

Medicaid Coverage of Freestanding Birth Centers – Health Care Reform Law (111-148)

Background: In recent years, Medicaid beneficiaries in some states were losing access to birth center coverage, and many freestanding birth centers were threatened with closure due to loss of Medicaid reimbursement. Although birth centers have traditionally been reimbursed within Medicaid programs, some state Medicaid programs had begun to deny birth center claims and legislation had not mandated such coverage for Medicaid beneficiaries.

The Patient Protection and Affordable Care Act seeks to ensure and improve Medicaid coverage of freestanding birth centers—a high-quality, high-value option for women and their families. The new health reform law establishes recognition of freestanding birth centers under Medicaid.

ACNM Position / Policy: ACNM is a strong supporter of this policy. ACNM believes this provision can improve women’s options for childbirth under Medicaid, which is a positive change for the profession. Previously, the absence of reference to ‘freestanding birth center’ within the Medicaid statute put in question Medicaid payments for facility-related expenses.

Summary of Provisions

Section 2301 amends the Medicaid law, which now defines a freestanding birth center as

- 1) a health facility that is not a hospital;
- 2) where childbirth is planned to occur away from the pregnant woman’s residence;
- 3) that is licensed or otherwise approved by the State to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan; and
- 4) a facility that complies with such other requirements relating to the health and safety of individuals who are provided with services by the facility as the State shall establish.

Birth attendant is defined as an individual who is recognized or registered by the State to provide health care at childbirth and who provides such care within the scope of practice under which the individual is legally authorized to perform such care under State law (or the State regulatory mechanism provided by State law), regardless of

whether the individual is under the supervision of, or associated with, a physician or other health care provider.

The provision requires a State to make separate payments to providers (such as nurse-midwives and other providers of services, such as birth attendants, recognized under State law) who administer prenatal labor and delivery or postpartum care in a freestanding birth center, as determined appropriate by the Secretary of the U.S. Department of Health and Human Services.

Timeline for Implementation: Effective upon enactment.

Agency Responsible for Implementation/Enforcement: The U.S. Department of Health and Human Services' Center for Medicare and Medicaid Services.

More Information: The American College of Nurse-Midwives (www.midwife.org) is an internationally recognized professional organization representing certified nurse-midwives and certified midwives. The membership of the American College of Nurse-Midwives has been characterized from the beginning by its dedication, commitment, hard work, articulateness, personal sacrifice, vision, and pioneering spirit. ACNM exists to "promote the health and well-being of women and infants within their families and communities through the development and support of the profession of midwifery as practiced by certified nurse-midwives, and certified midwives." ACNM speaks for the profession of midwifery. Although ACNM is an autonomous professional organization, it collaborates with all other professional organizations and groups that share its primary concern of quality health care for all women and babies.

References:

Patient Protection and Affordable Care Act, S.3590, 111th Congress, 2nd Sess (2010).