



# ACNM Policy Update

Friday, October 28, 2016

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## Federal Issues

### 1. Summary of Sign-on Letters Joined by ACNM in October

- Through the [Coalition to Advance Maternal Therapeutics](#), ACNM urged Congressional leaders to retain section 8 of S.2745, the Advancing NIH Strategic Planning and Representation in Medical Research Act. The language would create a much-needed interagency task force to advance research on medications taken by pregnant and breastfeeding women.
- With the Friends of HRSA, ACNM urged [House](#) and [Senate](#) leadership to support the original FY 2017 request of \$7.48 billion for discretionary Health Resources and Service Administration (HRSA) programs in the final spending agreement, among other things.
- In collaboration with [ACOG](#), ACNM requested that the Center for Medicaid and CHIP Services reconsider the ranking measures related to contraception that will be included in the voluntary Medicaid Adult Core Set and Child Core Set.
- With the Friends of AHRQ, ACNM urged [House](#) and [Senate](#) leadership to protect the Agency for Healthcare Research & Quality's (AHRQ) budget from further cuts and provide the agency

at least \$334 million in budget authority consistent with current levels.

- With the Nursing Community, ACNM urged [House](#) and [Senate](#) leadership to support FY 2017 requests of \$244 million for the Nursing Workforce Development programs (Title VIII of the Public Health Service Act) and \$157 million for the National Institute of Nursing Research (NINR, National Institutes of Health).

## 2. Update on ACNM Efforts Regarding the CARA Act

The [Comprehensive Addiction and Recovery Act](#) (CARA), which was signed into law on July 22, 2016, is the first major federal addiction legislation in 40 years, and the most comprehensive effort undertaken to address the opioid epidemic, encompassing all six pillars necessary for such a coordinated response - prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal. Among other interventions, this bipartisan effort to combat the opiate epidemic permits NPs and PAs to prescribe buprenorphine for the first time.

Buprenorphine is a medication that is often used in medication-assisted therapy to help people with opioid dependence to reduce or discontinue their use of heroin or prescription opiates. CNMs are not, however, explicitly included in the law. ACNM is working with members to determine whether efforts should be made during the 115th Congress to add midwives as eligible to administer medication-directed treatment for addicts. Congress was not willing to add midwives as part of the original legislation.

## 3. Report: Variation in the Rate of Cesarean Sections Across U.S. Hospitals, 2013

The Healthcare Cost and Utilization Project (HCUP), a family of health care databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ), has released a [new report](#) on variation in the rate of cesarean sections across U.S. hospitals in 2013. Key findings of the report include:

- In 2013, there were 3.5 million total and 2.5 million low-risk deliveries across 2,719 hospitals in 43 States and the District of Columbia. These hospitals account for over 95 percent of hospital deliveries nationally. Among all deliveries, the rate of C-section was 33.1 per 100—twice the low-risk C-section rate (16.2 per 100 low-risk deliveries).
- The majority of all C-sections (65 percent) had a medical indication listed on the record and so were not considered to be low-risk. Among deliveries with a medical indication, the C-section rate was 76.1 per 100.
- The mean low-risk C-section rate was higher among private for-profit hospitals, hospitals in large metropolitan areas, and hospitals in the Northeast and South, compared with other hospitals. The total C-section rate showed a similar pattern by region but did not differ across other hospital characteristics.

## 4. Diane Rehm Show: What's Behind the Increase in Maternal Deaths in the U.S.?

On October 12, the Diane Rehm Show, produced by Washington D.C.'s WAMU 88.5 and distributed nationally by NPR, featured a segment on [maternal mortality in America](#). Specifically, the show considered several new studies which demonstrate that while the rate at which women die during pregnancy or childbirth has fallen in many nations, maternal deaths have been rising in the U.S. over the last fifteen years and differs depending on the state.

## 5. Article: JAMA Viewpoint on Hospital-Affiliated Outpatient Birth Centers

A recent [viewpoint article](#) in JAMA called for the development of a nationwide network of hospital-affiliated outpatient birth centers that could improve the experience, quality, and affordability of care for pregnant women." (**Note: Access to this article requires a subscription or purchase.**)

## 6. Article: The Veterans Health Administration's Proposal for APRN Full Practice Authority

The Veterans Health Administration (VHA) is [proposing full-practice authority](#) for advanced practice registered nurses (APRNs) to improve access, care delivery, and patient choice, as well as reduce costs. The authors performed a mixed-methods assessment to obtain the perspectives of administrators and APRNs on the characterization of the APRN workforce and their present practice in the VHA. **(Note: Access to this article requires a subscription or purchase.)**

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### State Issues

#### 1. Tennessee Scope of Practice Task Force Meets Again

The task force created to draft recommendations for regulating the relationship between doctors and APRNs brainstormed possible steps forward during a recent meeting that, according to the newspaper account, made more progress than previous ones. Much of the meeting focused on credentialing and whether advanced practice nurses are engaged in the practice of medicine as defined by state law, and if that is allowable under their training. The tenor of the four-and-a-half-hour meeting was at times confrontational and divided down professional lines. Additional information on the meeting is available from [The Tennessean](#).

#### 2. Report: Implementing Coverage and Payment Initiatives -- Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2016 and 2017

A [new report](#) from the Kaiser Family Foundation provides an in-depth examination of the changes taking place in Medicaid programs across the country. The findings in this report are drawn from the 16th annual budget survey of Medicaid officials in all 50 states and the District of Columbia conducted by the Kaiser Commission on Medicaid and the Uninsured and Health Management Associates (HMA), in collaboration with the National Association of Medicaid Directors.

#### 3. State Legislatures Will Convene Soon -- Are You Ready?

The majority of state legislative sessions are intense in nature and condensed in duration, with some states in session for only a few short weeks. It's important to begin your outreach and education efforts before the official convening of the legislature, which makes fall an ideal time to begin to educate state legislators about midwifery and the issues that matter to ACNM. Uncertain what's on your affiliate's policy agenda for 2017? Use [ACNM's Affiliate Map](#) to find the contact information for your Affiliate Legislative Chair and discover how you can help your affiliate make a difference for midwifery in the upcoming state legislative session.

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If you have questions about ACNM Legislative activities, please contact Cara Kinzelman, ACNM's Director of Advocacy and Government Affairs at [ckinzelman@acnm.org](mailto:ckinzelman@acnm.org) or 240-485-1841.

Want to take action or get involved? Contact ACNM's [Government Affairs Committee](#).

Don't have the time or energy to get involved, but still want to contribute? Support the [Midwives-PAC](#).

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