Maternity Care Shortage Areas

Expanding Access to Women Health

The American College of Nurse-Midwives (ACNM) strongly supports the ***"Improving Access to Maternity Care Act of 2014,"*** **(H.R.4385)** introduced by Rep. Mike Burgess (R-TX) and Rep. Lois Capps (D-CA) on April 3, 2014.

H.R.4385 creates a health professional shortage area (HPSA) for maternity care services. The goal of this legislation is to identify and address areas of the U.S. that are experiencing significant shortages of full scope maternity care professionals, including certified nurse-midwives and other maternity care providers. This legislation will make it possible for the U.S. Department of Health and Human Services to place eligible professionals within the National Health Service Corp (NHSC) in these areas to address identified shortages of maternity care professionals. These professionals will be placed in eligible medical facilities, including hospitals, birth centers, and other appropriate facilities.

Expanding access to maternity care professionals in underserved areas can reduce overall maternity care costs in the U.S. by ensuring women have access to necessary prenatal care and delivery options.

Background

In a report issued in June of 2013, the Medicaid and CHIP Payment and Access Commission (MACPAC) highlights that having coverage for maternity services does not guarantee access to care. Access to maternity care professionals is a significant issue in many areas of the country due to the changing demographics of maternity care providers, variation among practice environments, and restructuring, regionalization and closure of many maternity care units.[1]

The Bureau of Labor Statistics within the U.S. Department of Labor reports that as of May 2012 there were nearly 27,000 maternity care providers (5,710 certified nurse-midwives and 20,880 obstetricians/gynecologists) employed in the U.S.[2] The preliminary number of births for the United

[1] MACPAC, "Report to the Congress on Medicaid and CHIP," June 2013, page 21-22.
[2] Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment Statistics, May 2012. Note that these figures do not include self-employed providers.

States in 2012 was 3,952,937 according to a recent report from the Center for Disease Control and Prevention within the U.S. Department of Health and Human Services.[3]

In 2010, nearly 50 percent of U.S. counties had no OB/GYNs providing direct patient care and almost all of these counties also had no certified nurse-midwives (ACOG 2013). Shortages of maternity care providers can result in long waiting times for appointments and/or long travel times to prenatal care and/or birthing sites. Maternity care providers have become particularly prone to workforce challenges due to concerns surrounding professional liability, unpredictable working hours, declining medical student interest, reductions in the numbers of residency programs, and increasing sub-specialization by graduating residents. These factors have contributed to inadequate access to maternal and reproductive care, especially in underserved communities.

The rate of preterm birth in the U.S. was 11.7% in 2011. The rate of low birth weight has risen fairly steadily over a quarter century. The rate in the U.S. was 8.1% in 2011. In 2010, 45% of all maternal childbirth-related hospital stays were billed to the Medicaid program. In 2010, 48% of all maternal childbirth-related hospital stays were billed to private insurers. The two most common conditions billed to private insurance as the primary payer in 2010 were pregnancy and childbirth (16%) and newborns (15%), which together comprised 31% of discharges billed to private insurance.

This legislation is cost neutral, as it does not increase the authorization of the National Health Service Corp (NHSC). It will aid in directing existing funding to fully utilize the maternity and primary care scope of practice of midwives and other maternity care providers.

The NHSC mission is to "build healthy communities by supporting qualified health care providers dedicated to working in areas of the United States with limited access to care."[4] The program incentivizes providers who practice in areas with health care provider shortages by giving them a scholarship or loan repayment benefits.

There are two ways that a provider can be rewarded for providing care in a community with health professional shortages.

- Scholarship program pays tuition and fees; provides a living stipend for students in accredited training programs; scholars must work in a HRSA-approved community-based site following graduation for 2 to 4 years.
- Loan repayment program offers eligible providers up to $50,000 in loan repayment in exchange for 2 years of service in a NHSC site. In addition, providers have the option to extend their service at the NHSC site and received additional funds for loan repayment.

Please contact Adrianna Simonelli in Rep. Burgess' office at Adrianna.Simonelli@mail.house.gov or Adriane Casalotti in Rep. Capps' office at Adriane.Casalotti@mail.house.gov if you wish to cosponsor this legislation. You may also contact Patrick Cooney at (202) 347-0034 x101 or via email at Patrick@federalgrp.com if you have questions regarding this issue.

[3] Centers for Disease Control and Prevention, National Vital Statistics Report, September 2013.
[4] "Mission and History." http://nhsc.hrsa.gov.