

ONE HUNDRED NINTH LEGISLATURE - FIRST SESSION - 2025
COMMITTEE STATEMENT
LB676

Hearing Date: Thursday February 20, 2025
Committee On: Health and Human Services
Introducer: Hansen
One Liner: Change and eliminate provisions relating to certified nurse midwives and provide for applicability of the Nebraska Hospital-Medical Liability Act

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:

Aye:	4	Senators Hardin, Ballard, Hansen, Meyer
Nay:	3	Senators Fredrickson, Quick, Riepe
Absent:		
Present Not Voting:		

Testimony:

Proponents:

Senator Ben Hansen
Elizabeth Mollard
Catie Miller
Lydia Rhodes
Dr. Holly Chandler
Rebekah Knobeloch, RN
Emily Way
Becky Sherman
Karen McGivney-Liechti
Rebecca Wells
Jennifer Jacobitz
Dr. Linda Hardy
Daniel Noor
Malia Walter
Cali Marsh
Joyce Dykema
Laurel Bulow
Dana Wockenfuss
Carol Greenlee
Amber Walter
Audrey Cheever
Suzanne Gooding
Zara York
Alexandra Wallace
Heather Swanson

Representing:

Opening Presenter
NE Affiliate of American College of Nurse Midwives
self
self
NANA NE Association of Nurse Anesthetists
self
self
Nebraska Friends of Midwives
self
self
self
NNA Nebraska Nurses Association
self
self
ACNM American College of Nurse Midwives
Malone Maternal Wellness
self
self
self
self
self
self
Black and Native Communities
self
self



Opponents:

Dr. Todd Pankratz
Meghan Chaffee

Representing:

Nebraska Medical Association
Nebraska Hospital Association

Neutral:**Representing:**

* ADA Accommodation Written Testimony

Summary of purpose and/or changes:

LB 676 changes provisions relating to the certified nurse midwives (CNMs) that are currently licensed under the APRN Act. This bill allows a CNM to provide health care services within the midwife's specialty area. Practice agreements are eliminated. CNMs are placed under the definition of a health care provider so that the NE Hospital-Medical Liability Act (Excess Liability Act) applies.

Sec. 1: Removes Board of Advanced Practice Registered Nurses (Board) requirement to establish standards for integrated practice agreements between collaborating physicians and certified nurse midwives.

Sec. 2: Adds new definition of consultation to the Certified Nurse Midwifery Practice Act.

Sec. 3: Applies the new definition of consultation to the Certified Nurse Midwifery Practice Act and elsewhere in the Uniform Credentialing Act.

Sec. 4: The Board may require an approved certified nurse midwifery education program to be accredited by the Accreditation Commission for Midwifery education and removes American College of Nurse Midwives.

Sec. 5: Nothing in this Act is intended to restrict the practice of other health care providers; registered nurses is stricken.

Sec. 6: The definition of collaboration is changed to replace health professionals with health care providers. Also, the collaborative relationship between the physician and the nurse midwife being subject to the control and regulation of the Board is eliminated.

Sec. 7: Consultation is defined as a process whereby a certified nurse midwife seeks the advice or opinion of a physician or another health care provider.

Sec. 8: Health care provider is defined as a health care professional licensed under the UCA and definition of licensed practitioner is removed.

Sec. 9: Referral is defined as a process whereby a certified nurse midwife directs the patient to a physician or other health care provider for management of a particular problem or aspect of the patient's care. The supervision definition is removed.

Sec. 10: Allows a certified nurse midwife to provide health care services within the midwife's specialty area. A certified nurse midwife shall function by establishing collaborative, consultative, and referral networks as appropriate with other health care professionals. A certified nurse midwife shall refer a patient who requires care beyond the scope of practice of the certified nurse midwife to an appropriate health care provider.

The practice of a certified nurse midwife may include, but not limited to: providing preconception, prenatal, intrapartum, and postpartum care; providing gynecological services; providing primary care for females; providing



care for a newborn immediately following birth through 28 days of age; assessing patients, ordering diagnostic tests and therapeutic treatments, analyzing data, and applying advanced nursing principles; dispensing sample medications; prescribing therapeutic measures and medications; and pronouncing death and signing death certificate.

Current responsibilities of a certified nurse midwife, under a practice agreement, are removed. These responsibilities consist of attending childbirth; providing prenatal, intrapartum, and postpartum care; providing obstetrical and gynecological services; providing care for the newborn immediately following birth. References to the practice agreement are stricken.

