

CPMs: Midwifery Landscape and Future Directions

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Federal Recognition: History and Current Strategy of the MAMA Campaign

The **Midwives and Mothers in Action (MAMA) Campaign** is a national effort to gain federal recognition of Certified Professional Midwives (CPMs) so women and families will have increased access to quality, affordable maternity care in the settings of their choice. The MAMA Campaign is a project of the National Association of Certified Professional Midwives (NACPM) working in collaboration with other leading national midwifery and consumer organizations.

Federal recognition of the CPM will be achieved by amending the Social Security Act, which houses the Medicare and Medicaid laws, to mandate federal Medicaid reimbursement for CPM services. Inclusion in the Social Security Act is critical for health professions, not only mandating Medicaid reimbursement, but opening doors for inclusion in the systems of care, health professional education, and reimbursement that define the delivery of health care in our country.

The *Midwifery Access Act of 2015* is a draft bill to amend the Medicare Act, with a corresponding Medicaid amendment, to require coverage of CPM services. Once passed and implemented, childbearing people on Medicaid, who account for nearly half of all people having babies in the United States, would have access to care provided by state-licensed CPMs. The draft bill includes a definition of the CPM for the purposes of reimbursement by Medicaid that aligns with language endorsed by the national midwifery organizations participating in the US MERA collaborative and would reside in law alongside the definitions of other providers covered under federal Medicaid.

1. CPMs who have completed an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) will qualify for reimbursement by Medicaid.

2. CPMs who are credentialed by January 1, 2020, but who did not complete a MEAC-accredited program, will be required to obtain the Midwifery Bridge Certificate issued by the North American Registry of Midwives (NARM) to qualify for reimbursement by Medicaid.

The US MERA agreements have created significant momentum with historic new alliances in support of state licensing laws for CPMs and the federal initiative. In states where previous opposition by nurse-midwives, physicians, and the medical societies was overwhelming, legislation is finally moving, often with their support. Nationally, we are now lobbying together with the American College of Nurse-Midwives (ACNM) with provisions in the *Midwifery Access Act of 2015* that also recognize the Certified Midwife (CM), thereby advancing the legislative priorities of ACNM as well those of CPMs. We have also made progress with the American Congress of Obstetricians & Gynecologists (ACOG), who in 2016 endorsed the ICM Global Standards, all midwives who meet those standards, and the Midwifery Bridge Certificate.

The draft bill has not yet been introduced in Congress, although significant new bi-partisan support has been garnered in key committees of jurisdiction over Medicare and Medicaid with a goal of introduction with both Republican and Democratic support.

History of the MAMA Campaign

The foundation for the MAMA Campaign was laid in 2007 when NACPM recognized the potential to engage in the health care reform movement as a vehicle for achieving federal recognition for CPMs. NACPM undertook a wide-ranging assessment of the political and professional landscape, consulted with health policy experts, joined health care reform coalitions, and began to design a strategy that would earn CPMs a role as providers in the federal Medicaid program. In 2009, NACPM

invited Citizens for Midwifery, the International Center for Traditional Childbearing, the Midwives Alliance of North America, the Midwifery Education and Accreditation Council, and the North American Registry of Midwives to join our work, and the Midwives and Mothers in Action (MAMA) Campaign was officially born on Mother's Day 2009.

We hired Billy Wynne, a nationally-respected health policy expert, as our consultant and federal lobbyist. He had served as Health Policy Counsel to the Senate Finance Committee, advising Committee Members on key health care policy matters, including Medicare, Medicaid, and broader health care reform. He was a key drafter and negotiator of several healthcare laws enacted during his service on the Committee, and assisted in the development of the healthcare reform "White Papers" that served as the basis for the Affordable Care Act (ACA). We then set to work to draft a bill and find sponsors in hopes that our amendment to the Social Security Act would be included in the Affordable Care Act. CPMs were completely unknown on the Hill when we started, so we had the opportunity to educate a lot of policymakers. We found there was considerable interest in the value CPMs could bring to the maternity care system, but we weren't successful in our initial foray. Nevertheless, we did achieve a partial victory when Senator Maria Cantwell (D-WA) was able to include a mandate in the ACA for Medicaid reimbursement of the provider fee for state licensed midwives serving in state licensed birth centers.

After passage of the ACA, our bill was re-introduced as the *Access to Certified Professional Midwives Act* in both the 2011 and 2013 Congresses by Congresswoman Chellie Pingree of Maine. These bills were primarily an amendment to the federal Medicaid law to mandate reimbursement for CPM services. CPMs were not defined in the bills beyond the CPM credential itself for purposes of Medicaid reimbursement, which would have left the definition of CPMs to the regulatory process of the Centers for Medicare and Medicaid Services (CMS) and the Secretary of Health and Human Services, where unfriendly requirements could have been added. We did secure a number of Democratic—but not Republican—Congressional co-sponsors each year. We also encountered opposition from ACNM and ACOG who were not prepared at that time to support legislation recognizing CPMs.

In 2015, NACPM stepped up again, suggesting that the new agreements forged by the US MERA collaboration regarding CPM qualifications for licensure in newly-licensed states could also be the basis for a new way of defining CPMs for the purpose of Medicaid payment. This new strategy did indeed bring new and positive support forward from the ACNM. Recognizing that NACPM was now wholly responsible for fundraising and the direction of these national efforts, the MAMA Campaign was re-structured in 2015 with other organizations assuming an advisory role and at the same time expanded to include representatives from the Grand Challenge and the National Association of Birth Centers and Clinics of Color (NABCCCC). NACPM re-engaged Billy Wynne and his colleagues Rich White and Katie Pahner at Thorn Run Partners to advise and represent the campaign. These dedicated health policy consultants have brought a wealth of government and private sector experience in developing and implementing federal healthcare policy and achieving strategic legislative and regulatory objectives to the campaign. With their guidance and connections, we've made several presentations about the value of CPMs to the Centers for Medicare and Medicaid Services and were able to reach out more effectively across party lines in Congress to make the case for CPMs in 2015 and 2016.

CPMs are no longer unknown to health policy-makers. There is reason to be hopeful that federal recognition will be achieved sooner rather than later.

Please refer also to NACPM's webinars on US MERA and the strategy for federal recognition for CPMs: <http://nacpm.org/legislation-and-policy-webinar-series/>