



ACNM Policy Update

Friday, November 18, 2016

Federal Issues

1. **The Maternity Care Provider Shortage Bill Passes the House of Representatives!**
2. **Summary of Sign-on Letters Joined by ACNM**
3. **March of Dimes Releases Premature Birth Report Card**
4. **ACNM Submits Comments to FDA on Infant Formula Nutrition and Labeling**

State Issues

1. **New York Birth Center Bill Signed into Law**
2. **Report: Competitive Effects of Scope of Practice Restrictions -- Public Health or Public Harm?**
3. **Article on Need for Full Practice Authority in North Carolina**
4. **Resource: The Free Market Case for Full Practice Authority**

Federal Issues

1. The Maternity Care Provider Shortage Bill Passes the House of Representatives!

On November 14, the U.S. House of Representatives passed the Maternity Care Provider Shortage bill, H.R. 1209, introduced by Representatives Michael Burgess, MD (R-TX) and Lois Capps (D-CA) and Senators Mark Kirk (R-IL) and Tammy Baldwin (D-WI) by unanimous consent. This bill would direct the Health Resources and Services Administration (HRSA) to identify areas of the country with shortages of maternity care providers, including certified nurse-midwives and OB-GYNs. CNMs and OB-GYNs who currently participate in the National Health Service Corps (NHSC) would be placed in those areas in order to fill the gap in coverage and ensure women's access to this essential care. ACNM members are advised to look for a grassroots alert in the near future to advocate for the bill in the U.S. Senate.

A [new report](#) out this week from the Centers for Disease Control and Prevention (CDC) on teen pregnancy rates underscores the importance of this bill. The teen birth rate is 63% higher in rural areas than in urban centers. The [L.A. Times](#) reports that the study's authors couldn't say with certainty why the urban-rural divide in teen birth rates exists. They did not study abortion rates between 2007 and 2015, nor did they examine whether schools in some counties were more or less likely to promote the use of birth control, or abstinence. However, the authors suspect that it may be partially linked to the availability of providers. "Rural women experience poorer health outcomes and have less access to health care than urban women, in part due to limited numbers

of health care providers, especially women's health providers...As a result, women in rural areas are less likely than urban women to receive contraceptive services."

2. Summary of Sign-on Letters Joined by ACNM

- In collaboration with the [March of Dimes](#), ACNM advocated for the inclusion of postpartum depression in the final version of any mental health reform legislation.

3. March of Dimes Releases Premature Birth Report Card

The health of babies in the United States has taken a step backward as the nation's preterm birth rate worsened for the first time in eight years. According to the latest March of Dimes [Premature Birth Report Card](#), the U.S. earned a "C" grade amidst widening differences in prematurity rates across different races and ethnicities.

4. ACNM Submits Comments to FDA on Infant Formula Nutrition and Labeling

The U.S. Food and Drug Administration (FDA) has issued [guidance](#) for industry to help infant formula manufacturers and distributors comply with certain labeling requirements for infant formula products, including requirements relating to the appropriate statement of identity and to certain claims made on the labeling of infant formula products. In the guidance, the FDA clarified requirements pertaining to statements of identity, "exempt" infant formula, nutrition content claims, and health claims, among other things.

In comments to the FDA, ACNM attested to the fact that the claims made by the infant formula companies on product labels and in marketing materials are confusing and misleading. Moreover, to protect mothers and infants from misleading labels and advertising, which undermines both their decision to breastfeed and their efforts to exclusively breastfeed their infants for as long as possible, ACNM argued that the apparent lack of adequate scientific support for structure/function claims on infant formula products warrant stronger oversight by FDA.

State Issues

1. New York Birth Center Bill Signed Into Law: An Update by Karen Jefferson, President of the New York State Association of Licensed Midwives (NYSALM)

Birth centers in New York are a subcategory of Diagnostic and Treatment Centers, and are very difficult to open. There is a requirement for a physician director, a certificate of need process, and the construction or renovation of a facility that is like a mini hospital. NY has seen birth centers come and go, sometimes for insurance reasons but also because the cost of running the center exceeded the potential for income. NYSALM board started discussing the problems with NY birth center law in 2012. After discussions with the Department of Health (DOH) about the existing regulations, it was suggested we consider finding a sponsor for a new law. In 2013, one of NY midwifery's legislative champions, Assemblyman Dick Gottfried, encouraged NYSALM to support a Midwifery Birth Center Bill that created a new category of birth center. The new type of birth center would still be under the umbrella of hospital facilities and regulation, but could be led by a midwife or a physician. The bill also tasks the DOH to create new regulations specific to midwifery led birth centers, with advice from stakeholders. Our sponsor wanted midwifery birth centers to be a subset of hospitals so that we would qualify for receiving facility fees from insurers. Assemblyman Gottfried drafted and introduced the bill late in the 2014 session.



In 2014, our bill was passed in the Assembly, but was not brought for a vote in the Senate, due to a perception of opposition from members of the community. Local and national birth center advocates were concerned that the new facility would be a hospital, which is not the ideal conception of a home-like, birth center environment. That fall, NYSALM convened a stakeholders meeting in Kingston to see if we could address the community's concerns. We then began a process of regular meetings with members of the community, DOH, and outreach to ACOG. The conversations with ACOG and DOH were difficult. One issue of concern to both DOH and ACOG was the possibility of setting a precedent for a non-physician provider to be the director of a "hospital" facility.

We had to reintroduce the bill in 2015, and in spite of a year's worth of meetings and lobbying, with a committed consumer effort, the bill was not brought for a vote in the Senate. Starting in early 2016, we met with DOH multiple times, reached out to ACOG and had several conversations, and found a champion in the Governor's office who worked behind the scenes to address the concerns of those opposing the bill. One of our strongest arguments pointed to the lack of maternity care providers in rural areas of NY, and the potential of birth centers to address this lack of access to care. We were also able to provide research done by the American Association of Birth Centers showing the excellent outcomes of birth center care led by midwives.

Despite significant opposition, our bill passed out of the Assembly and Senate at the end of the 2016 session. The Midwifery Birth Center Bill was signed into law by Gov. Cuomo Friday evening, Nov. 4, 2016, and now the regulatory process will begin. We are hoping that we can work collegially with our physician and hospital colleagues, and we intend to propose the standards of the Commission for the Accreditation of Birth Centers (CABC) as the basis for regulation, as it is a model proven safe and effective. NYSALM's board thanks our dedicated members for all the legislative alerts and efforts to make this bill a reality

2. Report: Competitive Effects of Scope of Practice Restrictions -- Public Health or Public Harm?

A new [report](#) co-authored by Mary Jane Lewitt, PhD, CNM, evaluates the effect of laws requiring physician oversight of practice on the markets for CNMs and their services, and on related maternal and infant outcomes. Their findings indicate that scope of practice (SOP) laws are neither helpful nor harmful in regards to maternal behaviors and infant health outcomes, but states that allow CNMs to practice with no SOP-based barriers to care have lower rates of induced labor and Cesarean section births.

3. Article on Need for Full Practice Authority in North Carolina

A new [article](#) from North Carolina Health News reports on the need for full practice authority for CNMs in North Carolina by considering the possible impact of ACNM's federal bill, the Improving Access to Maternity Care Act of 2015 (H.R.1209/S.628), within the context of the affiliate's ongoing state legislative efforts.

4. Resource: The Free Market Case for Full Practice Authority

The Future of Nursing Campaign for Action has released [a new resource](#) that details the free market case for full practice authority by excerpting columns and reports from a range of organizations.

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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 or 240-485-1841.

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

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