

March 15th, 2009

Dear Representative McDermott:

I am writing as a nurse-midwifery student at the University of Washington and a constituent.

A very important bill has been introduced by Representatives Towns and Upton—H.R. 1101, the "Midwifery Care Access and Reimbursement Equity Act of 2009." This bill provides reimbursement for midwifery care under Medicare at the equivalent rate to that received by other health care providers, such as nurse-anesthetists. I would like you to consider cosponsoring this legislation.

I am studying to be a nurse-midwife at the University of Washington and will graduate in December of 2009. I am currently doing my intrapartum rotation with NeighborCare Health, and attend births at Group Health Central on Capitol Hill. Neighborcare Health provides comprehensive health and dental care at over 15 medical, dental, and school-based centers to families and individuals who have difficulty accessing care. At this practice, 6 nurse-midwives care for women of diverse ethnic and socioeconomic backgrounds and provide an important safety net for those who may not be able to access obstetric and women's health care elsewhere.

You might be interested to know what good care nurse-midwives provide. Over the last three decades, midwifery care has demonstrated to be safe, satisfying and cost-effective. In a study evaluating the effectiveness of midwifery care in the U.S., Jackson and colleagues (2003) report that low-risk women receiving nurse-midwifery care were more likely to have a normal birth and early discharge from the hospital than their counterparts receiving traditional physician-based care. Midwife-managed patients receive fewer costly medical interventions during their pregnancies and births than comparable patients who were managed by physicians. In addition, the midwife-managed patients had more options in their care and were, ultimately, cared for at lower overall cost to the health care system.

This legislation has a plethora of support and no opposition. In its June 2002 report to Congress, the Medicare Payment Advisory Commission (MedPAC) unanimously recommended that the percentage of part B reimbursement for services provided by midwives be increased. MedPAC also stated that research shows the quality of care and outcomes for services provided by CNMs are at least comparable to other health professionals providing obstetrical and gynecological services. In addition to MedPAC, many other health profession organizations such as the American College of Obstetricians and Gynecologists (ACOG), the American Nursing Association

(ANA), the National Rural Health Association (NRHA), and the National Perinatal Association (NPA) have signed letters of support for our bill.

Furthermore, you will be happy to learn that this provision passed in the 110th Congress. In August 2007, the House of Representatives passed the Children's Health and Medicare Protection Act (CHAMP, HR 3162), which included our bill. **CBO scored the provision as having no cost.** Unfortunately, the Senate failed to act on the measure.

In summary, this legislation will improve access to obstetrical and gynecological care for many women. It has broad support, no opposition, and is budget-neutral. I ask you to consider cosponsoring this legislation. Should you have any questions, please feel free to contact our American College of Nurse-Midwives Federal Representative, Patrick Cooney, at 202-347-0034.

Thank you very much.

Sincerely,

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