



ACNM Health Reform Update

July 22, 2009

You may have noticed that the month of July is usually a big legislative month on the congressional calendar. The reason for this is that legislators realize July is their last chance to legislate before a month-long break in August. August in Washington, D.C., is a time when Members of Congress travel around their states and take time off. President Obama knows that August is a sacred time for legislators and has been pushing the House and Senate to complete their work on health reform before the break. While serious negotiations are taking place, it is difficult to see how the House and Senate could pass their versions of health reform before the August break.

There has been progress, however. The Senate Health, Education, Labor, and Pensions (HELP) Committee was able to finish a month-long markup of the components of health reform that are in its jurisdiction, including new standard for health insurance coverage, new initiatives on prevention and wellness, and investments in the health care workforce, including midwives.

The House Ways and Means Committee finished its markup of health reform legislation that addresses components within its jurisdiction, including taxes and Medicare. Section 1304 of their legislation (part of the Tri-Committee bill) authorizes certified nurse-midwives to receive 100% reimbursement for services provided to Medicare beneficiaries within their scope of practice – one of ACNM's primary objectives in health reform.

Meanwhile, the House Energy and Commerce Committee is having more difficulty moving its components of health care reform legislation. The Committee has many conservative Democrats (known as Blue Dog Democrats) who are challenging the cost of the draft legislation and threatening to hold up the process.

The Senate Finance Committee has yet to release its long-awaited proposal addressing taxes and Medicare and Medicaid policies that will be combined with the Senate HELP Committee's bill. It has been expected since July 1st. This proposal is likely the most significant since the Senate is so critical to the issue of whether health care reform can be enacted.

July 2, 2009

As we all look forward to the July 4th weekend, I want to update you on developments relating to health care reform over the past few weeks. It is fair to say that every day brings some new development so I will try to just give you the high points in this brief update.

First, as I am writing this several representatives of ACNM including Lorrie Kaplan, ACNM's Executive Director, are at the White House to discuss the delivery of primary care services with the Director of the Office on Health Reform, Ms. Nancy Ann DeParle. The invitation from the White House to attend was very timely as ACNM has been advocating the need to include CNM/CMs in all health reform policies relating to primary care delivery.

Second, on July 26, 2009, the ACNM filed comments on the House of Representatives' draft of health reform that has been put together by three Congressional Committees (House Ways and Means, House Energy and Commerce, and the House Education and Labor Committee). Known as the Tri-Committee proposal, ACNM feels very positive about the direction of the legislation with the inclusion of maternity and well baby care in the defined minimum benefits package; with the inclusion of recognition of freestanding birth centers under Medicaid; and with the inclusion of Medicare reimbursement equity language for CNMs in the bill. Many other positive provisions are in the bill. ACNM also made comments on several areas of concern and has asked the Committee to review areas including a pilot program for medical homes under Medicare and Medicaid. ACNM particularly wants to be included in the Medicaid medical home pilot and is also working with ACOG and other groups on a possible women's medical home demonstration. To see ACNM's letter please go to http://www.acnm.org/siteFiles/legislative/ACNM_Comments_on_TriCommittee_Bill_6_29_09.pdf.

Third, ACNM is working with Rep. Lois Capps of California (a nurse by background and a champion for midwives) on the introduction of Graduate Nursing Education legislation that would provide for reimbursement of clinical education costs relating to advanced practice nursing education. The ANA, AACN and other advanced practice nursing groups are working closely with Rep. Capps on this bill also.

Fourth, with the commitment of Senator Christopher Dodd (D-CT) to cosponsor S.662, legislation to address the inequitable reimbursement for midwives under Medicare, the total cosponsors on the bill has reached 20. ACNM's Government Affairs Committee deserved a great deal of credit for mobilizing midwives to get their Senators to cosponsor this bill. We hope this means the Senate Finance Committee will see its way to include this bill in the larger health care reform package.

Congress is on break this week, but will return next week for what is likely to be a very busy month of July on Capitol Hill. Please continue contacting your Senators in regards to S.662. Thank you for your advocacy on behalf of the women you serve.

