**Sample Template Letter/Email/Talking Points to State Medicaid Agencies around CMS’ Transforming Maternal Health (TMaH) Model**

Dear INSERT State Medicaid Point of Contact:

On behalf of the INSERT AFFILIATE NAME I am reaching out to share information about a new Medicaid care model opportunity being implemented by the Centers for Medicare & Medicaid Services (CMS). The Transforming Maternal Health (TMaH) Model aims to address our nation’s maternal health crisis, which disproportionately harms Black, Brown and Indigenous women and birthing people. The overarching goal of the TMaH initiative is to improve maternal health outcomes in the United States by increasing access to quality, equitable, comprehensive evidence-based maternal health care for pregnant and postpartum people who experience health disparities and have limited access to basic social and health care services. As such, the INSERT AFFILIATE NAME encourages the agency to consider applying for this monumental opportunity once the notice of funding opportunity is released. Additionally, we want to ensure that our state’s Board-Certified advanced practice midwives and midwifery-led care are incorporated into the state’s plan, and we stand ready to work with your office to this end.

The TMaH will be a decade-long pilot that aims to transform how maternity care is provided, who provides it, and how to pay for the critical maternal health care services and supports that women and childbearing families need. Up to 15 states will be given technical assistance and awarded up to $17 million to develop and implement a whole-person approach to pregnancy, childbirth, and postpartum care for birthing people with Medicaid and CHIP coverage. Through this model, CMS intends to improve outcomes and experiences for pregnant and postpartum people and their newborns, with a focus on reducing health inequities.

By way of background, the INSERT AFFILIATE NAME is the professional association that represents INSERT NUMBER OF CERTIFICANTS IN THE STATE Certified Nurse-Midwives (and IF APPLICABLE Certified Midwives in the INSERT STATE NAME. Our members are primary health care clinicians who provide evidence-based midwifery care throughout the lifespan, with an emphasis on pregnancy, childbirth, gynecologic and reproductive health care. We work to provide access to midwives and midwifery-led care across the care continuum to ensure better healthcare outcomes for the moms, babies, and families we serve.  

The United States has the highest maternal mortality rate of any high-income country and the only rate that is rising. The pregnancy-related mortality rate for Black women in the U.S. is three to four times higher than the rate for white women, and other women and birthing people of color also face elevated rates of mortality and morbidity. Improving access to evidence-based midwifery care can help ensure that people are served by a maternal health system that delivers safe, effective, timely, efficient, and patient and family-centered care. Midwifery is part of the solution to addressing the maternal health crises and should be incorporated into any proposals that seek to improve maternal mortality and morbidity in INSERT STATE.

Many women lack access to maternity care services. Maternal mortality is higher in rural and other underserved areas of the U.S., and postpartum hemorrhage rates are higher in rural hospitals. Of U.S. counties, 35% have no maternity care services and an additional 11% have limited access. To ensure that women’s health care needs are met and that we are working to lower the maternal morbidity and mortality rates in our state, we need a robust maternal health workforce that provides access to all nationally certified maternity care providers and can support people throughout their pregnancies, labor and delivery, and the postpartum period. We must do better to increase access to the broad spectrum of high-quality perinatal providers and services.

Evidence supporting midwives and midwifery-led care for low‐risk women is vast. Midwifery care provided by INSERT MIDWIFERY CREDENTIALS RECOGNIZED IN YOUR STATE (i.e., CNMs and/or CMs) is evidence‐based and can reduce maternal and neonatal mortality, rates of stillbirth, perineal trauma, instrumental births, intrapartum analgesia use, rates of severe blood loss, preterm birth, low birth weight, and neonatal hypothermia. While midwifery care has been associated with more efficient use of resources and improved outcomes including increased rates of spontaneous labor, vaginal birth, and breastfeeding, midwives remain drastically underutilized in health systems within the United States. Midwives that are educated and qualified to international standards can provide 87% of services needed by mothers and newborns; however, midwives only attend roughly 12% of total US births.

While midwives are well-known for pregnancy and birth, midwifery as practiced by INSERT MIDWIFERY CREDENTIALS RECOGNIZED IN YOUR STATE (i.e., CNMs and/or CMs), encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include the independent provision of primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections INSERT ANY ADDITIONAL ASPECTS OF OUR SCOPE YOU WOULD LIKE TO UPLIFT/HIGHLIGHT.

