



August 25, 2017

The Honorable Patrick J. Tiberi
Chairman
House Ways & Means Health Subcommittee
Washington, D.C. 20515

RE: Medicare Red Tape Relief Project Comments

Dear Mr. Chairman:

On behalf of the American College of Nurse-Midwives (ACNM), we applaud the Ways & Means Health Subcommittee's commitment to ensuring access to healthcare for Medicare beneficiaries is not hindered by unnecessary and burdensome mandates under the Medicare program. The ACNM and its members stand for improving access to quality care and coverage for women through the lifespan. We support common-sense policy solutions that ensure women have guaranteed health coverage and access to a full range of essential health services under Medicare and state Medicaid programs.

ACNM appreciates the opportunity to provide feedback in response to the Subcommittee's *Medicare Red Tape Relief Project* on areas that could be improved upon to ensure beneficiaries have continued access to care provided by midwives and advanced practice registered nurses (APRNs). Specifically, ACNM recommends:

- Inclusion of Certified Nurse-Midwives, Certified Midwives and Advanced Practice Registered Nurses in the Condition of Participation for Medical Staff under 42 CFR §488.22; and
- Passage of legislation to allow Certified Nurse-Midwives, Nurse Practitioners and Clinical Nurse Specialists to certify their patients need for home healthcare services.

ACNM is the professional association that represents CNMs and CMs in the U.S. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the U.S. and

strengthens the capacity of midwives in developing countries. Our members are primary care providers for women throughout the lifespan, with an emphasis on pregnancy, childbirth, and gynecologic and reproductive health care.

Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention and individualized wellness education and counseling. These services are provided in partnership with women and families in diverse settings such as ambulatory clinics, private offices, community and public health systems, homes, hospitals and birth centers.

Currently, there are some 12,000 CNMs/CMs throughout the U.S. These midwives attend over 350,000 deliveries of newborns in the country annually. Nearly all midwifery births occur in the hospital, with some in birth centers and others in homes. Midwives promote healthy physiologic birth. By doing so, they help reduce the incidence of unnecessary caesarean sections and other interventions. Healthy physiologic birth means healthier moms and newborns, fewer complications and side-effects, and much lower health care costs.

Inclusion of Certified Nurse-Midwives, Certified Midwives and Advanced Practice Registered Nurses in the condition of participation for medical staff under 42 CFR §488.22.

Certified Nurse-Midwives and Certified Midwives represented by ACNM spend a significant amount of their time in the hospital setting. In 2015, these midwives attended more than 358,000 births nationwide and more than 94% of them took place in a hospital setting. ⁱ Current regulation at 42 CFR 482.22 (a) stipulates that hospitals “may” include non-physician practitioners who are determined eligible for appointment on the hospital’s medical staff.ⁱⁱ Because access to hospitals is so critical to the midwifery profession, ACNM strongly recommends revision of 42 CFR 482.22 (a) to make it mandatory that, to the extent permitted under applicable state law or regulation, hospitals include non-physician practitioners, specifically certified nurse-midwives, certified midwives and Advanced Practice Registered Nurses, working in their facilities on their medical staff.

Hospital medical staffs must be representative of all types of health professionals who require clinical privileges to practice, including CNMs, CMs and APRNs as authorized by state law. Balanced representation of health professionals on hospital medical staffs will benefit a wide-range of patients, including Medicare beneficiaries, and local communities. Each professional on a medical staff should have access to full clinical, admitting and voting privileges, and be able to serve on hospital committees addressing care provided in the facility. ACNM has urged the Centers for Medicare & Medicaid Services (CMS) on several occasions to promote this multi-stakeholder model more vigorously.

In addition, ACNM encourages the inclusion of a definition of APRN, which includes CNMs, and a definition of midwife, which includes CNMs and CMs as certified by the American Midwifery Certification Board. These clarifications in definition are important because due to the patchwork of state laws, not all CNMs/CMs are licensed as APRNs in the U.S. Inclusion of these definitions will prevent potential confusion by patients, hospitals and other health professionals. Implementation of these key changes to Medicare's condition of participation is critical. These requirements have an impact well beyond the Medicare beneficiary population, as they tend to set the standard for hospital practices overall. Hospitals must be positioned to address the fall-out from the shortage of primary care and maternity care providers the country is currently facing.ⁱⁱⁱ Strengthening the condition of participation is a key policy tool for addressing this challenge. It is critical that Medicare regulations allow CNMs, CMs and APRNs to deliver services to the fullest extent of their scope of practice, as recognized by state law.

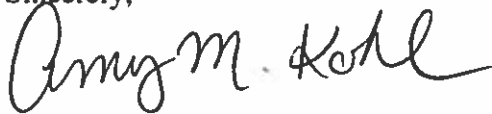
Passage of legislation to allow Certified Nurse-Midwives, Nurse Practitioners and Clinical Nurse Specialists to certify their patients need for home healthcare services.

CNMs, NPs and CNS' play an important role in managing and delivering healthcare in the U.S. These providers are recognized under state laws and regulations to complete and sign physical examination forms and other medical certification documents. Currently, these providers with patients who need home healthcare services must locate a physician who will document the assessment for this care. Further, even though they are authorized to perform a face-to-face assessment of the patient's needs, the *Affordable Care Act* requires that a physician documents that the encounter has taken place, even if the physician is not involved in the assessment. These delays in treatment jeopardize the health of the patient and cause the Medicare program to incur additional costs by requiring the participation of an additional provider. ACNM urge's the Subcommittee to work to ensure passage of H.R. 1825 *the Home Health Care Planning Improvement Act of 2017* which will make it possible for CNMs, NPs and CNS' to provide necessary services for their Medicare patients by allowing them to certify patients, under their care, to be eligible for home healthcare services.

As the Subcommittee considers opportunities for improvement, it is critical to move forward not backwards. Implementation of these common-sense recommendations would go a long way towards ensuring CNMs, CMs and APRNs are allowed to practice to the fullest extent of their education and training in accordance with state law. Such changes are vital to our nation's efforts to expand access to safe and cost-effective healthcare. ACNM and its members stand ready to work with Congress to prioritize the healthcare of women and newborns through improvement of laws and that support

access to affordable coverage and the excellent care midwives can provide. We appreciate the opportunity to provide comments to this effect. Please don't hesitate to contact me with any questions or concerns at akohl@acnm.org or 240-485-1806.

Sincerely,



Amy M. Kohl
Director, Advocacy and Government Affairs
American College of Nurse-Midwives

ⁱ CDC/NCHS, National Vital Statistics System, January 2017, available at:
https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf

ⁱⁱ 42 CFR §488.22 (a), available at: <https://www.ecfr.gov/cgi-bin/text-idx?SID=8a927faabac4cf3e12338d1b0741bf3b&mc=true&node=pt42.5.482&rgn=div5>

ⁱⁱⁱ Shortage of Doctors and Midwives Putting Lives at Risk, August 2017, available at:
<https://www.theguardian.com/society/2017/aug/10/shortage-doctors-midwives-mothers-babies-lives-risk>