

## Correspondence

1. Letter from UCSF, School of Nursing supporting the funding of nurse-midwifery education programs
2. Letter from California State University, Fullerton supporting the funding of nurse-midwifery education programs
3. E-mail from Carmela Castellano-Garcia of the California Primary Care Association

August 18, 2016

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ATTN: California Healthcare Workforce Policy Commission

Dear members of the California Healthcare Workforce Policy Commission:

We are writing on behalf of the nurse-midwifery education program at the University of California at San Francisco. Our master's degree program graduates an average of 15 nurse-midwives per year, and since its inception has been dedicated to developing a women's health workforce in California that serves those that are underserved.

Prior to the May 2016 meeting of the Commission, Deputy Director Stacie Walker submitted a memorandum advising the Commission that she determined nurse-midwifery education programs as ineligible for Song-Brown funding because nurse-midwifery scope is a "sub-set" of ob-gyn, and thus a "specialization" and not primary care.<sup>1</sup> However, these findings are based on incorrect information.

In California, nurse-midwifery scope of practice includes maternity, family planning, and gynecological needs throughout the lifetime.<sup>2</sup> In contrast to what was reported in the memorandum, nurse-midwives are not limited in scope to only maternity care. Further, we also believe that by including ob-gyn in the listing of primary care areas, legislation for Song-Brown funding was intentional to identify maternity care as primary care.

We are writing to provide further information that supports nurse-midwifery as an essential category of women's primary health care provider. We hope that the Commission would prioritize support of nurse-midwifery education; evidence and expert opinion support the need for a more robust nurse-midwifery workforce in California.

**Women's health care is primary health care and nurse-midwives are primary care providers.**

- The Song-Brown Glossary of Terms (2016) defines primary care as "Internal Medicine, OB/GYN, and Pediatric specialties."<sup>3</sup>
- They are recognized as primary care providers by the CA Board of Registered Nursing "Primary care by CNMs incorporates all of the essential factors of primary care and case management that includes evaluation, assessment, treatment and referral as required. CNMs are often the initial contact for the provision of integrated, accessible health care services to women, and they provide such care on a continuous and comprehensive basis by establishing a plan of management with the woman for her ongoing health care"<sup>2</sup>

1. <http://www.oshpd.ca.gov/documents/PublicMeetings/CHWPC/2016/Meeting-Materials-Policy-5-18-16.pdf>

2. <http://www.m.ca.gov/pdfs/regulations/npr-b-31.pdf>

3. [http://www.oshpd.ca.gov/documents/HWDD/Song-Brown/2016/Song-Brown-Program-Glossary-of-Terms-Updated\\_20160629.pdf](http://www.oshpd.ca.gov/documents/HWDD/Song-Brown/2016/Song-Brown-Program-Glossary-of-Terms-Updated_20160629.pdf)

- They are recognized as primary care providers under existing state and federal health care programs, including those that address primary care workforce expansion, reimbursement for services, and loan repayment programs (eg. National Health Service Corps and California State Loan Repayment Program)<sup>4</sup>

**Nurse-midwives are prepared to serve in areas with recognized unmet health needs. There is a current shortage of obstetric providers and ACOG has identified nurse-midwifery workforce to address the growing gap.**

- ACOG reports “potentially crippling” shrinking obstetric physician workforce<sup>5</sup>
- Currently there are 9 of California’s 58 counties without any obstetric provider<sup>5</sup>
- Joint ACOG and nurse-midwife statement: “Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients.”<sup>6</sup>

**Nurse-midwives expand women’s choices in pregnancy care and lead to better maternal health.**

- Research shows that patients of certified nurse-midwives have fewer cesarean deliveries and lower epidural rates.<sup>7</sup>
- California Maternal Quality Care Collaborative lists implementing midwifery care a key strategy to safely reduce cesarean birth rates; “Midwifery care has been identified as an underused maternity service, with the potential to curb costs, improve overall outcomes, and reduce rates of cesarean.”<sup>8</sup>
- The Pacific Business Group on Health’s Transforming Maternity Care group has convened stakeholder meetings to identify how to increase access to nurse-midwives in California.<sup>9</sup>

We appreciate the serious consideration that Commission is giving this issue. We believe that not only do nurse-midwives meet legislative intent and Song-Brown definitions of primary care providers, but nurse-midwives are also an essential part of the workforce solution in California for women’s primary health care. As partners in health provider education, we look forward to continuing to work in partnership with the Commission.

