

April 9, 2009

The Honorable Jim McDermott
1035 Longworth House Office Building
Washington, DC 20515

Dear Congressman McDermott,

On behalf of the certified nurse-midwives (CNMs) and student nurse-midwives (SNMs) who live, practice, and/or teach in your district, we are writing to ask for your cosponsorship of H.R. 1101, the *"Midwifery Care Access and Reimbursement Equity Act of 2009,"* introduced recently in the House. This legislation would provide for long overdue adjustments to reimbursement for services provided to Medicare beneficiaries by certified nurse-midwives.

CNMs in Washington State attend more than 13% of all spontaneous vaginal deliveries in the state. In your district, midwives attend births at women's homes, the University of Washington Medical Center (UWMC), the Group Health Capitol Hill campus, and the Swedish Medical Center Ballard campus. CNMs in your district also provide primary women's health care services to many poor, ethnically diverse, disabled and underserved women at various clinics, including Planned Parenthood, Neighborcare Health Clinics, the UWMC Roosevelt Women's Clinic, and the Maternal and Infant Care Center's Perinatal Infectious Disease Clinic, among many others. In addition, two nurse-midwifery educational programs are in your district (the only two in the state). The University of Washington's graduate nurse-midwifery education program has graduated about 8 students per year since 1993, and many of these graduates continue to practice in the greater Seattle area. Seattle University will begin its first cohort of midwifery students in 2010.

It is important for women to be able to continue to receive nurse-midwifery care. CNMs don't provide services for a large proportion of Medicare beneficiaries; however, because many non-Medicare health insurance providers use Medicare reimbursement as a guide for setting reimbursement rates, the future of nurse-midwifery is threatened. 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.

You might be interested to know what good care nurse-midwives provide. Over the last three decades, midwifery care has been demonstrated to be safe, satisfying and cost-effective. In a study evaluating the effectiveness of midwifery care in the U.S., Jackson and colleagues (2003) report that low-risk women receiving nurse-midwifery care were more likely to have a normal birth and early discharge from the hospital than their counterparts receiving traditional physician-based care. Midwife-managed patients receive fewer costly medical interventions during their pregnancies and births than comparable patients who were managed by physicians. In addition, the midwife-managed patients had more options in their care and were, ultimately, cared for at lower overall cost to the health care system. Midwives also improve access to care and are a needed addition to the obstetrical workforce.

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. As constituents, faculty, students, and/or health care providers of the 7th District of Washington State, we ask you to cosponsor this legislation. Should you have any questions, please feel free to contact our ACNM Federal Representative, Patrick Cooney, at 202-347-0034.

Sincerely,

The Certified Nurse-Midwives and Student Nurse-Midwives who live, teach and/or practice in the 7th District of WA State

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