



October 27, 2008

Mr. Ronald A. Williams
Chairman and CEO
Aetna Inc.
151 Farmington Avenue
Hartford, CT 06156

I am writing on behalf of the American College of Nurse-Midwives (ACNM), the national organization representing the interests of more than 11,000 Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) in the US. CNMs and CMs play a critical role in our nation's maternity care system, attending more than 11% of all vaginal births. In addition, we conduct more than seven million outpatient visits—90% of which are for primary, preventive care, including gynecological care. Moreover, 70% of the women seen by CNMs and CMs are considered vulnerable by virtue of their age, socioeconomic status, education, ethnicity or location of residence.

I am writing to express our opposition to Aetna's Clinical Policy Bulletin Number 0329 which reads: "Aetna considers planned deliveries at home and associated services not medically appropriate." We urge Aetna to rescind this policy and welcome the opportunity to work with your company to develop a home birth coverage policy that is based on current research and evidence-based practice.

Aetna cites an opinion statement put forth by the American College of Obstetricians and Gynecologists (ACOG) as justification for Bulletin 0329. Regrettably, ACOG's position in opposition to home birth is not aligned with current evidence. As detailed in the enclosed correspondence from ACNM to the American Medical Association (AMA) protesting AMA House of Delegates' recent adoption of the ACOG position, there is a sizable body of scientific evidence which demonstrates that planned home birth under established selection criteria is a safe alternative to hospital birth, with lower rates of medical intervention but similar mortality to that of hospital births.

It is important to emphasize that the phrase "planned home birth" refers to the care of selected pregnant women by qualified providers within a system that provides for access to physician support and consultation as requested, and hospitalization when necessary. Many of the studies used to discredit home birth include data on home births that were unplanned, attended by unqualified providers, or occurring without access to physician consultation or hospital access. To learn more about appropriate selection criteria for home birth, enclosed is the ACNM Clinical Bulletin, *Criteria for Provision of Home Birth Services*, for your review.

Given Aetna's stated reliance on ACOG policy, it is peculiar that Aetna's policy stance is more restrictive than that explicitly recommended by ACOG. Aetna's policy denies coverage

for provision of birth-related services provided in qualified, accredited free-standing birth centers, whereas ACOG's policy specifically includes these as recommended birth sites. This omission suggests that Aetna's policy determination was not carefully researched and vetted.

ACNM shares ACOG's concern that the individuals providing care to women be formally educated and appropriately qualified and licensed to practice. However, ACOG, in its policy statement against home birth—and as reflected in Aetna's policy as well—appears to confuse the issue of midwifery qualifications with that of appropriate birth site.

It should further be noted that state legislative and regulatory bodies are properly charged with determining appropriate state policy regarding provider qualifications and birth settings. Legislators and regulators are obligated to ensure that methodologically sound research informs the policymaking process and that all parties affected by policies under consideration are given the opportunity to be heard and to provide expertise and counsel. Insurance entities ought not to usurp this authority and place their judgment above that of duly elected and appointed officials who are sworn to represent citizens' rights and protect the public welfare.

We ask that Aetna revisit its decision to adopt Clinical Policy Bulletin Number 0329 and act quickly and decisively to reverse this unfounded denial of insurance coverage for home birth services. ACNM would welcome the opportunity to work with you to develop a more informed coverage policy consistent with current evidence-based research.

Respectfully submitted,



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cc: Eunice K.M. Ernst, CNM, MPH, DSc(Hon), President
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Lorrie Kline Kaplan, Executive Director
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Childbirth Connection

Encs: *Criteria for Provision of Home Birth Services*, ACNM Clinical Policy
Bulletin No. 7 (March 2003)

ACNM correspondence to the American Medical Association, August 1,
2008 (and appendices)