Sincerely,



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Assistant Clinical Professor  
Program Director, CNM/WHNP Specialty



David Vlahov, PhD, RN, FAAN  
Dean and Professor  
UCSF School of Nursing



Catherine A. Chesla, RN, PhD, FAAN  
Professor & Interim Chair  
Shobe Endowed Chair in Ethics and Spirituality  
Department of Family Health Care Nursing

4. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000273/Primary%20Care%20Position%20Statement%20June%202012.pdf>

5. American Congress of Obstetrics and Gynecology. *The Obstetrician-Gynecologist Workforce in the United States: Facts, Figures, and Implications 2011*

6. <https://www.acog.org/-/media/Statements-of-Policy/Public/sop1102.pdf?dmc=1&ts=20160818T1746245661>

7. <http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000002128/midwifery%20evidence-based%20practice%20issue%20brief%20finalmay%202012.pdf>

8. Smith H, Peterson N, Lagrew D, Main E. 2016. Toolkit to Support Vaginal Birth and Reduce Primary Cesareans: A Quality Improvement Toolkit. Stanford, CA: California Maternal Quality Care Collaborative. p. 15.

9. <http://khn.org/news/california-doctors-and-hospitals-tussle-over-role-of-nurse-midwives/>



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August 16, 2016

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ATTN: California Healthcare Workforce Policy Commission

Dear Members of the California Healthcare Workforce Policy Commission:

I am the program director of California State University, Fullerton - Women's Health Care concentration; one of three nurse-midwifery educational programs in California. My program has been fortunate to receive Song-Brown funding through the RN Special Programs application process. However, in presentations to the commission I discussed the conundrum that nurse-midwifery education programs are not included in the funding available for graduate students in primary care education programs.

Nurse-midwives are educated in accredited graduate programs to provide primary care for a) women from adolescence to menopause and b) newborns in the first 28 days of life (2012a; 2012b). Our scope of practice is unique in that our primary care includes obstetrical acute care- evaluation, management of labor, birth, and postpartum. Like physicians who complete family medicine and obstetrics/gynecology residencies, nurse-midwives take a national certification examination after which they become *certified* nurse-midwives (CNMs).

At the federal level, CNMs are recognized as primary care providers under existing federal health care programs, including those that address primary care workforce expansion, reimbursement for services, and loan repayment programs (2012b).

In California, CNMs are also recognized as primary care providers. As you are aware, OSHPD administers the California State Loan Repayment Program (SLRP) to "increase the number of primary care physicians, dentists, dental hygienists, physician assistants, nurse practitioners, *certified nurse midwives*, pharmacists, and licensed mental/behavioral healthcare professionals practicing in federally designated California Health Professional Shortage Areas (HPSA) through the repayment of qualified educational loans for eligible *primary health care professionals* in exchange for working in a HPSA." The Song-Brown Glossary of Terms (2016) defines Primary care as "Internal Medicine, *OB/GYN*, and Pediatric specialties."

Nurse-midwives in California have a long history of providing care to families in underserved areas – from the pilot midwifery project in Madera County in the 1960s to present day rural and urban settings. Therefore, nurse-midwifery education programs meet the criteria for primary care funding in that the intent of the Song-Brown training act is to " a) increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, *obstetrics and gynecology*, and pediatrics and as primary care physician's assistants, primary care nurse practitioners, and registered nurses and to b) maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need.

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I respectfully request that the commissioners continue to explore the means by which nurse-midwifery programs can participate in Song-Brown primary care funding; thereby educating more nurse-midwives to care for California's increasing population of women.

Please feel free to contact me further information would be helpful. As a side note, I am available to present on nurse-midwifery education at the August meeting in Burbank if that would be of interest to the commissioners.

