Maternity and Newborn Care and Plan Network Adequacy

- Maternity and newborn care is a required category among the “essential health benefits.”

- Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) are major providers of maternity and newborn care.

- A recent survey of health plans by the American College of Nurse-Midwives (ACNM) found that:
  - Twenty percent of plans do not contract with CNMs to include them in their provider networks, even though CNMs are licensed to practice in all 50 states and the District of Columbia.
  - Seventeen percent of plans do not cover primary care services offered by CNMs, even though ACNM standards defining the scope of practice for these providers, often incorporated by reference by state law, include primary care services.
  - Fourteen percent of plans indicated they impose restrictions on CNM practice that conflict with their scope of practice under state laws and regulations.
  - Twenty-four percent of plans will not cover CNM professional services provided in a birth center and 56% will not reimburse CNMs for home birth services.¹

- Section 2706(a) of the Public Health Service Act states that an insurer “shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law.”

- State regulators should ensure that health plans comply with the PHSA by requiring plans to include CNMs/CMs in their provider networks and to adequately cover their services.

- Making high value, high quality midwifery care widely available is in everyone’s best interest – especially that of the plans.