



## ACNM Health Reform Update

December 24, 2009

### **Senate Passes Historic Health Care Reform Bill**

Early this morning, Thursday, December 24, 2009, the United States Senate voted 60 to 39 to support the Patient Protection and Affordable Care Act (H.R.3590). ACNM has actively championed comprehensive health care reform and is pleased the Senate has been able to move the bill through its process. Over the coming weeks, House and Senate members and staff will be working to merge the bill the Senate passed today with H.R.3962, a health reform bill the House passed several months ago.

ACNM fought hard this year to have health reform address concerns of midwives and the women you serve. As you begin to enjoy the holidays, here are a few specifics from the bill the Senate passed today that are worth celebrating:

- **Equitable Reimbursement of Midwives under Medicare:** Establishes reimbursement for CNMs at 100% of the Part B fee schedule, equivalent to physicians.
- **Coverage for freestanding birth center services.** Requires coverage of services provided by free-standing birth centers.
- **Home Health Care:** Clarifies that the face-to-face encounter required prior to certification for home health services may be performed by a physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant.
- **Medical Liability Reform:** Authorizes grants to states to test alternatives to civil tort litigation. Models are required to emphasize patient safety, disclosure of medical errors and the early resolution of disputes. Patients would be able to opt out of these alternatives at any time.
- **Advanced Nursing Education Grants.** Strengthens language for accredited nurse- midwifery programs to receive advanced nurse education grants in Title VIII of the Public Health Service Act.
- **Nurse Education, Practice, and Retention grants.** Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention.
- **Nursing Loan Repayment and Scholarship Program.** Adds faculty at nursing schools as eligible individuals for loan repayment and scholarship programs.
- **Nurse Faculty Loan Program.** Establishes a Federally-funded student loan repayment program for nurses with outstanding debt who pursue careers in

nurse education. Nurses agree to teach at an accredited school of nursing for at least 4 years within a 6-year period.

- **Nursing Student Loan Program.** Increases loan amounts and updates the years for nursing schools to establish and maintain student loan funds.
- **Graduate Nurse Education Demonstration Program.** This provision directs the Secretary to establish a demonstration program to increase advanced practice nurse education training under Medicare and authorizes \$50 million to be appropriated from the Medicare Hospital Insurance Trust Fund for each of the fiscal years 2012 through 2015 for such purpose.
- **Maternal, Infant, and Early Childhood Home Visiting Programs.** Provides funding to States, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation models. Model options would be targeted at reducing infant and maternal mortality and its related causes by producing improvements in prenatal, maternal, and newborn health, child health and development, parenting skills, school readiness, juvenile delinquency, and family economic self-sufficiency.
- **Support, Education, and Research for Postpartum Depression.** Provides support services to women suffering from postpartum depression and psychosis and also helps educate mothers and their families about these conditions. Provides support for research into the causes, diagnoses, and treatments for postpartum depression and psychosis.

**ACNM Supported the Following Amendments that Were Adopted by the Senate:**

- Senator Barbara Mikulski (D-MD) offered an amendment to require health insurers to cover preventative services for women without cost-sharing.
- Senator Ben Cardin (D-MD) offered an amendment to provide for additional protections for patients. It requires that a plan enrollee be allowed to select their primary care provider, or pediatrician in the case of a child, from any available participating primary care provider. Precludes the need for prior authorization or increased cost-sharing for emergency services, whether provided by in-network or out-of-network providers. Plans are precluded from requiring authorization or referral by the plan for a female patient who seeks coverage for obstetrical or gynecological care.

**ACNM wants to thank all its members for their active advocacy this year.**