Sincerely,

Ruth Mielke, CNM, PhD, FACNM, WHNP  
Associate Professor  
Coordinator, Women's Health Care Concentration

1. American College of Nurse Midwives [ACNM]. (2012a). *ACNM Core competencies for basic midwifery practice*. Retrieved from <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000050/Core%20Comptencies%20Dec%202012.pdf>
2. ACNM. (2012b). Midwives are primary care providers and leaders of maternity care homes. Position statement. Retrieved from <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000273/Primary%20Care%20Position%20Statement%20June%202012.pdf>
3. Office of Statewide Health Planning and Development. (April, 2016). Song-Brown Program Glossary of Terms. Retrieved from [http://www.oshpd.ca.gov/documents/HWDD/Song-Brown/2016/Song-Brown-Program-Glossary-of-Terms-\(updated-4-11-16\).pdf](http://www.oshpd.ca.gov/documents/HWDD/Song-Brown/2016/Song-Brown-Program-Glossary-of-Terms-(updated-4-11-16).pdf)
4. Office of Statewide Health Planning and Development. (2011). Health and Safety Code Section 128200. *Song-Brown Health Care Workforce Training Act*. Retrieved from <http://www.oshpd.ca.gov/HWDD/2011/SongBrown/pdfs/HEALTHANDSAFETYCODE.pdf>

THE CALIFORNIA STATE UNIVERSITY

**From:** Carmela Castellano-Garcia  
**Cc:** [Walker, Stacie@OSHPD](mailto:Walker_Stacie@OSHPD); [Omand, Melissa@OSHPD](mailto:Omand_Melissa@OSHPD)  
**Subject:** California (FY 16-17) Budget: Primary Care Workforce Funding  
**Date:** Monday, October 17, 2016 3:37:11 PM  
**Attachments:** [PDF PreparingTeachingHealthCenters.pdf](#)

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Dear Song-Brown Commission,

CaliforniaHealth+ Advocates, who are committed to advancing the mission of California's 1,150 not-for-profit community clinics and health centers (CCHCs) that provide comprehensive, quality health care services to one in seven Californians each year, is proud to write you today. Our health centers, like you, are committed to training California's future primary care providers.

Our commitment to train the next generation of health center physicians is why we are so proud of the leadership Governor Brown and the legislature showed this year through the FY 16-17 budget process. Working in coalition with the California Hospital Association, California Academy of Family Physicians, Osteopathic Physicians and Surgeons of California, Planned Parenthood, American College of Physicians, and California Children's Hospital Association, we successfully lobbied for a \$100 million commitment to support and expand primary care residency programs and help recruit physicians to practice in medically underserved areas. Absent this funding, California's primary care residency programs would have faced more than \$60 million in cuts due to the expiration of federal and private foundation grants. The \$100 million investment will be appropriated to the Office of Statewide Health Planning and Development (OSHPD) over three years with \$97 million passing through the Song-Brown Workforce Training Program. More specifically, \$60 million will support existing primary care residency programs; \$17 million will support existing Teaching Health Center (THC) primary care residency programs; \$10 million will expand residency slots at existing primary care programs; and \$10 million will create new primary care residency programs.

While we understand that the initial \$33 million commitment will not be available until the California Department of Health Care Services (DHCS) receives federal approval for the recently extended Hospital Quality Assurance Fee, we and our partners are excited to be working closely with OSHPD and the California Healthcare Workforce Policy Commission (Commission) now to prepare for distribution of the funds. We were thrilled to see OSHPD release an initial timeline of implementation-related activities to ensure that you and the other Commission members are fully prepared to administer these funds. My staff are in close dialog with OSHPD and recently invited OSHPD's Deputy Director of Healthcare Workforce Development, Stacie Walker, to present and learn side by side with our health centers at an introductory training on residency program development. The training was attended by over 40 participants from 25 organizations interested in launching new residency programs. Our members' enthusiasm for expanding residency opportunities is palpable.

It is with this same enthusiasm that I write you today. This new funding is critical to the health and stability of our current teaching health centers sites. We believe this funding will also be a driving force to encourage residency growth in our health centers and across the primary care system. We are hopeful this funding can even boost greater residency collaboration and innovation between hospital systems, academic medical centers, and health centers. In the paragraphs below I want to share with you a bit more about California's Teaching Health Centers and our vision for these new

state funds.