Sec. 11: Certified nurse midwife is added to definition to a health care provider as it relates to the Nebraska Hospital Medical Liability Act.

Sec. 12: Repealer

AM 655 strikes sections 10 and 11. The language in Sec. 10 is replaced by new language which allows a certified nurse midwife to provide health care services within the midwife's specialty area. A certified nurse midwife shall function by establishing collaborative, consultative, and referral networks as appropriate with other health professionals. A certified nurse midwife is required to refer a patient who requires care beyond their scope of practice to an appropriate health care provider. A health care provider that accepts a transfer of these patients shall not be liable for an outcome arising from action/inaction of the certified nurse midwife.

The practice of a certified nurse midwife may include, but is not limited to: providing preconception, prenatal, intrapartum, and postpartum care; providing gynecological services; providing primary care for females; providing care for a newborn birth through 28 days of age; assessing patients, ordering diagnostic tests and therapeutic treatments, synthesizing and analyzing data, and applying advanced nursing principles; dispensing sample medication; prescribing therapeutic measures and medications; and pronouncing death and completing and signing a death certificate. Current language relating to authorized activities is removed.

Sec. 11 relating to Nebraska Hospital Medical Liability Act is removed.

Explanation of amendments:

LB 374 creates a separate licensure category for midwives, certified professional midwives (CPMs), under the Uniform Credentialing Act (UCA). Currently, certified nurse midwives (CNMs) are licensed under the Advanced Practice Registered Nurses (APRN) Act. The Licensed Midwives Practice Act will be a separate act from the current Certified Nurse Midwifery Practice Act which is subject to the APRN.

LB 374 creates the Board of Licensed Midwives and gives it authority to adopt rules and regulations within this Act. New provisions are added regarding reciprocity, temporary licenses, and application requirements. Definitions are provided and current UCA provisions are harmonized with this new act.

Sec. 1: Adds Licensed Midwives to practice acts in Uniform Credentialing Act and removes Licensed Practical Nurse Practice Act.

Sec. 2: Removes old language relating to behavior analysis under the UCA. Adds professional midwifery to list of professions that require a credential under the UCA.



Sec. 3: Adds licensed midwife to list of professions that require a background check.

Sec. 4: Adds the Board of Licensed Midwives to the list of professional health boards.

Sec. 5: Exempts out licensed midwives practicing within their scope from the Certified Nurse Midwifery Practice Act.

Sec. 6: Exempts out licensed midwives to the independent restrictions of the Certified Nurse Midwifery Practice Act.

Sec. 7: Licensed midwives practicing in accordance with the Licensed Midwives Practice Act shall not be construed to be engaged in the unauthorized practice of medicine.

Sec. 8: Cites Sections 8 through 28 as the Licensed Midwives Practice Act.

Sec. 9: For the purposes of the Licensed Midwives Practice Act and elsewhere in the UCA, unless the context otherwise requires, the definitions in sections 10 to 15 apply.

Sec. 10: Board is defined as the Board of Licensed Midwives.

Sec. 11 Certified professional midwife is defined as a person who holds a current credential as a certified professional midwife from the North American Registry of Midwives or its successor organization.

Sec. 12: Client is defined as a person under the care of a licensed midwife and such person's fetus or newborn.

Sec. 13: Direct-entry midwife is defined as a person who has been trained in midwifery without first completing a nursing course.

Sec. 14: Licensed midwife is defined as a midwife who holds a current license under the Licensed Midwives Practice Act.

Sec. 15: Professional midwifery is defined as the practice of providing primary maternity care that is consistent with national professional midwifery standards to a client during essentially normal preconception, pregnancy, labor, delivery, postpartum, and newborn periods.

Sec. 16: The Board shall consist of 5 members: 3 of the members shall be certified professional midwives licensed under the UCA; 1 member shall be a licensed physician licensed under the UCA who has professional experience consulting for and collaborating with direct-entry midwives; and 1 member shall be a public member who has received direct-entry midwifery services.

Sec. 17: No person shall engage in professional midwifery or any way advertise or purport to be engaged in this practice unless such person is licensed by DHHS or by a state with similar licensure requirements to the Licensed Midwives Practice Act, as determined by the Board.

