



# Removing Barriers to Midwifery Care: Hospital Privileges

## Legislative Issue Brief

### **POSITION:**

The American College of Nurse-Midwives (ACNM) strongly supports legislative efforts that seek to include midwives as full members of hospital medical staffs with voting, admitting and clinical privileges. It is the position of ACNM that safe, quality health care can best be provided to women and individuals when policy makers develop laws and regulations that permit certified nurse midwives (CNMs) and certified midwives (CMs) to provide independent midwifery care within their scopes of practice while fostering consultation, collaborative management, and seamless referral and transfer of care based on the needs of patients. ACNM opposes requirements for signed collaborative agreements between physicians and CNMs and CMs as a condition for hospital admitting and clinical privileges, as this requirement interferes with effective coordination of care and can negatively impact patient safety and quality of care. Hospital medical staffs must be representative of midwives who require clinical privileges to practice.

### **BACKGROUND:**

Hospitals and other health care institutions grant medical professionals the privilege or authority to practice in their facility. Credentialing and privileging are two administrative processes that are intended to ensure that providers have the necessary qualifications to direct the clinical care provided to patients in hospitals. Privileging refers to authorizing the credentialed individual to perform or order specific diagnostic or therapeutic services within a hospital. CNMs and CMs must be eligible for hospital clinical privileges, admitting privileges and hospital medical staff membership. The ability for a CNM and CM to care for a patient who is admitted to an acute care facility is essential, as 95% of CNM and CM attended births occur in the hospital setting.

Lack of access to high quality prenatal and maternity care services is a contributing factor to the high rates of maternal mortality and morbidity in the United States. Women benefit when they receive hospital care from midwives. CNMs and CM patients have lower rates of c-sections, fewer episiotomies and higher rates of breastfeeding. During a normal hospital labor and birth, a CNM and CM can admit a pregnant person to the hospital, write medical orders, including prescribing medications, manage labor and birth, deliver the baby, and provide postpartum care independently within the scope of the CNM and CM's education and training. When CNMs and CMs have hospital privileges, women planning a hospital birth or requiring hospitalization during pregnancy can remain in a midwifery practice.

Better integration of midwives and the midwifery model of care is essential to the provision of quality of care in all settings, including the hospital. Unfortunately, existing federal and state laws and regulations, as well as individual hospital bylaws and policies, create barriers and prevent patients from accessing their provider of choice, if that provider is a CNM or CM. The privileges of hospitals and medical systems may be regulated by the state, but more often institutions make their own rules in terms of what types of providers they allow to admit patients and which services these providers may perform. Several states maintain that hospitals not discriminate against midwives seeking hospital privileges, while several others expressly limit admitting privileges to physicians. In most states there is no regulation concerning who may admit. Medicare regulations allow CNMs medical staff membership if permitted by state law, but do not mandate CNM membership. Amending Medicare statute to include midwives as members of “medical staff” under Medicare’s Hospital Conditions of Participation would improve continuity of care, expand consumer choice and access to care and increase cost-effectiveness within the Medicare program. Medicare is viewed as the “gold standard” and it sets precedent that is often followed by other insurers.

It is critical that laws and regulations facilitate effective relationships between health care professionals and create systems in which midwives and physicians can communicate openly, practice collaboratively, and provide quality care that falls within everyone’s professional scope of practice. Establishing support mechanisms and process that enable midwives to practice to full extent of their education and training will increase access to quality care and improve maternal health outcomes across the United States.

#### **ACTION NEEDED:**

- ACNM encourages support for legislation seeks to amend Medicare’s Conditions of Participation to include CNMs and CMs as full members of hospital medical staffs with voting, admitting and clinical privileges.
- For additional information, please contact Amy Kohl, ACNM’s Director of Government Affairs at [akohl@ACNM.org](mailto:akohl@ACNM.org) or Patrick Cooney at [patrick@federalgrp.com](mailto:patrick@federalgrp.com).

#### **ADDITIONAL INFORMATION:**

- CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, Washington, D.C., American Samoa, Guam, the U.S. Virgin Islands and Puerto Rico and are defined as primary care providers under federal law.
- CNMs and CMs practice in hospitals, health clinics, migrant health centers, in the armed forces, in Indian and tribal health centers, in freestanding birth centers, and in the home setting.
- CMs are also licensed, independent health care providers who have completed the same midwifery education as CNMs. CMs are authorized to practice in Delaware, Hawaii, Missouri, New Jersey, New York and Rhode Island. CMs have prescriptive authority in New York and Rhode Island.
- CNMs are recognized as primary care providers under the Medicare program.
- CNMs are paid at 100% of the Physician Fee Schedule under the Medicare program.
- Medicaid reimbursement for CNM care is mandatory in all states. Most Medicaid programs reimburse CNMs/CMs at 100% of physician rates. The majority of states also mandate private insurance reimbursement for midwifery services.