Testimony of the American College of Nurse-Midwives

at a Hearing of the House Committee on Energy and Commerce Subcommittee on Health

on the

"Improving Access to Maternity Care Act" (H.R.1209)

Wednesday, December 9, 2015

Summary of Major Points in Testimony

- Ginger Breedlove, CNM, PhD, FACNM - President of the American College of Nurse-Midwives
- Existing and rapidly emerging shortages of midwives and other maternity care providers warrant action in the Congress to meet the needs of women in urban and rural underserved areas of the U.S.
- The Improving Access to Maternity Care Act (H.R.1209) would provide the Health Resources and Services Administration the authority it needs to conduct research into these critical shortages relating to delivery of maternity care services and provide for appropriate placement of midwives and other maternity care providers in areas of critical need.
- Nearly half of the 4 million annual births in the United States each year are covered by the Medicaid program, and thus both federal and state governments have a clear financial stake in ensuring high quality care is being provided at a reasonable cost.
- The CDC reports that the rate of maternal mortality has more than doubled in the past few decades. Whereas 7.2 women died per 100,000 births in 1987, that number has increased to 17.8 deaths per 100,000 live births in 2009 and 2011.
- One solution to address the excessive cost, health disparities and poor outcomes of maternity care is better access to maternity care providers, such as midwives, who can monitor a woman's pregnancy and provide prenatal care, adequate postnatal care and promote a healthy transition to parenthood without complications.
- Midwives and OBGYNs already participate as primary care providers in the National Health Service Corp. H.R.1209 would simply direct them to areas in critical need of maternity care providers rather than solely primary care.
- ACNM along with ACOG and many other national professional organizations support enactment of H.R.1209.

Chairman Pitts, Ranking Member Green, and members of the Subcommittee on Health, it is my honor to be with you today to discuss the status of maternity care in the United States and the need for Congress to work with maternity care providers, including midwives, to improve a woman's access to these essential services.

My name is Ginger Breedlove, CNM, PhD, FACNM. I am a certified nurse-midwife with 37 years of clinical experience. Currently, I am a Professor of graduate nursing and nurse-midwifery at Shenandoah University in Winchester, Virginia. I reside in Shawnee Mission, Kansas.

I join you today as ~~the~~ president of the American College of Nurse-Midwives (ACNM). ACNM is the professional organization for certified nurse-midwives (CNM) and certified midwives (CM). Our vision is "a midwife for every woman." Our mission is to support midwives and advance the practice of midwifery in order to achieve optimal health for women through their lifespan, with expertise in well woman and gynecologic care, promoting optimal pregnancy, physiologic birth, postpartum care, and care of the newborn thru the first 28 days of life.

CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam, and Puerto Rico. CNMs are defined as primary care providers under federal law. CMs are also licensed, independent health care providers who completed the same graduate midwifery education curriculum as CNMs and sit the same national certification boards, but do not complete a nursing degree. CMs are authorized to practice in Delaware, Missouri, New Jersey, New York, and Rhode Island. ACNM represents both CNMs and CMs.

In 2013, 94.6% of CNM/CM-attended births occurred in hospitals, 2.8% occurred in freestanding birth centers, and 2.6% occurred in homes. More than 50% of

CNMs/CMs list physician practices or hospitals/ medical centers as their principal employers.

Medicaid reimbursement for CNM care is mandatory in all states. Medicare and most Medicaid programs reimburse CNMs/CMs at 100% of physician rates. The majority of states also mandate private insurance reimbursement for midwifery services.

The Accreditation Commission for Midwifery Education (ACME) is the official accrediting body for CNM/CM education programs. There are 39 ACME-accredited midwifery education programs in the United States. Approximately 82% of CNMs have a master's degree. As of 2010, a graduate degree is required for entry to midwifery practice as a CNM/CM. 4.8% of CNMs have doctoral degrees, the highest proportion of all APRN groups.

As President of the ACNM, I am proud to fully support the "Improving Access to Maternity Care Act," (H.R.1209) as authored by Rep. Michael Burgess (R-TX) and Rep. Lois Capps (D-CA). I thank them for championing this important public health initiative on behalf of women, particularly those in rural and urban areas experiencing shortages of qualified maternity care providers. I also wish to thank the American College of Obstetricians and Gynecologists (ACOG) for their strong support of this legislation along with some 34 nursing organizations and other maternity related organizations. Copies of their support letters are part of my testimony today.

H.R.1209 would establish a maternity care shortage designation within existing designated health professional shortages areas. The goal of this legislation is to identify areas in the U.S. experiencing significant shortages of full scope maternity care professionals, including midwives and obstetricians/gynecologists. Greater information on the shortages of maternity care providers that exist will enable Congress and the Administration to better address needs of women of childbearing age and allow appropriate resources to be focused on those needs.

ACNM believes expanding access to maternity care professionals in underserved areas can reduce overall maternity care costs in the U.S. by ensuring women have access to necessary prenatal care and delivery options.

In a report issued in June of 2013, the Medicaid and CHIP Payment and Access Commission (MACPAC) highlights that having coverage for maternity services does not guarantee access to care. Access to maternity care professionals is a significant issue in many areas of the country due to the changing demographics of maternity care providers, variation among practice environments, and restructuring, regionalization and closure of many maternity care units.

Nearly half of the 4 million annual births in the United States each year are covered by the Medicaid program, thus both federal and state governments have a clear financial stake in ensuring high quality care is being provided at a reasonable cost. Too many of these births require expensive interventions, such as cesarean section (see Table 1 and Table 2), that can double the cost of a birth and increase a woman's risk of maternal mortality. We live in a country that spends more money on healthcare than any other industrialized nation, yet the U.S. ranks at or near the bottom on virtually all maternity care outcomes.