An applicant for a midwife licensure shall show to the satisfaction of DHHS the following: has complied with this Act and the applicable rules and regulations; has a high school diploma or its equivalent; is a certified professional midwife; and has successfully completed an educational program or pathway accredited by the Midwifery Education Accreditation Council, or a similar organization as approved by the Board, or has obtained a midwifery bridge certificate from the North American Registry of Midwives, or a similar organization as approved by the Board.

DHHS may, with the approval of the Board, grant temporary licensure for up to 120 days upon application to graduates of an approved professional midwifery educational program pending exam results; and to certified



professional midwives licensed in another state pending their application. This temporary license may be extended for up to 1 year with the approval of the Board.

An applicant who is a military spouse may apply for a temporary license.

Any person practicing midwifery based on licensure in another state shall agree to be subject to the jurisdiction of DHHS and the Board and shall not be required to establish residency in Nebraska.

Sec. 18: A licensed midwife may attend cases of physiological childbirth; provide preconception, prenatal, intrapartum, and postpartum care; provide normal gynecological services for women; and provide care for the newborn immediately following birth and for up to 6 weeks after birth.

A licensed midwife who attends a birth shall prepare and file a birth certificate.

The conditions under which a professional midwife is required to refer cases to a collaborating licensed physician or advanced practice registered nurse shall be specified in rules and regulations.

Sec. 19: The Licensed Midwives Practice Act shall not prohibit the performance of the functions of a professional midwife by an unlicensed person if performed: in an emergency situation; by a legally qualified person from another state employed by the U.S. Government and performing official duties in this state; or by a person participating in a course of study to prepare for the practice of professional midwifery.

This Act does not require or regulate the practice of a qualified member of another profession, including, but not limited to, a nurse practitioner or a certified nurse midwife, providing services what would constitute professional midwifery. Also, this Act does not require licensure for a person assisting a licensed midwife or for a person to provide care in accordance with the tenets and practices of any bona fide church or religious denomination or in accordance with such person's sincerely held religious belief, practice, or observance.

Sec. 20: The practice or professional midwifery shall not constitute the practice of medicine, nursing, certified nurse midwifery, or emergency medical care.

Sec. 21: The Board shall adopt rules and regulations regarding the standards of practice of professional midwifery based on the National Association of Certified Professional Midwives and the North American Registry of Midwives. In addition, the Board shall adopt rules and regulations regarding testing for clients (lab tests, ultrasounds) as well as the authorization of midwife to obtain and administer antihemorrhagic agents, intravenous fluids, neonatal injectable vitamin K, newborn antibiotic eye prophylaxis, oxygen, intravenous antibiotics, Rho (D) immune globulin, local anesthetic, epinephrine, food extracts or dietary supplements, and other drugs within this practice. Also, rules and regulations shall be adopted regarding administration of drugs, equipment and devices, management of the postpartum and newborn period, prohibition of forceps or a vacuum extractor, written plan requirements for emergency transfers, consent forms and blood spot specimens.

Sec. 22: A licensed midwife shall not order or administer narcotic drugs or terminate or assist with the termination of a pregnancy.

Sec. 23: A licensed midwife may practice professional midwifery at any location and shall not be required to practice under the supervision of or under a collaborative practice agreement with another health care provider.

Sec. 24: A client shall not be required to be assessed by another health care professional.



Sec. 25: A health care provider who accepts a transfer of a client from a licensed midwife shall not be liable for an outcome arising from actions of the licensed midwife.

Sec. 26: Nothing in this Act abridges, limits, or changes in any way the right of parents to deliver their baby where, when, how, and with whom they choose, regardless of credentialed status.

Sec. 27: DHHS is required to establish and collect fees for initial licensure and renewal under this Act.

Sec. 28: A person licensed as a midwife under this Act may use the title licensed midwife and the abbreviation LM.

Sec. 29: Insurance policies shall provide coverage maternity services rendered by a licensed midwife, regardless of the site of services. This coverage shall not be subject to any greater copayment, deductible, or coinsurance than is applicable to any other similar benefit provided by the policy.

Sec. 30: Repealer

AM655 changes the language in Sec. 23 which (subject to subsection 2 of this section) allows a licensed professional midwife to practice professional midwifery at any location other than a hospital and shall not be required to practice under the supervision of or under a collaborative practice agreement with another health care provider.

