Annual Wellness Visit – Health Care Reform Law (111-148)

**Background:** To promote wellness and drive down disease and injury costs, Congress established a new Annual Wellness Visit under Medicare in the Patient Protection and Affordable Care Act (PPACA).

**ACNM Position/Policy:** ACNM supports efforts to expand prevention and wellness efforts in our communities, particularly as they relate to promotion of increased usage of Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) as primary care providers.

**Summary of Provision**

Section 4103 of the PPACA (P.L. 111-148), which became effective January 1, 2011, identifies guidelines for a health risk assessment that must include the following features:

1. Establishes or updates the individual’s medical and family history,
2. Takes into account a list of current providers and suppliers that are regularly involved in supplying medical care to the individual (including a list of all prescribed medications),
3. Determines a measurement of height, weight, body mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements,
4. Detection of any cognitive impairment,
5. Furnishes personalized health advice and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management, or community-based lifestyle interventions to reduce health risks and promote self management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition, and
6. Establishes or updates standards for the following elements of the visit:

   A. a screening schedule for the next 5 to 10 years
   B. a list of risk factors and conditions for which primary, secondary, or tertiary prevention interventions are recommended or are underway, including any mental health conditions or any such risk factors or conditions that have been identified through an initial preventive physical examination, and
   C. a list of treatment options and their associated risks and benefits.
The statute allows physicians, nurse practitioners, and physician assistants to initiate the wellness visits in the course of an office visit. Health educators, registered dietitians or nutrition professionals, and other professionals determined appropriate by the Secretary of Health and Human Services, can also participate in the annual wellness visit under the supervision of a physician.

The Center for Medicare and Medicaid Services will have the primary responsibility for this provision within the U.S. Department of Health and Human Services.

**Impact on Midwives:** The creation of an annual wellness visit is an opportunity to increase the utilization of CNMs and CMs. Although midwives cannot initiate the annual wellness visit, they can play a role in completing the implementation of the wellness visit along with other health professional colleagues. Participation in performing these examinations not only enhances the potential to augment the value of midwives as care providers, but also increases the opportunities for seamless collaboration and referral among providers and institutions.