AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

POSITION STATEMENT

Principles for Equitable Compensation Agreements Between CM/CNMs and Physicians

The American College of Nurse-Midwives (ACNM) defines midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) as the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women.[1] CMs and CNMs practice within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client. Certified nurse-midwives and certified midwives practice in accord with the Standards for the Practice of Midwifery, as defined by ACNM.[1]

Independent practice is not defined by the place of employment, the employee-employer relationship, requirements for physician co-signature, or the method of reimbursement for services. Nor should *independent* be interpreted to mean *alone*, as there are clinical situations when any prudent practitioner would seek the assistance of another qualified practitioner.[2]

According to the Standards for the Practice of Midwifery, midwifery care occurs in a safe environment within the context of family, community, and a system of health care, and midwifery care supports individual rights and self-determination within boundaries of safety.[3]

Relationships between CM/CNMs and physicians take many forms that provide for the best care of the patient. The physician/midwife relationship is mutually beneficial as the physician aligns him or herself with a source of referrals and the midwife develops a collegial relationship with a physician who is available for consultation and collaboration. Individual, institutional, and regional differences should be recognized.

It is the position of ACNM that physicians and CM/CNMs develop fair and equitable compensation agreements for the care each party renders when working in collaborative relationships. The following principles should be incorporated into compensation agreements. However, this does not preclude any other mutually agreed upon arrangements:

---

[1] ACNM, Definition of Midwifery Practice, 2004
[2] ACNM, Definition of Independent Midwifery Practice, 2004
[3] ACNM Standards for the Practice of Midwifery, 2003

When both the physician and CM/CNM render care to women, both need to be reimbursed for the care they provided.

Explanation: If the CM/CNM cares for a woman during the pregnancy and/or labor but the woman births by cesarean performed by the physician, the physician should be paid for the cesarean birth and any follow up postpartum care, and the CM/CNM should be paid for the care rendered in pregnancy, labor, and other postpartum visits as needed.

For a given services that is within the scope of practice of CNMs/CMs or physicians, payers should reimburse those providers at the same rate.

Explanation: Reimbursement methodologies determine the relative value of the payment made for those services based on the resources required to provide the service, not based on the type of provider rendering the care. To reimburse CNMs/CMs at a reduced rate relative to what is paid to physicians does not recognize the underlying reality of the fee schedule methodology used by Medicare (and almost every other payer) and it therefore inappropriately disadvantages midwives relative to their colleagues and discourages their participation in the provider networks of such payers

In collecting reimbursement for care rendered, physicians and CM/CNMs need to adhere to state and federal reimbursement statutes and regulations.

Explanation: CM/CNMs may submit bills for services they perform that are within their legal scope of practice as defined by state and federal law.

The consultation and financial relationship between physicians and CM/CNMs should mirror the consultation and financial relationship between physician generalists and specialists.

Explanation: Perinatologists do not charge obstetricians, family practice physicians or CM/CNMs a fee to be *available* for consultation and collaboration. Cardiologists, neurologists and other specialty physicians do not charge internists, family practice physicians or CM/CNMs to be available for consultation. Obstetricians should not expect CM/CNMs to pay them to be *available* either.

Physician/midwife relationships are mutually beneficial.

Explanation: The physician benefits from a relationship with a CM/CNM as they receive referrals for complex gynecological and obstetrical services from the CM/CNM. The CM/CNM, in turn, benefits from a collaborative relationship with a physician by being able to access that physician for consultation and collaboration in the care of their patients.

Increases in liability premiums for physicians in collaborative relationships with CM/CNMs are inappropriate.

Explanation: Physicians who collaborate with other physicians do not experience surcharges on their professional liability premiums. Similarly, professional liability insurers should not apply surcharges on the premiums of physicians who collaborate with CM/CNMs.

Physician/midwife relationships should model ethical billing practices and demonstrate no tolerance for fraudulent billing.

Explanation: When physician employers bill for services rendered by CM/CNMs to private third party payers, the CM/CNM should be identified as the care provider. Billing under the physicians' name without written consent of the payer is fraudulent. Additionally, the physician and CM/CNM should bill for only the services they provide. Both entities should not bill for the same service.

When state and federal agencies create new or change existing payment mechanisms, CM/CNMs should be included on committees and advisory boards with physicians and other providers

Explanation: Including representation from all providers groups versus only physicians on committees and advisory boards increases the likelihood that any new regulations adequately address the issues relevant to non-physician providers, including CM/CNMs.

---

* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC).

Source:
Approved: ACNM Board of Directors, June 2005
Updated: August 2016