



June 26, 2009

The Honorable Charles Rangel  
Chair  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Dave Camp  
Ranking Member  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Henry A. Waxman  
Chair  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Joe Barton  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable George Miller  
Chair  
Committee on Education and Labor  
United States House of Representatives  
Washington, DC 20515

The Honorable Howard “Buck” McKeon  
Ranking Member  
Committee on Education and Labor  
United States House of Representatives  
Washington, DC 20515

Dear Chairmen and Ranking Members of the Tri-Committee:

On behalf of the American College of Nurse-Midwives (ACNM), I am writing to express great appreciation and strong support for the work of the House Ways and Means Committee, the House Energy and Commerce Committee, and the House Education and Labor Committee for your commitment to comprehensive health care reform, as demonstrated by the recent joint release of the Tri-Committee’s health reform legislation. ACNM believes that this legislation offers a significant step toward improving the quality and availability of cost-effective health care coverage in the United States.

Specifically, ACNM would like to thank you for the inclusion of the following provisions of particular interest to members of the ACNM and the women and families they serve:

- **Section 122 – Minimum benefits.** Inclusion of preventive, maternity, and well baby benefits as part of the minimum benefit package of any health plan. These benefits are essential to women and their newborns.

- **Sec. 132 – Requiring fair grievance and appeals mechanisms.** ACNM particularly appreciates the language regarding external appeals processes for review of claims.
- **Section 152 – Preventing discrimination in access to health benefits coverage.** This provision will guarantee that health coverage shall be provided without regard to personal characteristics extraneous to the provision of high quality health care or related services.
- **Subtitle B – Establishment and administration of a public health insurance option.** These provisions will ensure that citizens have both private and public insurance options to choose from within the health insurance exchange. ACNM believes consumer choice is essential in the delivery of health care services and insurance coverage.
- **Section 1121 – Reforms to the Sustainable Growth Rate under the Resource Based Relative Value Fee Schedule.** These reforms will ensure that large reductions in reimbursement for services provided by Certified Nurse-Midwives (CNMs) and other health professionals will not occur, which would potentially jeopardize efforts to expand access to quality care.
- **Section 1304 – Increased rate of reimbursement for Certified Nurse-Midwives.** ACNM has worked to achieve equitable reimbursement for delivery of services under the Medicare program. ACNM greatly appreciates that the Committees have included this critical provision in the legislation. ACNM would propose a language modification, however, to include coverage for services provided by Certified Midwives (CMs), certified by the American Midwifery Certification Board, as equivalent to CNMs. ACNM views CNMs and CMs as identical since they are licensed, take the same certification exam, and have graduated from an accredited midwifery graduate education program. The sole difference is that a CM is not required to have a bachelor’s degree in nursing. They might have a degree as physician assistant or some other field that would meet the basic requirements necessary to enter a midwifery graduate program. CNMs and CMs are both recognized by the American College of Obstetricians and Gynecologists. ACNM does not support the inclusion of other midwives who have not graduated from a midwifery education program accredited by an accreditation organization recognized by the U.S. Department of Education.

Proposed Language:

**SEC. 1304. INCREASED REIMBURSEMENT RATE FOR CERTIFIED NURSE-MIDWIVES.**

*(a) IN GENERAL.—Section 1833(a)(1)(K) of the Social Security Act (42 U.S.C.1395l(a)(1)(K)) is amended by striking “(but in no event” and all that follows through “performed by a physician)”.*

*(b) CERTIFIED NURSE-MIDWIFE SERVICES.—Section 1861(gg)(1) of the Social Security Act (42 U.S.C. 1395x(gg)(1)) shall be amended by adding “or certified midwife (as defined in paragraph (3))” after “paragraph (2))” and by adding the following:*

*“(3) The term “certified midwife” means an individual who has a background in a health related field and who has successfully completed a program of study accredited by the ACNM Accreditation Commission for Midwifery Education and clinical experience meeting guidelines prescribed by the Secretary and has been certified by the American Midwifery Certification Board.”*

*(c) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to services furnished on or after January 1, 2011.*

- **Section 1305 – Coverage and waiver of cost sharing for preventative services.** ACNM strongly supports this provision. It will reduce a barrier for women to access the necessary preventive services they require to stay healthy, including screening pap smears and pelvic exams, screening mammography, bone mass measurement, and access to vaccines.
- **Section 1704 – Grants to states for quality home visitation programs for families with children and families expecting children.** ACNM strongly supports this new grant program as an excellent way to promote the health of women and their families.
- **Section 1813 - Option coverage of nurse home visitation services.** ACNM strongly supports payments under Medicaid for nurse home visitation services, but would suggest the following modification to ensure that midwives would be eligible to make these visits as well as nurses.

