



March 20, 2020

The Honorable Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Ave N.W.
Washington, D.C. 20500

Dear President Trump:

On behalf of the American College of Nurse-Midwives (ACNM), I would like to thank you and your administration for your commitment to prioritizing and allocating health and medical resources to combat COVID-19. We appreciate you hosting a meeting with nurse leaders, including ACNM, to gain perspective on the issues facing certified nurse-midwives (CNMs), certified midwives (CMs), and the broader nursing community. **As we fight the pandemic sweeping across our nation, the need to effectively utilize CNMs and CMs in the care of women, particularly as it applies to maternal care, has never been greater. Yet, there are superfluous barriers that reduce access to midwifery care that must be immediately removed to ensure the provision of high-quality care to American women continues during these unprecedented times.**

Nurses are the foot soldiers of all patient care, and many CNMs and CMs are currently on the front lines fighting this global pandemic. The restrictions midwives experience could put American women at risk and place additional stress on the nation's already challenged health care system. **ACNM urges the administration and state and federal lawmakers to take immediate action to lift the restrictive licensure requirements that limit access to the midwifery workforce to ensure that CNMs and CMs are able to practice to the full scope of their education, training, and certification. We also urge the Administration to consider financial relief for the professional organizations that help educate and support the needs of our nation's nursing workforce.**

ACNM is the professional association that represents the interests of the more than 12,700 CNMs and CMs in the U.S. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the U.S. and strengthens the capacity of midwives in developing countries. Members are primary care providers for women throughout the lifespan, with an emphasis on pregnancy, childbirth, and gynecologic and reproductive health care.

CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, Washington, D.C., American Samoa, Guam, Puerto Rico and the USVI. CNMs are defined as primary care providers under federal law and are reimbursed under Medicare and Medicaid; a majority of the states also mandate that private insurance reimburse for CNM services.

CMs are also licensed, independent health care providers who have completed the same midwifery education as CNMs. CMs are authorized to practice in Delaware, Hawaii, Maine, New Jersey, New York, and Rhode Island. CMs have prescriptive authority in New York and Rhode Island.

Advanced midwifery education is fundamental the delivery of evidence-based, high-quality midwifery care. The financial impact COVID-19 has placed on ACNM's ability to hold national education meetings is grave. Financial federal assistance to recover from the significant loss of income would enable ACNM to continue to support the education requirements of more than 12,700 CMNs and CMs needed to care for America's women and their families.

CNM/CM Scope of Practice

CNMs and CMs are highly trained advanced practice medical professionals whose skills make them experts in caring for women throughout the lifespan. While midwives are well-known for pregnancy and birth, midwifery as practiced by CNMs and CMs, encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include the independent provision of primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections.

Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. These services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers.¹

Increasing utilization of full-scope midwifery-led care is a key to improving maternal health care quality, affordability, and the patient experience. CNMs and CMs are a valuable resource that if fully utilized can create more care options for patients and can address provider shortages and surge capacity in the primary care workforce during this trying time.

Barriers to Enabling CNM/CMs to Care for Patients During COVID-19 Pandemic

Maternity care in the United States is already in a state of crisis with higher estimated rates of maternal mortality, severe maternal morbidity, preterm birth, infant mortality, and low birth

¹<https://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000266/Definition%20of%20Midwifery%20and%20Scope%20of%20Practice%20of%20CNMs%20and%20CMs%20Feb%202012.pdf>

weight as compared to other high-income nations. We are gravely concerned that the COVID-19 pandemic will place further untenable stress on the current maternity care system and workforce. It is with this concern that we ask for emergency measures to temporarily lift the restrictive licensure requirements that limit access to the midwifery workforce.

Despite the role CNMs and CMs could play in improving overall health outcomes for women and their families, midwives and the midwifery model of care remain drastically underutilized in the U.S. health care system. There are several reasons for this: restrictive supervisory and collaborative practice requirements, lack of prescriptive privileges, restrictions on hospital credentialing, and limited recognition of the certified midwife credential.

Shortages of maternity care providers already cause serious public health concerns for women, children, and families. The most vulnerable in our communities are forced to endure long wait times for routine visits or fail to receive adequate care before, during, and after pregnancy. Efforts to improve access and health outcomes across the care continuum should include enhanced access to midwives and investment in the midwifery model-of-care.

Removing these barriers to advanced practice midwives aligns with CMS's Rural Health Strategy, which cited maximizing scope of practice for providers as one of its key recommendations in its report, "Reforming America's Healthcare System through Choice and Competition."² It also aligns with recommendations from the *New England Journal of Medicine*³, as well as other independent arbiters.

An unprecedented response is needed as we face public crisis and a strain on our nation's declining health care workforce. It's more important than ever that we allow all health care providers to practice to the full scope of their training. CNMs and CMs stand ready and able.

Thank you for your leadership. ACNM looks forward to continuing to work with your administration during this critical time to protect the health of our nation.

Sincerely,



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cc: The Honorable Michael R. Pence, Vice President of the United States

² <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

³ Frogner, Fraher, Spetz, Pittman, Moore, Beck, Armstrong and Buerhaus. (2020) Modernizing scope-of-Practice regulations – Time to Prioritize Patients. *New England Journal of Medicine*.382;7.p591-593