



## **Talking Points for ACNM Hill Day**

### **Target Meeting: 20-25 Minutes Maximum**

#### **Introductions & Overview of ACNM (Group Leader)**

- General introduction of members of the group
- ACNM is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States.
  - ACNM's mission is to support CNMs and CMs and advance the practice of midwifery to achieve optimal health for women through their lifespan.
  - ACNM supports the practice of midwives by promoting education, research, and advocacy that advances clinical excellence and the expansion of a diverse midwifery workforce.
  - ACNM's members have expertise in well-woman and gynecologic care to promote optimal pregnancy, physiologic birth, postpartum care, and care of the newborn.
  - Currently, there are 12,066 CNMs/CMs throughout the U.S. These midwives attend over 340,000 deliveries of newborns in country annually. Nearly all midwifery births occur in the hospital, with some in birth centers and others in homes.
  - Midwives promote healthy physiologic birth. By doing so, they help reduce the incidence of unnecessary caesarean sections and other interventions. Healthy physiologic birth means healthier moms and newborns, fewer complications and side-effects, and much lower health care costs.
- Background on Midwifery as practiced by Certified Nurse-Midwives and Certified Midwives.
  - 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.
  - CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, Washington, D.C., American Samoa, the U.S. Virgin Islands, Guam and Puerto Rico and are defined as primary care providers under federal law.
  - 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 Maine, New Jersey, New York and Rhode Island. CMs have prescriptive authority in Maine, New York and Rhode Island.
  - CNMs are recognized as primary care providers under Medicare and are paid at 100% of the physician fee schedule.
  - 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.
  - While CNMs and CMs are well-known for attending births, over 50 percent of CNMs/CMs identify reproductive care and over 35% identify primary care as main responsibilities in their full-time positions. *Examples include annual exams, writing prescriptions, basic*

*nutrition counseling, parenting education, patient education and reproductive health benefits.*

- Numerous studies show that better integration of midwives practicing to the full extent of their education, clinical training and certification within a team-based care model throughout our nation's health care system can help prevent maternal deaths, reduce racial disparities, improve maternal and neonatal outcomes and improve access to health care for all women, individuals and families.

### **Overview of ACNM Member attending the meeting (optional)**

- This is where each meeting attendee can (if they chose) can provide a quick background on their practice (i.e., where do you practice) the demographic/constituents they serve etc.
  - Discuss your state scope of practice – refer to the color-coded state practice environment map in the “leave behind” folder. CNMs have full practice authority in 26 states and the District of Columbia.
  - Provide information on your practice and your/its impact on the patients you serve and your contribution to the district, state and/or nationwide in terms providing access to care and decreasing maternal mortality and morbidity.
  - Describe how you and your practice supports and improves health care.

### **ACNM “ASKS” (ACNM Member)**

- **Tell Your Story!** How does the issues listed below affect people at home, your patients? Explain your connection to these issues, the impact at home, the impact on women, individuals and families in your District/State, on your ability to do your job.
- Thank the office for all their hard work in the 115<sup>th</sup> Session of Congress in taking steps to:
  - Reduce maternal mortality by passing the *Preventing Maternal Deaths Act*;
  - Address maternity care provider shortages by passing the *Improving Access to Maternity Care Act*; and
  - Expand access to medication assisted-treatment for individuals suffering from an opioid or substance use disorder by passing the *SUPPORT for Patients and Communities Act*.
- **More Work Needs to Be Done** to address various barriers to care at both the state and federal levels that midwives and the women and individuals we serve face.
  - Maternal mortality rates continue to rise in the US while decreasing globally. More women die from pregnancy-related complications in the United States than in any other developed country, and the rate of maternal deaths continues to rise.
  - Major disparities in maternal mortality exist, with black women three to four times more likely than white women to die during pregnancy or shortly after birth. Moreover, for every maternal death that occurs, an estimated 100 other women suffer severe complications of pregnancy or childbirth.
  - While there is no single factor to blame for this abysmal trend, we do know that many women reside in maternity care deserts where the delivery of quality and timely maternal and prenatal care is not accessible. There are many factors contributing to this unfortunate statistic, including a shortage of, and lack of access to, midwives.
  - Midwives are part of the solution to the primary and maternity care provider shortages plaguing many of the rural, underserved and low-resource areas throughout the country.
  - **Multiple studies and research demonstrate that better integration of midwives across the health care continuum is integral to addressing nationwide maternity and primary care shortages, improving maternal and neonatal outcomes and reducing maternal mortality.**

