



## **North Carolina Ob/Gyn Society 2021 Legislative Priorities**

*December 2020*

The North Carolina Obstetrical & Gynecological Society (NCOGS) represents more than 1,600 OB-GYN physicians across the state. Through education, advocacy, communications and professional relations, the NCOGS promotes excellence in patient care. 2021 Policy priorities for North Carolina's Ob/Gyns include:

### **Invest in the recommendations of the Institute of Medicine to improve access, quality and safety of perinatal care in North Carolina**

Improvements in North Carolina's systems of care for mothers, from pregnancy through the post-partum period, and their newborn children require urgent attention. Outcomes for our moms and their babies continue to be among the worst in the nation. Recently, the North Carolina Institute of Medicine published a number of critically important reports that provide recommendations to address these urgent challenges. These reports include the 2020 Perinatal System of Care report and Healthy North Carolina 2030. The NCOGS has reviewed these recommendations and prioritized them in a separate document for consideration by the 2021 North Carolina General Assembly.

The NCOGS is also moving forward to address one of the recommendations included in the Perinatal System of Care report – allowing Certified Nurse Midwives to achieve full practice authority without physician supervision. To address this goal for consideration by the 2021 legislature, the NCOGS is conducting a series of meetings with the North Carolina Affiliate of the American College of Nurse Midwives. The goal of these meetings is to identify common ground for improving patient safety, increasing the quality of perinatal care, AND improving access to care for pregnant women in North Carolina.

As part its conversations with the NCACNM, the NCOGS Executive Committee approved a framework to guide the Society's participation in these meetings. This framework is informed by the American College of Obstetrics and Gynecology's policies concerning CNMs and independent practice. The framework approved by the Executive Committee includes the following policy components, as a package:

- Requiring specified post-graduation collaborative practice experience for CNMs preceding full practice authority without physician supervision
- Approval of key state appropriations and/or policy changes recommended by the N.C. Institute of Medicine's reports to improve North Carolina's perinatal system of care for all patients and providers

- Support for full practice authority for CNMs without physician supervision, contingent on approval of the first two bullets above

While meetings with the NCACNM continue, it is important to understand that NCOGS endorsement of any agreement reached from these discussions will require review and approval by the NCOGS Executive Committee. For more information and the latest update about the progress of these meetings, please contact NCOGS Executive Director, Alan Skipper, at [askipper@ncmedsoc.org](mailto:askipper@ncmedsoc.org).

### **Expand access to healthcare**

NC must address the urgent challenge of providing healthcare insurance to the hundreds of thousands of North Carolinians who are currently uninsured. Compared with insured women, uninsured women receive less preventive care and disease treatment, are more likely to have diagnoses of advanced stage disease, and have higher mortality rates from certain diseases. For example, uninsured women with breast cancer are 30 to 50 percent more likely to die from cancer or cancer complications than insured women with breast cancer. Uninsured women are also 60 percent more likely than insured women to receive a diagnosis of late-stage cervical cancer.

### **Increase patient safety at NC birth centers through careful licensure**

Birth centers can be an important and safe option for many women. The NCOGS believes state licensure for these facilities can increase patient safety without creating an unnecessary regulatory burden on these facilities or the state. The NCOGS believes this licensure must be implemented carefully to avoid an unnecessary reduction in access to birth centers. Such a reduction could push women to pursue unregulated home birth, which research clearly indicates is considerably more dangerous for women and their children. The NCOGS supports the approval of legislation similar to HB575 Establish Birth Center Licensure Act, which was approved with bipartisan support by the NC House of Representatives during the 2019-2020 legislative session.

### **Reduce maternal mortality and morbidity**

Moms in America are more likely to die during or shortly after childbirth compared to mothers in any other developed country. While NC maternal mortality is lower than the national average, far too many NC women die during childbirth. The NCOGS supports the recommendations that concern maternal mortality included in the NC Institute of Medicine's Healthy North Carolina 2030 report as well as the Institute's 2020 Perinatal System of Care report. Please see the NCOGS' separate handout for a list of these recommendations.

### **Protect physicians' independence and physician-patient confidentiality**

Legislative restrictions or mandates regarding physician training, reporting, communication with patients and/or evidence-based medical procedures are counter-productive. Doctors and patients must be allowed to make the best decisions in a timely manner based on scientific evidence and what is best for the individual patient.

## **Expand access to substance abuse treatment for pregnant women with substance use disorder**

Substance abuse is a disease that is best addressed by providing patients with quality, affordable substance abuse treatment. Drug enforcement policies that deter women from seeking prenatal care are contrary to the welfare of the mother and fetus. Incarceration, threat of incarceration and/or expedited suspension or elimination of parental rights and custody are ineffective in reducing the incidence of alcohol or drug abuse.

## **Approve Dignity Legislation - including shackling standards - for incarcerated pregnant women**

The NC Ob/Gyn Society supports the creation of legislation to protect the safety and dignity of incarcerated women in North Carolina. More specifically, the Society supports proposals – often called “Dignity Legislation” - to provide incarcerated women with access to feminine hygiene products, to prevent female prisoners’ embarrassment when they undress and to create designated spaces for female prisoners to see their children. The NC Ob/Gyn Society is particularly supportive of this legislation’s creation of statewide safety standards for shackling pregnant incarcerated women. In 2016, The American College of Obstetrics and Gynecology reaffirmed its opinion on Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females, which affirms that, “women in the criminal justice system are among the most vulnerable in our society. Pregnancies among incarcerated women are often unplanned and high-risk and are compromised by a lack of prenatal care, poor nutrition, domestic violence, mental illness, and drug and alcohol abuse.” The opinion also emphasizes that, “physical restraints interfere with the ability of health care providers to safely practice medicine by reducing their ability to assess and evaluate the mother and the fetus and making labor and delivery more difficult. Shackling may put the health of the woman and fetus at risk.”

While the North Carolina Department of Public Safety has recently implemented new rules concerning the shackling of incarcerated pregnant women, there is currently no permanent, statewide standard that applies for all pregnant incarcerated women. The result can be confusion and reduced patient safety when these patients arrive for care and it is unclear to providers which shackling rules must be followed. To reduce this threat to patient safety, the NCOGS supports the implementation of Dignity Legislation that includes statewide law enforcement standards regarding the shackling of all pregnant incarcerated women, at both the state and local levels.

For more information about NCOGS and its policy work, please contact NCOGS Executive Director, Alan Skipper at [askipper@ncmedsoc.org](mailto:askipper@ncmedsoc.org).  
Or visit the NCOGS website at [www.ncmedsoc.org/ncogs](http://www.ncmedsoc.org/ncogs).