

HB26-1092

Hospital Privileging for Certified Nurse-Midwives and Certified Midwives in Public Hospitals

What This Bill Does

HB26-1092 ensures that **certified nurse-midwives (CNMs) and certified midwives (CMs) cannot be denied hospital medical staff privileges solely because of their license type.**

Midwives would still need to meet **all hospital credentialing requirements** - including training, competency review, liability insurance, and peer oversight - just like any other clinician.

The bill applies **only to public hospitals and does not bypass hospital credentialing processes.**

What This Bill Is NOT

This bill is not about visitor access. Colorado law already guarantees patients the right to have a support person of their choosing during labor and birth. The real issue is whether a licensed clinician can continue caring for their patient when hospital care becomes necessary.

The Role of Midwives

Certified nurse-midwives and certified midwives are independent licensed clinicians who can safely manage about 85% of pregnancies and births, collaborating with physicians when surgical care or higher-risk management is needed.

Midwifery is not a subset of obstetrics - it is a distinct but complementary specialty, similar to how other medical specialties collaborate when patients need care outside one discipline.

The Problem

Despite Colorado law recognizing midwives as **independent practitioners**, current hospital bylaws typically require midwives to have:

- a supervising physician
- hospital employment
- or a faculty appointment

to obtain privileges. No other specialty must maintain a written agreement with another specialty simply to obtain hospital privileges. These requirements **effectively exclude many midwives from hospital practice.**

Why This Matters for Patients

Colorado already faces serious maternity care shortages:

- **38% of Colorado counties are maternity care deserts**
- **1 in 5 women cannot access maternity care in the first trimester**

At the same time:

- **98% of births in Colorado occur in hospitals**

Midwives cannot help address maternity care shortages if they are effectively excluded from hospitals where most families give birth.

Proven Collaborative Models Exist

Successful models already exist in other states such as Oregon, the Indian Health Service, and rural hospitals across the U.S.

In these settings, CNMs work alongside OB/GYNs, family physicians providing obstetric care, emergency physicians, and general surgeons to maintain maternity services in communities that would otherwise lose access.

These models **expand access without replacing physicians. States that integrate midwives into hospital systems see better access - for example, in Oregon only about 8% of counties are maternity care deserts.**

Bottom Line

HB26-1092 ensures that:

- Midwives are evaluated based on competence and training
- Hospitals retain full credentialing authority
- Patients gain **greater access to maternity care**
- Colorado law recognizing **independent midwifery practice is reflected in hospital policies**

This bill is not about expanding midwives' authority.
It is about expanding patients' access to care.