### Who are California's Teaching Health Centers?

- Teaching health centers (THC) are accredited community-based primary care training programs committed to preparing health professionals to serve the health needs of the community. By moving primary care training into the community, THCs are on the leading edge of innovative educational programming dedicated to ensuring a relevant and sufficient supply of health workforce professionals. THCs are located in a variety of settings, including urban, rural and tribal communities. They serve diverse populations, including veterans and their families, minority groups, older adults, children and adolescents. Nationally, seventy-five percent (75%) of federally funded THC sites are Federally Qualified Health Centers (FQHC) serving underserved communities. Six of these 60 teaching health centers are in California. Program evaluations have shown that a staggering forty percent (40%) of graduates from THCs become primary care providers in nonprofit, community health centers working with underserved communities as opposed to just 4% of traditional medical residents.

California's six THC sites collectively house one hundred residency slots and are providing training to residents that are committed to primary care practice and are actively serving underserved communities and health shortage areas. Important to providing care in underserved communities, THC programs are attracting medical school graduates who are from their communities and represent the cultural and linguistic diversity of their patients. A recent California Health Care Foundation policy brief, [Preparing Physicians to Care for Underserved Patients: A Look at California's Teaching Health Centers \(2016\)](#), attached here, provides additional information on the impact of California's THC programs. With a significant reduction in federal funding for this program, this new state investment could not be coming at a more critical time.

### \$17 million – Existing Teaching Health Center Residency Program Support

- This \$17 million (\$5.7 million in FY 16-17) is to be explicitly dedicated to grants supporting California's six existing Teaching Health Centers (THCGME) sites. While we know there is a strong desire to create a simple funding methodology, we must acknowledge that, due to the dynamic nature of Federal funding, this funding algorithm must be dynamic too. We request that the Commission use these funds to make each THCGME primary care residency program whole. Historically, costs have been estimated to be \$150,000 per resident per year. Recent research indicates costs are closer to \$160,000 per resident per year (The Cost of Residency Training in Teaching Health Centers, NEJM, 2016). When determining THCGME funding, the Commission must account for the program size and current federal funding level. We must assure that the per slot per year grant, when combined with any federal funding, equals at least \$160,000. For example, with THC sites currently receiving \$110,000 per resident per year from HRSA we would expect, at a minimum, each program to receive the equivalent of \$50,000 per resident per year from the Commission. While the Commission provides three year grants, we would ask that an opportunity be given for annual adjustments to grant amounts. Lastly, we request that receipt of these funds does not supplant any funds already being received by a THC or impede a given THC from seeking and receiving additional Song-Brown funds.

\$20 million – Supporting Primary Care Residency Expansion

It is the intent that the \$10 million (\$3.3 million in FY 16-17) for new slots at existing programs and \$10 million (\$3.3 million in FY 16-17) for new residency programs are used to encourage residency program expansion in California's underserved communities and health professional shortage areas. As such, we strongly encourage the Commission to maintain requirements, and rank funding applications, based on program commitment to serve the underserved. In particular, a program commitment to not only be located in underserved areas, but to serve our underserved by training residents in the direct care of our neediest communities. One way to further achieve this primary care residency vision is to strongly encourage hospital system or academic medical center applicants to include a health center partner, and health center rotations, in their residency program design. We encourage the Commission to use this new funding as an opportunity to better reflect a commitment to serve rural communities in the criteria. While our rural communities may not be as ethnically or racially diverse as our urban centers, they are uniquely disadvantaged.

For new residency program funding, we also request that awards are in an amount larger than those awards provided to existing residency programs. These larger awards are to account for residency development and accreditation costs. In particular, these awards should account for costs associated with planning, curriculum development, faculty recruitment and retention, training, infrastructure, accreditation, and technical assistance.

For all new funds, we encourage the commission to use the robust application process and funding meeting schedule, where applicable, to distribute this funds in a timely matter. That being said, we must acknowledge the urgency of funding. We strongly encourage the commission to hold additional meetings, if necessary, to guarantee that initial funds are distributed as they become available. In particular, recognizing that residency programs must announce their open residency slots in January of a given year, initial funding awards must be announced by Fall 2017, at the latest.

Again, we are so excited to be sharing in this historic moment with you. With this new investment, we have an opportunity to impact primary care residency and the future of our primary care provider workforce for years to come. We welcome the opportunity to continue this important dialog. If you have any questions or would like to better understand the primary care workforce needs and residency vision of California's community clinics and health centers, please feel free to contact Beth Malinowski at (916) 503-9112.

Regards,

Carmela

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