The CDC reports that the rate of maternal mortality has more than doubled in the past few decades. Whereas 7.2 women died per 100,000 births in 1987, that number has increased to 17.8 deaths per 100,000 live births in 2009 and 2011 (700-800 women die each year). Other countries less developed than the US have experienced a decline. Today women giving birth in the U.S. are at a higher risk of dying than those giving birth in China or Saudi Arabia. This is a national tragedy that must be addressed. While there are several causes, including a high cesarean rate in the U.S., one solution is better access to maternity care providers, such as midwives, who can monitor a

woman's pregnancy and provide prenatal care, adequate postnatal care and promote a healthy transition to parenthood without complications.

Using data from the Health Resource and Services Administration, Dr. Eugene R. Declercq, PhD, ~~a~~ professor in Boston University's School of Public Health, has shown that in 2011, 56 percent of US counties had no certified nurse-midwives (see Table 3), 46 percent of counties had no OB/GYN and 40 percent of counties had neither a certified nurse-midwife nor OB/GYN to provide direct patient care. For millions of women, shortages of maternity care providers can result in long waiting times for appointments and long travel times to prenatal care and/or birthing sites. We know that inadequate prenatal care is associated with increased risk of prematurity, stillbirth and neonatal death. (Partridge S, Balayla J, Holcroft CA, Abenhaim HA), " Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: A retrospective analysis of 28,729,765 U.S. deliveries over 8 years." *American Journal of Perinatology*, November 2012, vol 29, no. 10, pp. 787-793.)

Maternity care providers also face several workforce challenges. Concerns surrounding professional liability and unpredictable working hours affect an individual's enthusiasm for the field. Furthermore, flat entries into OB/GYN residencies by medical school graduates, and increasing sub-specialization by graduating medical residents are having an effect on the number of skilled providers available to attend births. ~~In addition,~~ A 2011 study by ACOG on the OB/GYN workforce showed that the profession is going through a demographic transition from a largely male to a largely female workforce. Women make different choices about their personal and professional lives than their male counterparts. For example, they work fewer hours per week and retire from obstetric practice a few years earlier. These individual choices are changing the productive capacity of the profession as a whole. (William F. Rayburn, MD, MBA, FACOG, "The Obstetrician Gynecologist Workforce in the United States: Facts, Figures, and Implications, American Congress of Obstetricians and Gynecologists, 2011.)

The number of certified nurse-midwives (CNMs) and certified midwives (CMs) completing their education each year has been increasing in recent years. In fact, it's increased by almost 50 percent since 2007. However, many more midwives are needed to meet the needs of most women, who are capable of experiencing a normal, healthy, physiologic birth.

A clearer picture of the outlined problems is needed. H.R.1209 will ensure policymakers have the necessary information on maternity care shortage areas so that concerns can be addressed by placing maternity care providers through the National Health Service Corp (NHSC).

Midwives and OB/GYNs are already full participants in the NHSC, and are currently placed in designated primary care shortage areas. However, our students increasingly tell us that upon graduation they want to provide their full scope of professional services, which would include prenatal care, labor care, attending birth of their patients, and postpartum care. A maternity care shortage designation will allow the Health Resources and Services Administration (HRSA) to better target maternity care professionals to these areas of critical need. Having a clear picture of where maternity care providers, obstetrical hospital units, and free-standing birth centers are located in relation to childbearing women will ensure that qualified professionals will be sent by the NHSC to areas of critical need.

We are pleased H.R.1209 enjoys bipartisan support in the House of Representatives. Thank you for your consideration of this legislation today. I urge this subcommittee and the House to pass this bill without delay. I am happy to answer any questions you may have regarding the status of maternity care in the U.S., the role of midwifery care, or components of the legislation.

Tables

Table 1

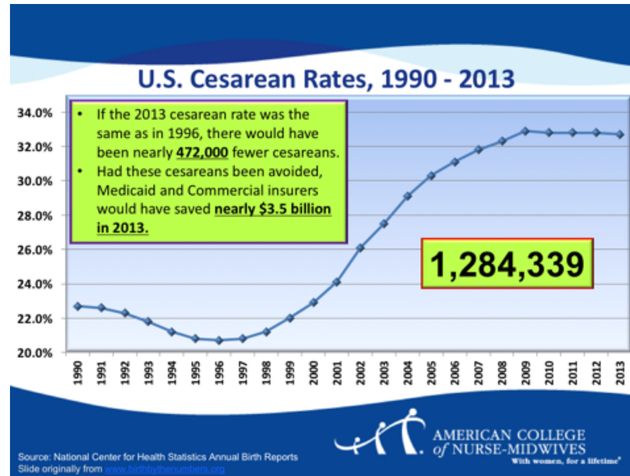

Table 2

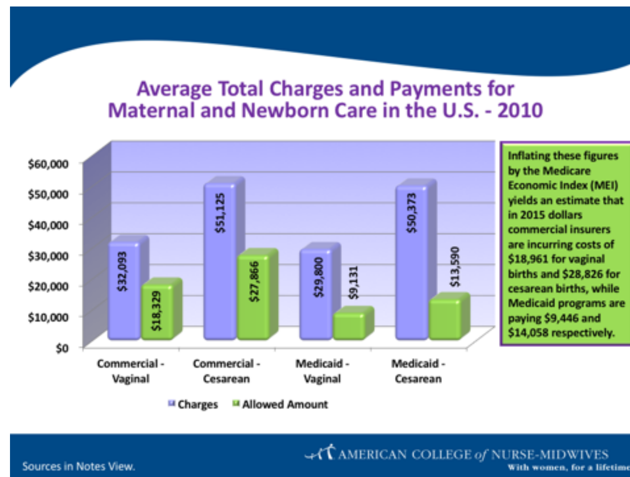

Table 3