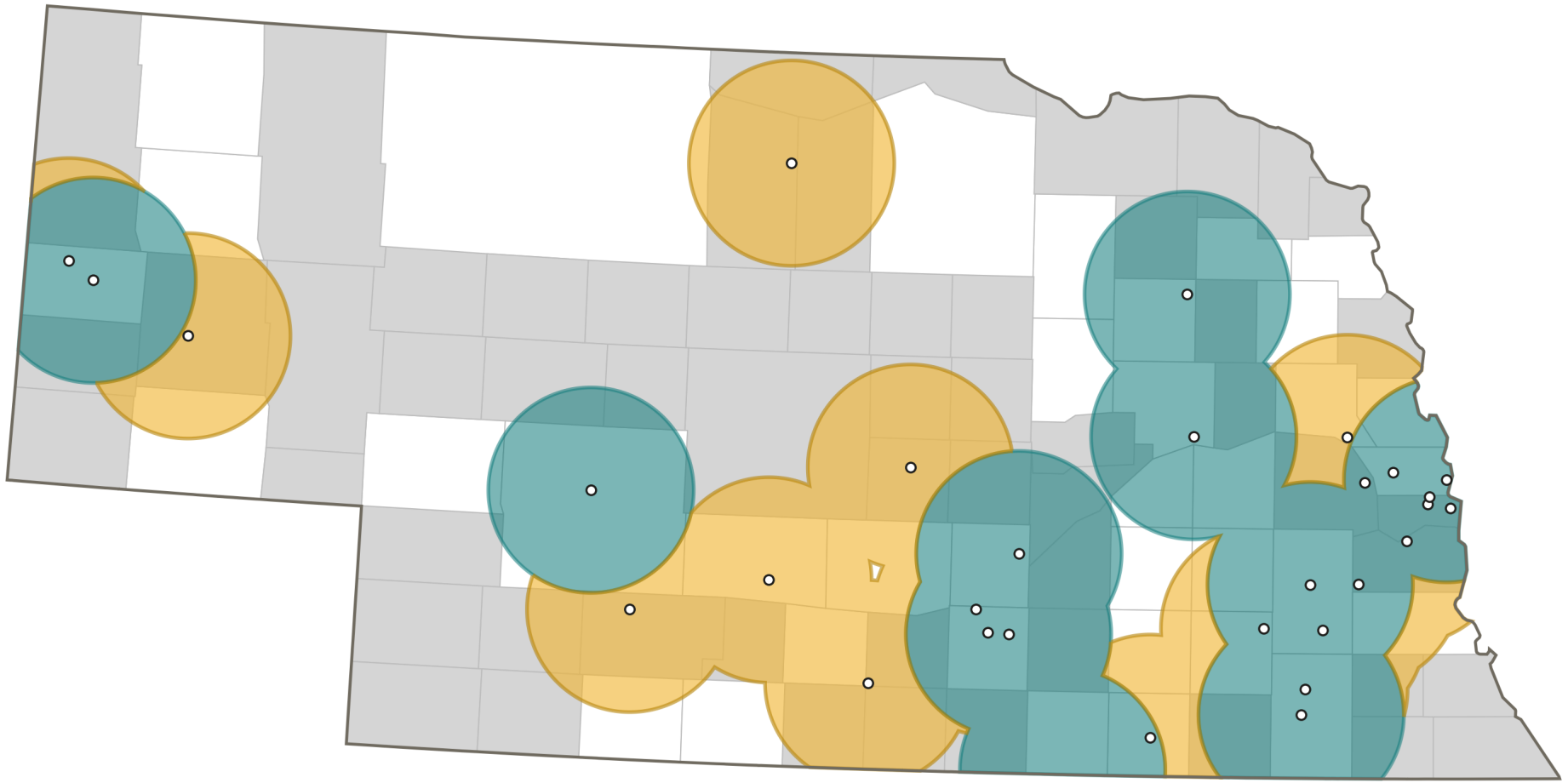
Licensed CNMs could offer care where they already live

Within 30 mi of a CNM practicing today | Newly within reach (17 more counties) | CNM location

Note. Straight-line 30 mi, clipped to Nebraska; a county counts as reached when half its area is covered. Today: 10 cities where CNMs practice (author's compilation, Sept. 2026). Full practice authority: 30 cities where the 59 in-state licensed CNMs have an address of record (Nebraska DHHS, June 2026, plus three added since), assuming each could practice where they live. Law: Neb. Rev. Stat. § 38-613; LB676 indefinitely postponed April 2026.

Closing in on the deserts

With full practice authority



Deserts approximated as counties with no NPQIC birthing hospital (Sept. 2026). Today: cities where CNMs practice. Full practice authority: where Nebraska's licensed CNMs live (DHHS, 2026), practicing where they live.

