



## **Improving Access to Maternity Care Act of 2015 (H.R. 1209/S. 628)**

### Why this Legislation is Needed

- In 2013, there were approximately
  - 3.93 million births (CDC Vital Stats data)
  - 160.5 million females in the population, of whom 130.6 million were 15 years of age or older and 73.7 million of whom were of childbearing years (15-49 years-old). (Census data)
- In 2013, there were a total of 52,313 maternity care professionals (OB/GYN Fellows/Jr. Fellows and CNMs/CMs), four for every 10,000 women (age 15+) in the country. (American College of Obstetricians and Gynecologists and American Midwifery Certification Board).
- The number of medical school graduates entering OB/GYN residencies has remained almost flat for three decades. There were 1,163 first year OB/GYN residents in 1979. In 2014, there were 1,221. (William F. Rayburn, MD, MBA, FACOG, “The Obstetrician Gynecologist Workforce in the United States: Facts, Figures, and Implications, American Congress of Obstetricians and Gynecologists, 2011.)
- The number of CNMs/CMs has been growing, but absolute numbers are still relatively small. In 1979, there were 192 new CNM/CM certificants. In 2014, there were 576. (American Midwifery Certification Board).
- The character of the OB/GYN workforce has gone through a dramatic transformation in the last four decades. In 1975, only 15 percent of first year OB/GYN residents were women. In 2013, that figures was 82.6 percent.
  - Female and male physicians balance their professional and personal lives differently. Women work fewer hours, work part time more often and retire several years earlier. This affects the productive capacity of the maternity care workforce. (Rayburn, 2011).
- Eugene Declercq, PhD, a professor in Boston University’s School of Public Health, found that in 2011, 56 percent of US counties had no CNMs, 46 percent of counties had no OB/GYNs and 40 percent of counties had neither a CNM nor an OB/GYN to provide direct patient care. For millions of women, shortages of maternity care providers can result in long wait times for appointments and long travel times to prenatal care and/or birthing sites. Prenatal care has an impact on incidence of low-birth weight and premature births, which can have life long repercussions and costs.
- The change in the density of OB/GYN providers in these counties has not changed appreciably in the last ten years (Rayburn, 2011).

### What this Legislation Would Do

- The “Improving Access to Maternity Care Act of 2015” would require the Health Resources and Services Administration (HRSA) to identify areas experiencing a shortage of full scope maternity care professionals and facilities with labor and delivery units (hospitals and birth centers).

- HRSA currently identifies three other types of shortage areas (primary care, mental health and dental care). There is thus an established mechanism for developing these area identifiers.

#### Impact on the National Health Service Corps

- HRSA fosters placement of health care professionals in currently designated shortage areas by providing scholarships and loan repayment through the National Health Service Corps (NHSC) to professionals who agree to work in shortage areas for a specified amount of time.
- CNMs/CMs and OB/GYNs can qualify for these programs, but their qualification is based on working in an area that has been identified as experiencing a shortage of primary care, mental health or dental professions. These shortage areas may, but do not necessarily overlap with areas of the country experiencing shortages of maternity care providers.
- The new maternity care shortage area designation will allow HRSA to support through the NHSC those professionals whose expertise best aligns with that particular type of shortage.
- The legislation does not create new expenditures, rather, it better targets existing expenditures.