*“(bb) The term ‘nurse home visitation services’*

*means home visits by trained [certified nurse-midwives \(CNM\)](#) or [certified midwives \(CM\)](#) who are certified by the [American Midwifery Certification Board](#) or nurses to families with a first-time pregnant woman, or a child (under 2 years of age), who is eligible for medical assistance under this title, but only, to the extent determined by the Secretary based upon evidence, that such services are effective in one or more of the following:*

*“(1) Improving maternal or child health and pregnancy outcomes or increasing birth intervals between pregnancies.*

*“(2) Reducing the incidence of child abuse, neglect, and injury, improving family stability (including reduction incidence of intimate partner violence, or reducing maternal and child involvement in criminal justice system.*

*“(3) Increasing economic self-sufficiency, employment advancement, school-readiness, and educational achievement, or reducing dependence on public assistance.”*

- **Section 1821 – Payments for primary care providers.** ACNM strongly supports this section and appreciates that services provided by midwives would be eligible for payments under this section in relation to Medicaid services.
- **Section 1824 – Optional coverage of freestanding birth centers.** ACNM strongly supports this provision and appreciates the work of the Committees to include it. Women deserve to have options in the care they receive and birth centers have been found to provide high quality care to women.
- **Section 2201 – National Health Service Corps.** As health professionals who are eligible to be placed in underserved areas through the NHSC, nurse-midwives greatly appreciate the Committee’s expansion of the authorized funding for this vital program and increasing the annual loan repayment amount from \$35,000 per year to \$50,000. We believe this will aid in addressing the maternity care shortages in underserved communities.

- **Section 2211 – Frontline providers and primary care loan repayment.** ACNM appreciates the focus the Committees have placed on advancing primary care and encouraging individuals to go into these professions. ACNM believes it would be helpful if both nurse practitioners and nurse-midwives were expressly identified in the language of these two sections.
- **Section 2301 – Prevention and wellness.** ACNM strongly supports this section.

**Areas of Concern and Suggested Modifications:**

- **Section 1301 – Accountable Care Organizations.** The concept of accountable care organizations that help coordinate patient care and reduce expenditures is not a new one. Academic health centers have been on the forefront of these types of models of care. ACNM supports bringing these models of coordinated care to the Medicare program, but is concerned that the pilot program as drafted lacks the inclusion of advanced practice nurses, including nurse-midwives. Advanced practice nurses, including nurse-midwives, would be eager to participate in this pilot program, as they are capable of operating accountable care organizations that reduce the cost of care through coordinated patient care across acute and ambulatory settings. **ACNM would recommend adding “advanced practice nurse” throughout this section where “physician” is referenced.**
- **Section 1302 – Medical Home Model.** ACNM has carefully considered how best to improve care coordination and access to primary care services for the Medicare-eligible women we serve. ACNM seeks a dialogue with the Tri-Committee on this issue. We believe that at a minimum it would be beneficial for women if nurse-midwives were identified within the community medical home model language under Medicare and certainly within the Medicaid medical home model. Additionally, ACNM is supportive of a demonstration project to test the concept of a women’s medical home. The Women’s Medical Home Demonstration Act (S.1303) provides an important opportunity to determine the utility of the medical home concept specifically for women’s health issues. The bill establishes a three-year medical home demonstration program focusing on women’s health issues in eight states, within geographically diverse areas and a mix of practice settings. This project should inform the redesign of the health care delivery system for women to provide targeted, accessible, continuous, coordinated, confidential and comprehensive care with a particular focus on preventing, treating and managing conditions that uniquely affect women.

This care would include: 1) managing the health and pregnancies of women who are deemed to be at risk for premature birth or perinatal depression, 2) improving cervical cancer prevention, 3) coordinating breast and gynecological cancer care, 4) providing and coordinating services for women experiencing menopause and related issues such as osteoporosis, fracture prevention, and mental health concerns, 5) identifying and providing targeted care for women who are members of a minority population that experiences health disparities, and 6) coordinating chronic disease care.

Project outcomes would determine if the women’s medical home is able to increase: 1) cost efficiencies of health care delivery; 2) access to appropriate health care services; 3) patient satisfaction; 4) communication among providers, hospitals, and other health care providers; and 5) the quality of health care services provided. It would also evaluate whether the

women's medical home design decreases inappropriate emergency room utilization, avoidable hospitalizations, duplication of health care services, and health disparities. **ACNM seeks a dialogue with the Tri-Committee on this issue area.**

- **Section 1303 – Primary Care Bonuses.** The ACNM fully supports efforts to enhance payments to primary care providers, including nurse-midwives. Nurse-midwives have initial patient contact with women they serve and provide continuous and comprehensive care as outlined by the Institute of Medicine's definition of primary care. **ACNM asks that this provision be modified to ensure that nurse-midwives are rewarded for the primary care services they provide to women with disabilities and senior women within the Medicare program as they are included in the primary care bonuses under Medicaid in Section 1821.**
- **Section 2221 – Nursing workforce.** ACNM is largely disappointed by this section of the bill. Rather than propose changes in this document, ACNM would encourage the Committees to look at the suggestions made by the nursing community that were incorporated in the Senate HELP Committees bill.

Thank you for this opportunity to provide brief comments on the bill produced in the House to this point. ACNM stands ready to work with the House to ensure women have access to quality health care services. Please feel free to contact Patrick Cooney, ACNM's Federal Representative, if you have questions regarding these comments at (202) 347-0034 or at [patrick@federalgrp.com](mailto:patrick@federalgrp.com).

Sincerely,



Lorrie Kline Kaplan  
Executive Director