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When women are placed in an appropriate level of care with the appropriate provider, maternal mortality and morbidity rates decrease. Numerous studies show that better integration of INSERT MIDWIFERY CREDENTIALS RECOGNIZED IN YOUR STATE (i.e., CNMs and/or CMs) practicing to the full extent of their education, clinical training, and certification within a team-based care model with the patient at the center can help prevent maternal deaths, reduce racial disparities,improve maternal and neonatal outcomes and improve access to healthcare for all women, individuals and families.[[1]](#endnote-1)

Centering the voices and value of advanced practice midwives in public health and policy discussions is integral to improving our country’s alarming maternal mortality and morbidity outcomes. INSERT AFFILIATE NAME encourages INSERT STATE MEDICAID AGENCY NAME and those with a vested interest in optimizing the performance of healthcare systems to achieve the “Triple Aim” of improved care, reduced cost, and patient satisfaction, to champion and/or engage in proposals like the TMaH model that recommend integration of midwives and midwifery-led care into the state’s maternal care continuum.

We look forward to working with INSERT STATE MEDICAID AGENCY NAME on opportunities like CMS’s Transforming Maternal Health Model (TMaH) that seek to improve the culture of maternal health for all people seeking care and removes unnecessary barriers to evidence-based advanced practice midwifery care. Please don’t hesitate to reach out to me/us at INSERT POINT OF CONTACT FOR AFFILIATE with any questions regarding midwives and the midwifery-led care in INSERT STATE.

Sincerely,

INSERT NAME  
INSERT TITLE  
INSERT AFFILIATE NAME

**Potential areas to uplift in your discussion around barriers to midwives in your state:**

**Remove Supervision and Collaborative Practice Requirements as a Condition of Practice**

Access to health care in the United States is shrinking. According to new data published by the Association of American Medical Colleges, the United States could see an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care, include obstetrics and gynecology.[[2]](#endnote-2) Yet, midwifery is underutilized by most patients. Midwifery as practiced by advanced practice midwives has the potential to expand access to culturally congruent, high-quality care, with CNMs/CMs already attending roughly 10% of the births annually and providing primary and maternal health care in all settings.[[3]](#endnote-3) About 97% of all midwifery-attended births take place in a hospital setting, and 3% occur in the birth center or home birth setting.[[4]](#endnote-4)

As we continue to address our nation’s maternal mortality crises, the need to effectively utilize CNMs/CMs in the care of women and birthing people has never been greater. Yet, there are significant barriers at the state and federal level that reduce access to CNMs/CMs and midwifery-led care that must be removed to ensure the provision of high-quality care continues during these unprecedented times. Removing existing supervision and collaborative practice requirements as a condition of practice for CNMs/CMs at the state and federal level would allow a significant scale-up of midwifery across the country over the coming years.

Scope of practice restrictions requirements are anticompetitive, as they give one group of health care professionals the ability to restrict access to the market by a competing group of health care professionals, thereby denying consumers the benefits of greater competition.[[5]](#endnote-5) Statute and language that restricts scope of practice tethers midwives geographically and economically to where physicians already practice, without providing any actual oversight. This worsens the maldistribution of maternal health care providers in areas where the most vulnerable populations already lack access to care, and during a time when the United States is facing a dangerous physician shortage.

Integrated, team-based care which includes advanced practice midwives is the future of maternal health care in the United States. The restrictions to advanced practice midwifery care puts people at risk and places additional stress on the nation’s already challenged health care system. ACNM urges state and federal lawmakers to lift the restrictive licensure requirements that limit access to the midwifery workforce to ensure that CNMs and CMs are able to practice to the full scope of their education, training, and certification.

**Ensure Parity in Access, Recognition of Midwifery Credentials, and Payment**

Medicaid pays for 42% of all births in the United States and 61% of the births of Black mothers who are disproportionately impacted by maternal mortality and morbidity and implicit racial and ethnic bias in healthcare[[6]](#endnote-6) As such, state Medicaid agencies have a crucial role in supporting and implementing policy changes that seek to enhance services, improve access to culturally congruent maternal healthcare, provide access to all nationally certified midwifery providers, and payment parity among midwives and physicians who perform and bill for the same services. Parity in access to midwifery care includes removal of supervisory and collaborative practice agreements as a condition of practice that limit the way midwives can provide care in low-resource, rural and underserved areas. Parity also includes state and federal recognition of all nationally certified midwifery credentials, including the CM.

