



Congress Enacts Landmark Health Reform Legislation

On Sunday, March 21, 2010, the House of Representatives enacted comprehensive health care reform legislation (H.R.3590) by a vote of 219 to 212 at approximately 10:49 p.m.

The Senate passed this bill back on December 24, 2009. The bill was signed into law by President Barack Obama on Tuesday, March 23, 2010.

The House also passed a bill on March 21st making adjustments to this new legislation, which the Senate will take up over the next two weeks. This new legislation is being debated under a process known reconciliation. This bill is meant to remedy some concerns lawmakers have with the bill, but does not have any impact on the key provisions in H.R.3590 that ACNM has championed and supports.

ACNM fought hard over the past several years to have federal legislation address concerns of midwives and the women midwives serve. The following are a list of key provisions ACNM supported that were contained in H.R.3590 as passed by Congress and signed into law by President Obama:

- **Equitable Reimbursement of Midwives under Medicare:** Establishes reimbursement for CNMs at 100% of the Part B fee schedule, equivalent to physicians.
- **Coverage for freestanding birth center services.** Provides for coverage of services provided by free-standing birth centers under Medicaid.
- **Home Health Care:** Clarifies that the face-to-face encounter required prior to certification for home health services may be performed by a physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant.
- **Medical Liability Reform:** Authorizes grants to states to test alternatives to civil tort litigation. Models are required to emphasize patient safety, disclosure of medical errors and the early resolution of disputes. Patients would be able to opt out of these alternatives at any time.
- **Advanced Nursing Education Grants.** Strengthens language for accredited nurse-midwifery programs to receive advanced nurse education grants in Title VIII of the Public Health Service Act.
- **Nurse Education, Practice, and Retention grants.** Awards grants to nursing schools to strengthen nurse education and training programs and to improve nurse retention.
- **Nursing Loan Repayment and Scholarship Program.** Adds faculty at nursing schools as eligible individuals for loan repayment and scholarship programs.
- **Nurse Faculty Loan Program.** Establishes a Federally-funded student loan repayment program for nurses with outstanding debt who pursue careers in nurse education. Nurses agree to teach at an accredited school of nursing for at least 4 years within a 6-year period.

- **Nursing Student Loan Program.** Increases loan amounts and updates the years for nursing schools to establish and maintain student loan funds.
- **Graduate Nurse Education Demonstration Program.** This provision directs the Secretary to establish a demonstration program to increase advanced practice nurse education training under Medicare and authorizes \$50 million to be appropriated from the Medicare Hospital Insurance Trust Fund for each of the fiscal years 2012 through 2015 for such purpose.
- **Maternal, Infant, and Early Childhood Home Visiting Programs.** Provides funding to States, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation models. Model options would be targeted at reducing infant and maternal mortality and its related causes by producing improvements in prenatal, maternal, and newborn health, child health and development, parenting skills, school readiness, juvenile delinquency, and family economic self-sufficiency.
- **Support, Education, and Research for Postpartum Depression.** Provides support services to women suffering from postpartum depression and psychosis and also helps educate mothers and their families about these conditions. Provides support for research into the causes, diagnoses, and treatments for postpartum depression and psychosis.
- **Women's Preventive Health Services.** Eliminates cost sharing for women's preventive health services.
- **Patient Protections.** Requires that a plan enrollee be allowed to select their primary care provider, or pediatrician in the case of a child, from any available participating primary care provider. Precludes the need for prior authorization or increased cost-sharing for emergency services, whether provided by in-network or out-of-network providers. Plans are precluded from requiring authorization or referral by the plan for a female patient who seeks coverage for obstetrical or gynecological care.

ACNM wants to thank all its members for their active advocacy throughout the health care reform debate.