If a licensed professional midwife practices professional midwifery in a health care practitioner facility or a health clinic, the licensed professional midwife shall be subject to the process of the facility for issuing credentials and privileges at such facility.

In Sec. 25, liability language extends to inactions of the licensed professional midwife. Also, if a health care practitioner, health clinic, or hospital (including a rural emergency hospital), accepts a transfer of a client from a licensed professional midwife, the facility shall not be liable for an outcome arising from actions of the license professional midwife.

In Sec. 29, the language is changed to allow (not require) an individual or group policy of accident/health insurance to provide coverage of maternity services rendered by a licensed professional midwife, regardless of the site of services.

Testifiers on LB374:

Proponents:

Senator Ben Hansen , Opening Presenter

Heather Swanson, self

Chandra Stewart, self

Daniel Meinke, self

Scott Thomas, Village in Progress

Bethany VanDerHart, self

Abigail Cada, self

Kathrina Fox, self

Novelyn Schipman, self

Patrick Prior, self

Josie Clark, self

Jamie Miller, self

Peggy Behrens, self

Maria Ollis, self



Amalia Magner, self
Gabriella Otto, self
Aly McClain, self
Cortney Steffensmeier, self
Benjamin Stachura, self

Opponents:

Maggie Kuhlmann, self
Molly Johnson, Nebraska Medical Association, Nebraska Nurse Practitioners
Nick Townley, Nebraska Medical Association
Amy Pinkall, NE Chapter of American Academy of Pediatrics
Dr. Robert Wergin, Nebraska Academy of Family Physicians
Dr. John Massey, Board of Medicine and Surgery

Neutral: None

Committee vote to attach LB374: Yes - 4; No - 3; Absent - 0; Present Not Voting - 0;

LB 701 provides for Medicaid reimbursement of doula services.

Sec. 1: Includes new language in Medical Assistance Act.

Sec. 2: Legislative findings: Doula services have been proven to reduce the cost of birthing and improve outcomes for mothers and infants. One of the most effective services to improve labor and delivery outcomes is continuous doula support. Doula support is associated with lower cesarean rates, as well as fewer obstetric interventions, fewer complications, less pain medication, shorter labor hours, and higher Apgar scores for infants.

No later than January 1, 2027, DHHS is required to reimburse a provider for doula services. Such reimbursement shall be paid by state funds at rates determined by DHHS. DHHS shall submit a state plan amendment, if necessary, to provide for reimbursement of doula services.

DHHS shall establish a work group of stakeholders and experts to develop an implementation plan, including appropriate reimbursement rates and appropriate training, certification, or experience requirements for doula services. The work group is required to submit the implementation plan to DHHS no later than October 1, 2026.

The work group shall be comprised of the following: 30% of the members shall represent the doula profession; 30% of the member shall represent communities of color disproportionately impacted by poor birth outcomes; 10% of the members shall represent rural Nebraska; and 10% of the members shall have utilized doula services.

Additional members of group shall include, but not be limited to medical providers, public health professionals, representatives of tribal organizations, and community advocates.

Doula, for purposes of this section, is defined as a trained professional who provides emotional, physical, and informational support for individuals before, during, and after labor and birth. This includes, but it not limited to, attending prenatal visits, support during delivery, and providing resources during the postpartum period.

A doula is required to have appropriate training, certification, or experience, as determined by the implementation plan developed by the work group. Also, a doula shall not perform clinical or medical tasks and shall not diagnose or treat in any modality.



AM 655, in Sec. 2, limits the reimbursement to Medicaid recipients. Also, doula support does not include elective abortions.

In addition, in Sec. 2, subject to available appropriations, it is the intent of the Legislature to provide for reimbursement of doula services from the Medicaid Managed Care Excess Profit Fund.

In Sec. 3, allows funding through the Medicaid Managed Care Excess Profit Fund for doula services.

Testifiers on LB701:

Proponents:

Senator Ashlei Spivey , Opening Presenter

Shanika King, self

Toya Broadway, self

Sahi Zeineddine, CHI Health

Tesha Williams, self

Kayla Kohl, self

Joyce Dykema, DONA International

Becky Sherman, self

JoAnna LeFlore-Ejike, self

LeTeya Broadway, self

Joy Kathurima, ACLU Nebraska

Opponents: None

Neutral: None

Committee vote to attach LB701: Yes - 6; No - 1; Absent - 0; Present Not Voting - 0;

Brian Hardin, Chairperson

