



THE
FEDERAL GROUP, INC.

Memo

To: Lorrie Kaplan, Executive Director, ACNM
From: Patrick Cooney, Principal
Date: September 25, 2009
Re: Midwifery-Related Provisions in Health Care Reform

The following are provisions from the three health care reform bills being debated in Congress presently. The two Senate bills will be merged in the coming weeks to form the Senate alternative on health reform. What follows below are provisions that could directly impact ACNM members.

The America's Affordable Health Choices Act (H.R.3200) (as prepared by 3 Committees in the U.S. House of Representatives)

- **Section 122 – Essential Benefits Package Defined.**
 - This provision identifies maternity care services and well baby care services as part of a health plan's minimum benefit package.
- **Section 1303 – Payment Incentives for Selected Primary Care Services**
 - This provision provides for a 5% bonus payment on evaluation and management services provided by primary care professionals. The bonus is 10% if these services are provided in primary care shortage areas, as designed by the Department of Health and Human Services.
 - Primary care practitioner is defined as meaning a physician or other health care practitioner who specializes in family medicine, general internal medicine, general pediatrics, geriatrics, or obstetrics and gynecology.

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- **Section 1304 – Increased Reimbursement Rate for Certified Nurse-Midwives**
 - This provision provides for the full reimbursement of midwifery services at 100% of the fee schedule.
- **Section 1721 – Payment to Primary Care Practitioners (Medicaid)**
 - This provision provides that payments for primary care services shall be paid at a rate not less than 80% of payments under Medicare in 2010; not less 90% of payments under Medicare in 2011; and not less than 100% of Medicare payments under Medicare in 2012 and beyond.
- **Section 1724 – Optional Coverage for Freestanding Birth Center Services (Medicaid)**
 - This provision defines freestanding birth centers as a provider under the Social Security Act. It does not mandate that states utilize or provide these facilities, but gives Medicaid beneficiaries the option of utilizing such facilities.
- **Section 1726 – Quality Measures for Maternity Services Under Medicaid and CHIP**
- This provision requires the Secretary of HHS to publish a set of quality measures for maternity care services under Medicaid and CHIP.
- **Section 2201 – National Health Service Corps**
 - This provision expands the annual loan repayment amount under the NHSC to \$50,000 up from \$35,000. CNMs are eligible for the NHSC placement.

Affordable Health Choices Act (as prepared by the Senate Health, Education, Labor and Pensions Committee)

- **Section 212 – Grants to Establish Community Health Teams to Support the Patient-Centered Medical Home**
 - The Secretary of HHS shall establish a program to provide grants to eligible entities to establish community-based interdisciplinary, interprofessional teams to support primary care practices, including obstetrics and gynecology practices, within the hospital service areas served by the eligible entities. Grants shall be used to— (1) establish health teams to provide support services to primary care providers; and (2) provide capitated payments to primary care providers as

determined by the Secretary. The definition of primary care utilized relates to the IOM definition.

- **Section 328 – Reasonable Time Break for Breastfeeding Mothers**
 - This provision provides an amendment to the Fair Labor Standards Act to require employers of 50 or more to provide time and space for mothers to express the milk.

- **Section 438 – Advanced Nursing Education Grants**
 - This provision establishes a separate paragraph under Title VIII of the Public Health Service Act for ANE Grants for “Authorized Nurse-Midwifery Programs.” Funding will be available to those programs that have as their objective the education of midwives, who will upon completion of their studies in such programs, be qualified to effectively provide primary health care services to women at locations where women might require health care services, including acute care facilities, ambulatory care facilities, birth centers, personal residences, and other settings as authorized by State or Federal law; and are accredited by the American College of Nurse-Midwives Accreditation Commission for Midwifery Education.

- **Section 2709 – Coverage of Preventive Women’s Health Services**
 - This provision requires a group health plan and a health insurance issuer offering group or individual health insurance coverage to provide coverage for, and shall not impose any cost sharing requirements with respect to women (including pregnant women and individuals of child bearing age) for preventive care and screenings.

- **Section 3103 – Minimum Benefits**
 - This provision would establish maternity care services as a minimum benefit for plans that would be offered in the Health Care Exchange.

America’s Healthy Futures Act (prepared by the Senate Finance Committee)

- **Graduate Nursing Education Funding (Stabenow Amendment)**
 - An amendment, offered by Senator Stabenow of MI, was accepted in Committee to provide \$200 million in demonstration funding over the next four years to pay for the costs associated with clinical education of advanced practice nurses, including certified nurse-midwives.

- **Bonus for Primary Care Services under Medicare (No provision for such payments under Medicaid exists in the bill at this time.)**
 - The bill would establish a new ten percent bonus on select evaluation & management codes under the Medicare fee schedule for five years, beginning January 1, 2011. The groups of codes to which this bonus would apply would be office visits, home visits, nursing facility visits, and domiciliary, rest home (e.g. boarding home), or custodial care services. The bonus would be available to primary care practitioners who: (1) have a specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine (or are an **advanced practice nurse** or physician assistant); and (2) furnish 60 percent of their services in the select codes. Services provided to both established patients and new patients would qualify. Qualifying practitioners providing care in a HPSA would also receive the 10 percent bonus on hospital visit codes that are typical of primary care medicine.

- **Free Standing Birth Centers**
 - As with the provision in the House bill, free standing birth centers are recognized as a providers under Medicaid and states are allowed to offer access to these facilities as an optional benefit.

- **Innovation Center**
 - This Center is tasked with several priorities, one of which is to promote broad payment and practice reform in primary care, including patient-centered medical home models for high-need beneficiaries, **medical homes that address women's unique health care needs**, and models that transition primary care practices away from fee-for-service based reimbursement and toward comprehensive payment.

- **Maternal, Infant, and Early Childhood Visitation Programs**
 - The provision would require states, as a condition for receiving the MCH block grant, to conduct a needs assessment to identify communities that are at risk for poor maternal and child health and have few quality home visitation programs. The needs assessment, which would be separated from but coordinated with the assessments currently required under Title V and the Head Start Act, would also review the state's capacity to provide appropriate services to those communities. States would be required to submit the results of their needs assessment and their proposed activities to the Secretary.
 - In addition, the bill would establish a new state grant program for early childhood home visitation. Grantees of this new program would be required to establish appropriate process and three and five year

outcome benchmarks to measure improvement in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors, and coordination with community resources. Grantees who did not demonstrate improvement in at least four of these benchmarks at the end of the third year of funding would receive expert technical assistance.