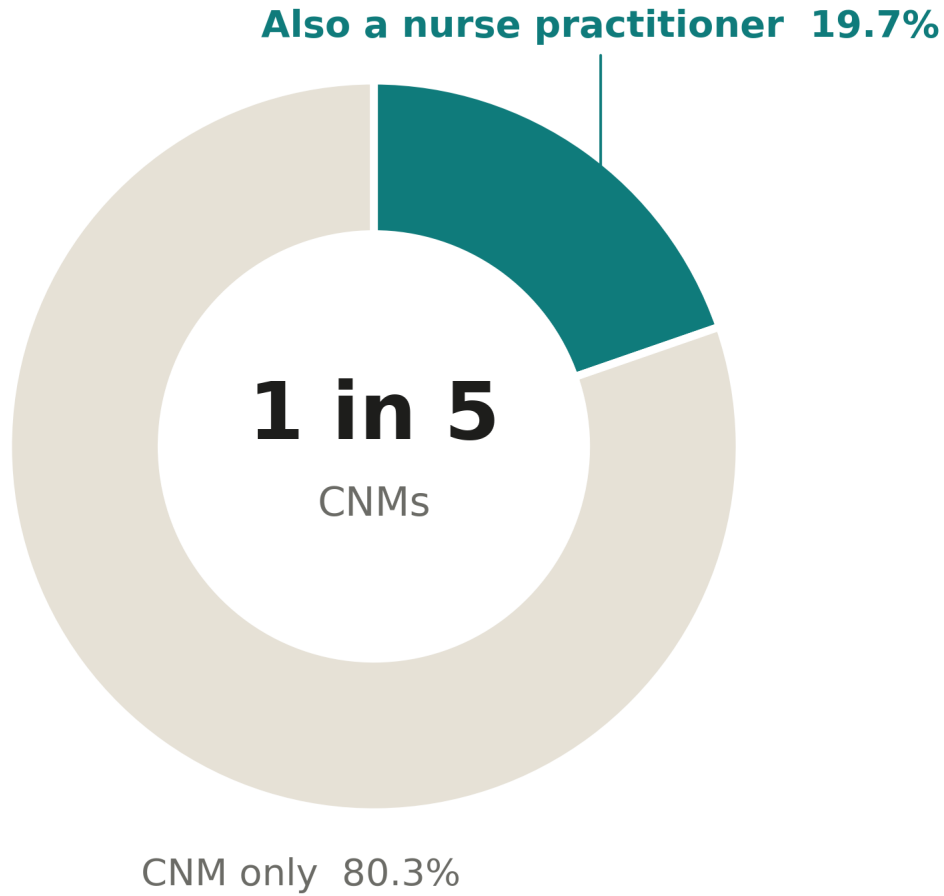
How many Nurse-Midwives are also Nurse Practitioners?

1 in 5 Nebraska CNMs is also a licensed nurse practitioner

The same clinician can practice independently as an NP, but not as a nurse-midwife

19.7%

of Nebraska certified nurse-midwives
also hold an APRN nurse practitioner license



Source: Nebraska DHHS active APRN license data, 2026. Nebraska nurse practitioners have practiced without a physician agreement since 2015 (LB107, after 2,000 transition hours); certified nurse-midwives still require a practice agreement (Neb. Rev. Stat. § 38-613).

Provide more information on the education of CNMs

Education

- Bachelor’s Degree

AND

- Graduate Degree (Master’s or Doctorate)

- 6-8 years of post secondary education

Foundation

- All APRNs share the same foundational education

- The “specialty focus” is where you receive education and clinical experiences specific to your specialty

The educational path to becoming an APRN

Every APRN starts as a registered nurse, completes the same graduate core, then specializes

1 Prerequisites

Anatomy & physiology, microbiology, chemistry, statistics, psychology, nutrition

2 BSN

Bachelor of Science in Nursing, including supervised clinical rotations

3 RN license

Pass the NCLEX-RN, then practice as an RN before graduate school

4 Graduate APRN core (master's or doctoral program)

The 3 Ps: Advanced pathophysiology • Advanced pharmacology • Advanced physical assessment

Plus graduate core courses: research & evidence-based practice, health policy, ethics, leadership, informatics, population health