**ACNM Ask #1: Inclusion of Midwives on Hospital Medical Staff (Hospital Privileges) - *pending legislation yet to be introduced***

➤ **SPECIFIC ASK: Ask member or staff for support for future legislation that would include midwives in the definition of medical staff under Medicare's Hospital Conditions of Participation.**

- ACNM has prioritized this issue in the 116<sup>th</sup> Session of Congress and is advocating for changes to Medicare's existing Hospital Conditions of Participation to ensure that midwives are eligible for clinical privileges, admitting privileges, and membership on medical staff.
- Access to hospitals is extremely critical to the midwifery profession, as CNMs/CMs spend a significant amount of their time in the hospital setting. Hospital medical staffs must be representative of all types of health professionals who require clinical privileges to practice.
- 95% of midwifery attended births occur in the hospital setting.
- Balanced representation of health professionals on hospital medical staffs will benefit a wide-range of patients, including Medicare beneficiaries, and local communities by reducing barriers to care and improving access to services.
- This could also help address nationwide health care provider workforce shortages, as Medicare is considered the "gold standard" of care and is often the benchmark used by many providers and payers and tends to set the standard for hospital practices nationwide.
- Be sure to include any relevant information on this topic as it relates to your practice and experience.
- ACNM has included an issue brief on this topic in the "leave behind" folder.
- CNMs and CMs must find an admitting physician to sign their patient over to in order to admit a Medicare patient.
- Medicare patients do include women of childbearing age and CNMs are recognized as primary care providers for women throughout the lifespan under Medicare.
- CNMs are members of hospital medical staff in Oregon, New Mexico and Washington, D.C. We are looking to raise the bar under the Medicare program so that other states (where CNMs exercise full practice authority) follow suit.

**ACNM Ask #2: Support for Midwifery Education Funding Under Title VII and Title VIII of the Public Health Service Act – *pending legislation yet to be introduced***

➤ **SPECIFIC ASK: Ask member or staff to support for future legislation that would authorize federal funding streams under Title VII and Title VIII to help increase the number of midwives available to mothers in the U.S.**

- Better integration of the midwifery model of care depends on a robust workforce.
- The shortage of all types of maternity care providers and of maternity services in rural areas presents an opportunity to re-envision the maternity care workforce by increasing access to CNMs and CMs.
- Expanding funding to accredited midwifery education programs whose graduates provide high-value care and are educated in fewer years at lower cost than physicians; and whose composition better reflects the diversity of childbearing families will increase access to quality care and improve maternal health outcomes across the United States.
- The Title VII and Title VIII programs help shape factions of the health care workforce in targeted ways, such as promoting interprofessional, team-based care; encouraging practice in community-based settings as well as rural and other underserved areas; training providers to respond to emerging and existing public health threats (e.g., maternal mortality

- and morbidity) and expanding educational funding for nurses and other allied health professionals.
- As the nation faces widespread maternity care provider shortages, it is crucial to establish a federal funding stream within existing Public Health Service Act programs that will help the next generation of maternity care providers, including CNMs and CMs, stay ahead of the increasing health care challenges of our country.
- Authorizing midwifery education specific funding streams under Title VII and Title VIII will help increase the number of CNMs and CMs available to mothers in the U.S.