June 19, 2009

This has been a week of significant developments on health care reform legislation. First, legislation was introduced yesterday (June 18th) titled, “Women’s Medical Home Demonstration Act,” (S.1303) introduced by Senator Robert Menendez (D-NJ). What is significant about this legislation is that it would allow a certified nurse-midwife (CNM) or certified midwife (CM), as certified by AMCB, to lead the women’s medical home. Other versions of the medical home model that have been discussed do not allow CNMs/CMs to lead a medical home. ACOG and ACNM are supporting S.1303 and pushing the Senate to adopt it as part of health care reform.

Second, today three committees within the House of Representatives that are working on health care reform issued an 852 page draft which includes a provision to provide 100% reimbursement for CNMs under the Medicare program. YEAH!! ACNM was alerted to the inclusion of this provision this morning by Rep. Ed Towns’ staff. Rep. Towns is the champion for providing equitable reimbursement for midwives under the Medicare program. Language to recognize CMs is not included at this point, but Rep. Towns told ACNM that it is still under consideration by the involved committees.

Third, the Senate HELP Committee, chaired by Senator Edward Kennedy, has been working this week in Senator Kennedy’s absence to mark up the HELP Committee’s draft of health reform. More than 300 amendments were proposed to the bill and the markup will continue into next week. ACNM is monitoring this process.

June 16, 2009

The health reform debate is alive and well and heating up in the nation’s capital. In the past week, we have moved from talk to tangible action with the introduction of comprehensive reform legislation in the Senate. This is an update on the status of specific reform proposals and specific provisions of particular interest to ACNM members.

In the Senate, there are two committees with jurisdiction over components of health reform: the Senate Finance Committee and the Senate Health, Education, Labor and Pensions (HELP) Committee. The HELP Committee has broad jurisdiction over health care with the exception of the Medicare and Medicaid programs and tax policy, which is within the jurisdiction of the Senate Finance Committee.

On June 9, HELP Committee Chairman Senator Edward Kennedy (D-MA), released the “**Affordable Health Choices Act**,” a 615 page bill which Kennedy and HELP Committee Democrats say “reduces health care costs, allows Americans to keep the coverage they have if they want it, and makes health insurance affordable to those who do not have it today.”

Specifically, the legislation includes provisions designed to reform health insurance markets; improve the quality and efficiency of health care services; improve access to public health and preventive services; and grow the health care workforce and enhance health professional education and training. To see the full text of the legislation, please go to http://help.senate.gov/BAI09A84_xml.pdf.

A few highlights of the bill of interest to ACNM members include the following:

1. **Authorized Grants to Nurse-Midwifery Programs** – Section 438 of the bill clarifies the purpose of Advanced Education Nursing grants to nurse-midwifery programs. These grants are administered by the Health Resources and Services Administration. The new section reads as follows:

AUTHORIZED NURSE-MIDWIFERY PROGRAMS.—

Midwifery programs that are eligible for support under this section are educational programs that—

“(1) have as their objective the education of midwives, who will upon completion of their studies in such programs, be qualified to effectively provide primary health care services to women at locations where women might require health care services, including acute care facilities, ambulatory care facilities, birth centers, personal residences, and other settings as authorized by State or Federal law; and

“(2) are accredited by the American College of Nurse-Midwives Accreditation Commission for Midwifery Education.”

2. **Nurse-Managed Health Clinics** – Section 428 of the bill authorizes grants to establish nurse-managed health clinics to provide comprehensive primary health care and wellness services to vulnerable populations living in the Nation’s medically underserved communities, and to reduce the level of health disparities experienced by vulnerable populations. The clinics would be managed by advanced practice nurses, including CNMs. The bill authorizes \$50 million for the first year.
3. **Definition of Primary Care Provider** – A key ingredient in health reform is the definition of primary care provider, as Congressional leaders believes dramatic expansion of the resources devoted to primary care is critical to improving access and reducing health care costs. ACNM is lobbying to have CNM/CMs included in any such definition. The Kennedy draft relies on the Institute of Medicine definition of the term “primary care provider,” which ACNM supports as it is consistent with CNM/CM scope of practice and would appropriately define CNMs and CMs as primary care providers.

The Senate Finance Committee is expected to introduce its legislation in the days to come. This will cover other key concerns related to Medicare and Medicaid policy and potential taxes to finance health care reforms.

The House of Representatives is expected to follow up with legislation in the coming week.

Please stay tuned for further action alerts and updates.