NP

Nurse Practitioner

Population focus: family, adult-gero, pediatrics, women's health, psychiatric

Board exam: AANP or ANCC

CNM

Certified Nurse-Midwife

Prenatal, labor & birth, postpartum, newborn, gynecology, primary care

Board exam: AMCB

CRNA

Nurse Anesthetist

Anesthesia principles & pharmacology; critical care RN experience; doctorate

Board exam: NBCRNA

CNS

Clinical Nurse Specialist

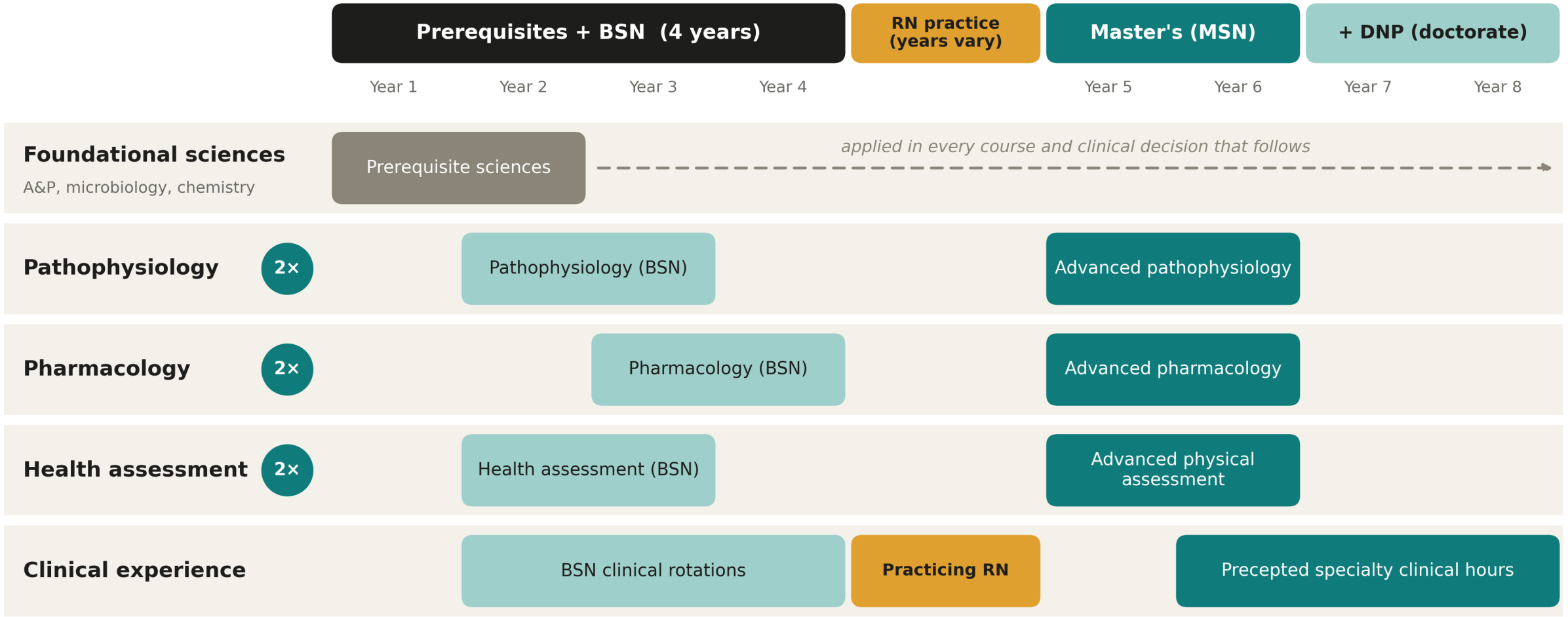
Population focus plus systems, quality & outcomes leadership

Board exam: ANCC or AACN

Final step for every role: national board certification + active RN license → Nebraska APRN license. Typical pathway; prerequisite courses vary by school.

APRN practice builds on 6–8 years of education, plus years as an RN

Pharmacology, pathophysiology and health assessment are taught twice: first in the BSN, then at an advanced level in graduate school



4 years
BSN

\+

2–4 years
graduate APRN program

=

6–8 years
of nursing education

\+

Years
of practice as an RN

Typical sequence; course timing varies by school. Graduate programs run about 2–3 years for a master's and 3–4 years for a DNP.

Sample Specialty Curriculum (after core)

Specialty Courses:

Course #	Course Title	Cr. Hrs.	Clinical Hrs.
NMID 7000	Foundations of Midwifery Care	2	
WHNM 7100	Gynecological, Sexual, and Reproductive Health	6	160
NMID 7200	Ultrasound for Midwives	1	
WHNM 7300	Antepartum and Postpartum Care	6	160
WHNM 7500	Primary Care Theory for Midwives and Women's Health Nurse Practitioners	3	
NMID 7400	Intrapartum and Postpartum Care	6	220
NMID 7600	Fetal Assessment and Neonatal Care	3	45
WHNM 7700	Advanced Clinical Midwifery Integration	4	360
NMID 7800	Comprehensive Review	1	
	Total Program Credits and Clinical Hours	**50**	**945**

Current Letter's of Support

Support

- American College of Nurse-Midwives (ACNM) letter of support
- American College of Obstetricians and Gynecologists (ACOG) letter of support
- AWHONN letter of support
- CHI letter of support
- Nebraska Association of Nurse Anesthetists (NANA) letter of support
- Nebraska Board of Nursing (BON) letter of support
- Nebraska Hospital Association (NHA) letter of support
- Nebraska Medical Association (NMA) letter of support
- Nebraska Medicine letter of support
- Nebraska Nurses Association (NNA) letter of support
- Nebraska Nurses Association (NNA) Clinical Nurse Specialists letter of support
- Nebraska Nurse Practitioners letter of support
- Nebraska Perinatal Quality Improvement Collaborative (NPQIC) letter of support
- University of Nebraska Medical Center College of Nursing letter of support



Questions?