The *Affordable Care Act* (ACA) mandated Medicaid programs provide access to care provided by CNMs; however, the statute failed to recognize and expand access to CMs. Like CNMs, CMs provide a full range of health care services to women and birthing people in all stages of life, from the teenage years through menopause. Expanding access to CMs is a viable strategy for improving access and disparities in maternal health outcomes. State and federal regulatory frameworks should recognize midwifery care as an integral option for providing maternal health care and thereby expand licensure and recognition to all CM providers. These same frameworks should also ensure that all midwifery providers are paid equitably for services and care rendered.

It is critical that Medicaid pay providers equal pay for equal work, as the program oftentimes sets a precedent downstream for the rates provided by private health plans. While Medicare reimbursement policy allows CNMs to directly bill for services rendered and they are reimbursed at 100% of the physician fee schedule, there is no mechanism in place to ensure that Medicaid and other third-party insurers are equitably reimbursing midwives equally to physicians for the same care and services. This reduction in reimbursement is particularly onerous for small midwifery-owned practices and independent contractors who have little power to negotiate contracts with health plans. State budgetary constraints and concerns with costs associated with increasing reimbursement to midwives to 100% of the physician rate could be easily offset from the reduced rates of interventions associated with the standard of midwifery-led care. Both the Medicaid and CHIP Access Commission and the Secretary’s Advisory Committee on Infant Mortality recommend reducing barriers to full-scope midwifery practice and ensuring payment parity among midwives and physicians as a way to help combat provider shortages and increase access to maternal health care in rural and underserved areas. [[7]](#endnote-7)[[8]](#endnote-8)

**Establish a Robust and Diverse Midwifery Workforce**

The causes for the escalating rates of maternal mortality and morbidity are complex but include a shortage of qualified and diverse health clinicians. To ensure that health care needs are met, we need a robust maternal health workforce who can support people throughout their pregnancies, labor and delivery, and the postpartum period. Research has shown thatpeople tend to do better with providers that look like them.[[9]](#endnote-9) Culturally sensitive and racially congruent midwifery care is proposed as a solution for improving maternal and infant health. However, there are currently too few aspiring midwives of color entering the midwifery education programs in the United States.[[10]](#endnote-10)

Midwifery’s future depends on the ability to attract Black, Brown, Indigenous and People of Color (BIPOC) and to provide meaningful and fulfilling professional opportunities for these groups. The aging of the nursing and midwifery workforce together with shifting demographics in the US (by 2050 the US population is projected to be majority “minority”, with the working-age population becoming more than 50 percent persons of color in 2039), and the ability to recruit and retain talent from all backgrounds will be critical to the success and advancement of the profession.[[11]](#endnote-11) Greater racial diversity in the health care workforce will help improve access to culturally appropriate care and the quality of patient-provider interactions for BIPOC and is an important intervention to help reduce the racial disparities that plague maternal and child health and disproportionately affect communities of color, many of which reside in primary care health professional shortage areas (HPSAs). Concerted efforts must be made to recruit, retain, and increase the number of BIPOC students in midwifery education programs and increase the number BIPOC midwives who provide care in rural, frontier, low resource, and underserved areas across the country.

The cost of an accredited midwifery education is a barrier to many aspiring and prospective midwives. Investment in funding designated for accredited midwifery education programs is integral to making midwifery education a viable option for many communities, including those who identify as BIPOC.

1. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523 [↑](#endnote-ref-1)
2. https://www.aamc.org/media/54681/download [↑](#endnote-ref-2)
3. https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000008273/EssentialFactsAboutMidwives\_Final\_June\_2021\_new.pdf [↑](#endnote-ref-3)
4. https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf [↑](#endnote-ref-4)
5. <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolicypaper.pdf> [↑](#endnote-ref-5)
6. <https://www.cdc.gov/nchs/data/databriefs/db387-H.pdf> [↑](#endnote-ref-6)
7. https://www.macpac.gov/wp-content/uploads/2020/06/June-2020-Report-to-Congress-on-Medicaid-and-CHIP.pdf [↑](#endnote-ref-7)
8. https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000008331/SACIM%20August%202021%20Recommendations.pdf [↑](#endnote-ref-8)
9. <https://www.nber.org/papers/w24787> [↑](#endnote-ref-9)
10. https://onlinelibrary.wiley.com/doi/full/10.1111/jmwh.13070?af=R [↑](#endnote-ref-10)
11. <http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000005329/Shifting-the-Frame-June-2015.pdf> [↑](#endnote-ref-11)