### **ACNM Ask #3: Support for H.R. 728 and S. 1399, the *Title VIII Nursing Workforce Reauthorization Act***

- **ACNM Tip: Please search the above bill numbers on [www.congress.gov](http://www.congress.gov) prior to May 20<sup>th</sup> to determine if the Representative or Senator you are meeting with has signed on to this legislation.**
  - **If your member has signed on, THANK THEM for their support!**
- **SPECIFIC ASK: Ask member or staff to support H.R. 728/S. 1399 to reauthorize the Nursing Workforce Development Programs (Title VIII of the Public Health Service Act) through Fiscal Year 2024.**
  - Nursing Workforce Development programs are the cornerstone of sustaining a robust nursing workforce to meet our nation's increasing health care needs.
  - These programs support the education and training of our nation's nursing workforce, including nurse-midwives, while aligning their placement with the current needs in the nursing profession.
  - Support for Title VIII programs is critical to creating, maintaining, and promoting high-quality patient-centered care across all settings, including in rural and underserved areas
  - With more than four million nurses nationwide today, Title VIII programs have been essential in bolstering nursing education, recruitment, and retention for more than 50 years.
  - Reauthorizing Title VIII nursing development workforce programs affirms the importance of preparing our nation's nursing professionals to meet our nation's health care demands now and in the future.
  - Continued investment in the nursing workforce is critical to ensuring our health care system is equipped to meet our nation's nursing needs, including those that provide direct patient care and the faculty who educate them.
  - Title VIII programs are designed to support and advance nursing education, practice, recruitment, and retention so that nurses can provide high quality care in all communities, bolster diversity within the workforce, serve our nation's aging population, and overcome the unique challenges of serving in rural and medically underserved communities.
  - In Fiscal Years 2016 and 2017, Title VIII directly impacted over 24,000 nurses nationwide pursuing advanced nursing education and training.

### **ACNM Ask #4: Support for H.R. 1897/S. 916, the *Mothers and Offspring Mortality and Morbidity Awareness (MOMMA) Act***

- **ACNM Tip: Please search the above bill numbers on [www.congress.gov](http://www.congress.gov) prior to May 20<sup>th</sup> to determine if the Representative or Senator you are meeting with has signed on to this legislation.**
  - **If your member has signed on, THANK THEM for their support!**
- **SPECIFIC ASK: Ask member or staff to support H.R. 1897/S. 916 to prevent America's rising maternal mortality rate, reduce maternal morbidity and expand access to health care and social services for postpartum women.**
  - The *MOMMA Act* builds on the *Preventing Maternal Deaths Act*, legislation signed into law in December 2018, which seeks to establish and support existing maternal mortality review

- committees (MMRCs) in states and tribal nations across the country through federal funding and reporting of standardized data.
- This was a significant first step, but more needs to be done on an urgent basis to prevent known causes of maternal death.
  - An estimated 60% of pregnancy and childbirth-related deaths are preventable.
  - If adopted into law, the *MOMMA Act* would:
    - ❖ Bolster federal efforts to support states in collecting, standardizing, and sharing maternal mortality and morbidity data by using a standard method for data reporting.
    - ❖ Permit states to expand coverage under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) from a period of one year to two years.
    - ❖ Issue best practices to state MMRCs on how to best identify, review and prevent maternal deaths.
    - ❖ Expand Medicaid and the Children’s Health Insurance Program (CHIP) for postpartum care for 60 days to one year postpartum.
    - ❖ Expand oral and dental health coverage for postpartum women beginning one year after last day of pregnancy.
    - ❖ Support the Alliance for Innovation on Maternal Health (AIM) – a national alliance that works to implement standardized protocols across the country by ensuring that hospitals adopt and implement data-driven maternal safety bundles. Establish Regional Centers of Excellence – a grant program addressing implicit bias and cultural competency in patient-provider interaction education for the purpose of enhancing and improving how health professionals are educated in implicit bias and delivering culturally competent health care.

### **Closing (Group Leader)**

- Ask the staffer if they have any questions regarding ACNM or the Midwifery Model of Care.
- Ask if there is anything that ACNM can do to assist as the office develops health care policy.
- Tell them that we hope to be a resource in the future and to please let us know if there is anything we can do to help.