AMERICAN COLLEGE of NURSE-MIDWIVES
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February 9, 2015

Edith Ramirez
Chairwoman
Federal Trade Commission
Office of the Secretary, Room H-113 (Annex X)
600 Pennsylvania Avenue, NW
Washington, DC 20580

Dear Chairwoman Ramirez:

Re: Health Care Workshop, Project No. P13-1207

I am writing on behalf of the American College of Nurse-Midwives (ACNM), the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States in response to the Federal Trade Commission's solicitation of comment in connection with the February 24-25 meeting on competition in healthcare. We appreciate the opportunity to comment and hope you find the information we provide to be useful in this ongoing dialogue.

In 2013, nearly 11,500 CNMs/CMs in the US collectively attended more than 8% of all births in the entire country and 12% of all vaginal births. In eighteen states they attend between 10% - 27% of births.[1] Clearly, CNMs/CMs are a major provider of maternity and newborn care.

The hallmark of midwifery practice is to focus on fostering normal physiologic birth, which emphasizes practices that support the occurrence of innate, hormonally driven processes.[2] This practice differs significantly from that of physicians who are trained to use interventions to address complications. Multiple studies have validated that CNM/CM led care results in fewer inductions of labor, lower levels of analgesia, fewer cesarean births, fewer perineal tears, and fewer pre-term births.[3] The midwifery model of care is thus qualitatively and empirically

[1] CDC Vital Stats, Births - Available at: http://www.cdc.gov/nchs/data_access/vitalstats/vitalstats_births.htm
[2] "Supporting Health and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA and NACPM," May 14, 2012, available at: http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000272/Physiological%20Birth%20Consensus%20Statement-%20FINAL%20May%2018%202012%20FINAL.pdf
[3] Meg Johantgen, PhD, RN, et. al., "Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians: A Systematic Review, 1990 to 2008," Women's Health Issues 22-1 (2012) e73–e81.
Sandall J, Soltani H, Gates S, Shennan A, Devane D, "Midwife-led continuity models versus other models of care for childbearing women (Review)," The Cochrane Library, 2013, Issue 8.
Petra ten Hoope-Bender, et. al., "Improvement of maternal and newborn health through midwifery," The Lancet, Published online June 23, 2014.
Elizabeth Schroeder, et. al., "Cost effectiveness of alternative planned places of birth in woman at low risk of complications: evidence from the Birthplace in England national prospective cohort study," BMJ, 2012;344:e2292.

8403 Colesville Road, Suite 1550, Silver Spring, MD 20910-6374 240.485.1800 fax: 240.485.1818 www.midwife.org

different than the prevalent medicalized model and for that reason hundreds of thousands of women seek out this specific type of care every year.

As you are surely aware, maternity and newborn care is a required benefit category under the essential health benefits package that many insurers, including those offering coverage through the health insurance exchanges are statutorily required to cover.

The Centers for Medicare and Medicaid Services has largely left up to the states the work of determining whether insurers' provider networks are sufficient to ensure timely access to all benefits covered under their plan.

Because publicly available documents do not describe whether or not midwifery services are covered by marketplace plans, ACNM undertook a survey of insurers to make inquiry regarding their practices. A copy of the final survey report is attached for your perusal. Key findings include the following:

- Twenty percent of plans do not contract with CNMs to include them in their provider networks, even though CNMs are licensed to practice in all 50 states and the District of Columbia.
- Seventeen percent of plans do not cover primary care services offered by CNMs, even though ACNM standards defining the scope of practice for these providers, often incorporated by reference by state law, include primary care services.
- Fourteen percent of plans indicated they impose restrictions on CNM practice that conflict with their scope of practice under state laws and regulations.
- Twenty-four percent of plans will not cover CNM professional services provided in a birth center and 56% will not reimburse CNMs for home birth services.
- Ten percent of plans that contract with CNMs do not list them in their provider directories, making them invisible to potential and current enrollees.
- Forty percent of plans listing CNMs in their provider directories list them under the obstetrician-gynecologist category, which may make it difficult for women searching for "midwives" to find them.
- Forty-seven percent of plans do not contract with birth centers to cover facility costs associated with births in that setting, despite studies showing very good outcomes and low costs associated with these facilities.

Caroline S. Homer, et. al., "Community-based continuity of midwifery care versus standard hospital care: a cost analysis," Australian Health Review, Vol 24 • No 1, 2001.

Laurie Cawthon, MD, MPH, "Assessing Costs of Births in Varied Settings," presentation before the Institute of Medicine, March 7, 2013, available at: http://www.iom.edu/~/media/Files/Activity%20Files/Women/BirthSettings/6-MAR-2013/Cawthon%20PDF.pdf

Davis, Lorna G., CNM, et. al., "Cesarean Section Rates in Low-Risk Private Patients Managed by Certified Nurse-Midwives and Obstetricians," *Journal of Nurse-Midwifery*, vol. 39, no. 2, March/April 1994, pp. 91-97.

Rosenblatt, RA, "Interspecialty differences in the obstetric care of low-risk women," *American Journal Of Public Health*, vol. 87, issue 3, March 1997.

- Eight percent of plans contracting with birth centers indicated they did not list them in their provider directory.

The provisions of Section 2706(a) of the Public Health Service Act state that:

> A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law.

It is a serious matter that a major provider of maternity and newborn care is being systematically excluded or discriminated against by plans participating in the exchanges.

State regulators have a strong interest in ensuring that high-value, low-cost providers are included in the networks of plans operating in their states. Further, they have a legal responsibility to ensure that plans do not discriminate against providers acting within the scope of their license. Happily, inclusion of CNMs/CMs within plan provider networks will directly benefit insurers because these providers have a proven record of rendering exactly this kind of care.

We are aware that both the National Association of Insurance Commissioners (NAIC) and the Centers for Medicare and Medicaid Services (CMS) are examining the topic of plan network adequacy. Healthy competition within the exchanges is critical to the successful expansion of this new coverage option in a cost-effective manner. We believe that the FTC has a role in encouraging state insurance commissioners and CMS to pursue these efforts. Specifically, we recommend the FTC emphasize that insurers should comply with the statutory provisions prohibiting provider discrimination.

Should you have any questions about our comments, feel free to reach out to me directly.

Best regards,

/JSB/

Jesse S. Bushman, MA, MALA
Director, Advocacy and Government Affairs
jbushman@acnm.org
240 485-1843