

The Honorable Jim Himes
Washington DC Office
214 Cannon House Office Building
Washington, DC 20515

Dear Congressman Himes,

I am writing as a constituent, an advocate of nurse-midwifery care, and a Medicare beneficiary. A very important bill has been introduced by Reps. Ed Towns and Fred Upton—H.R. 1101, the "Midwifery Care Access and Reimbursement Equity Act of 2009." This bill provides reimbursement for midwifery care under Medicare at the equivalent rate to that received by other health care providers. I would like to ask you to consider cosponsoring this legislation.

As a Medicare recipient, it is important for me to be able to choose a nurse-midwife for gynecological services. There is a large body of literature attesting to their excellent outcomes for women and infants and to the great satisfaction women find with midwifery care. Midwives spend a great deal of time providing education for women and helping them make informed choices about their own health care. Despite the rising cost of providing care (due to higher malpractice rates), nurse-midwives continue to keep overall health care costs down with their low intervention, health promotion model of care, which is why I am an advocate of the profession.

However, the Medicare reimbursement rates are quite low, and for nurse-midwives to only receive 65% of that is untenable. The proposed legislation is simply eliminating a disparity that was calculated years ago when the cost of providing health care was very different for nurse-midwives and physicians. Currently, nurse-anesthetists, optometrists, podiatrists, audiologists, speech language pathologists, physical therapists and chiropractors all receive 100% reimbursement under the Medicare fee schedule for services within their scope of practice. Midwives should be included in that list. This bill is also important because many other health insurance providers use Medicare reimbursement as a guide for setting reimbursement rates; therefore, it is vital that midwives are equitably reimbursed under Medicare.

HR. 1101 has a plethora of support and no opposition. In its June 2002 report to Congress, the Medicare Payment Advisory Commission (MedPAC) unanimously recommended that the percentage of part B reimbursement for services provided by midwives be increased. MedPAC also stated that research shows the quality of care and outcomes for services provided by CNMs are at least comparable to other health professionals providing obstetrical and gynecological services. In addition to MedPAC, many other health profession organizations such as the American College of Obstetricians and Gynecologists (ACOG), the American Nursing Association (ANA), the National Rural Health Association (NRHA), and the National Perinatal Association (NPA) have signed letters of support for our bill.

Furthermore, we are pleased that you have already voted in favor of this legislation. In August 2007, the House of Representatives passed the Children's Health and Medicare Protection Act (CHAMP, HR 3162), which included this provision. **CBO scored the provision as having no cost.** Unfortunately, the Senate failed to act on the measure.

In summary, this legislation will improve access to obstetrical and gynecological care for many women in your district. It has broad support, no opposition, and is budget-neutral. Should you have any questions, please feel free to contact the American College of Nurse-Midwives Federal Representative, Patrick Cooney, at 202-347-0034.

I sincerely hope you will consider co-sponsoring this bill. Thank you very much.

Sincerely,

Name of constituent
Address