

A JOINT MEMORIAL

REQUESTING THE NEW MEXICO HEALTH POLICY COMMISSION TO CONTINUE THE TASK FORCE ON OBSTETRIC HEALTH CARE PRACTITIONER LIABILITY INSURANCE AND TO EXPAND THE SCOPE OF THE TASK FORCE TO INCLUDE EVIDENCE-BASED MATERNITY CARE.

WHEREAS, House Memorial 9 and Senate Memorial 1, which were introduced and passed during the 2008 session of the New Mexico legislature, called for the New Mexico health policy commission to continue the task force on obstetric health care practitioner liability insurance that has been working for three years; and

WHEREAS, the 2008 report of this task force found that New Mexico has a unique pattern of cooperation among obstetricians, certified nurse midwives and family medicine physicians who attend births and provide maternity care in the state; and

WHEREAS, this cooperation results in better outcomes for women and their babies and an ability to ensure maternity and delivery coverage statewide; and

WHEREAS, the report further found that this cooperation is strained due to many challenges and factors, including steeply increasing professional liability costs and pressures on all obstetrical providers and hospitals, a volatile and unregulated professional liability market and a diminishing

number of obstetrical providers in rural areas; and

WHEREAS, an October 2008 study entitled *Evidence-Based Maternity Care: What It Is and What It Can Achieve* identifies important considerations, such as underuse of beneficial practices and overuse of potentially harmful or ineffective practices, that may contribute to the high cost of obstetric liability insurance and to poor outcomes for mothers and newborns; and

WHEREAS, this study has shown that although most childbearing women and newborns in the United States are healthy and at low risk for complications, the high rate of interventions and procedures experienced by these mothers and newborns leads to a high risk of adverse effects from childbirth; and

WHEREAS, although cesarean section procedures are associated with numerous future adverse effects in women, it is the most common operating room procedure in the country and its incidence has increased by fifty percent since 1965; and

WHEREAS, in the last twenty-five years, the national rate for preterm births increased by thirty-six percent and the proportion of low-birth-weight babies increased by twenty-two percent; and

WHEREAS, between 1990 and 2005, the rate of medically induced labor, as derived from birth certificates, increased by one hundred thirty-five percent, which was twenty-two

percent of all women giving birth; and

WHEREAS, these factors have contributed to the high cost of maternity care, which exceeded charges for any other condition in 2005, according to the agency for healthcare research and quality; and

WHEREAS, the amount of money paid for maternity and obstetric care in the United States is not consistent with the quality of care delivered, as indicated by a report of the world health organization, which ranks the United States lower than twenty-nine other nations in estimated maternal mortality; and

WHEREAS, although care provided by midwives in birth centers is often well-suited to childbearing women and can provide excellent value to purchasers, midwives and birth centers face challenges in obtaining liability insurance, including major increases in premiums, making liability insurance unaffordable for these practitioners; and

WHEREAS, the study recommends that efforts to improve payment systems, the liability system, consumer decision-making processes and other factors that impact clinical decisions should align with the best scientific evidence and best practices to ensure optimal care; and

WHEREAS, the task force has identified approaches to ensure the quality of obstetrical services and access to obstetrical services and to protect the liability of providers

of obstetrical services in New Mexico; and

WHEREAS, some of these approaches require additional research and investigation of the continuing crisis in obstetric health care access and finding enduring solutions; and

WHEREAS, the use of scientific evidence and best practices should serve to reduce the incidence of poor maternity outcomes, thereby reducing the cost of health care practitioner liability insurance;

NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO that the New Mexico health policy commission be requested to continue the task force on obstetric health care practitioner liability insurance and to expand the scope of the task force to include evidence-based maternity care; and

BE IT FURTHER RESOLVED that the task force conduct a review of current literature on evidence-based maternity care, including the study referenced in this memorial; and

BE IT FURTHER RESOLVED that the task force report its findings and recommendations to the legislative health and human services committee during the committee's November 2009 meeting; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the New Mexico health policy commission and the chair of the legislative health and human services committee.