The Improving Care and Access to Nurses Act and CNM Supervision of Medical Residents in Teaching Facilities

Issue:

The Medicare program fails to adequately reimburse teaching facilities and Certified Nurse-Midwives (CNMs) for the time CNMs spend training obstetrical medical residents. The existing Medicare statute is silent on the status of CNMs as it relates to teaching facilities, while specifically allowing physicians to be reimbursed for the time they spend training interns and residents.

Background:

Certified Nurse-Midwives (CNMs) play a valuable role on the resident team as educators in the nation's teaching facilities, providing formal mentoring and supervision clinically, as well as academic lecturing and curriculum planning to obstetric and gynecologic learners, Presently, teaching facilities are not allowed to bill the Medicare program for a CNMs time spent in the supervision and instruction of medical residents in the delivery of appropriate obstetrical and gynecological care.

Special payment rules detail how teaching facilities can be reimbursed for a physician's time supervising and instructing interns and residents. These payments are authorized under section 1861(b) of the Social Security Act (42 U.S.C. 1395x(b)). The law and existing regulations are silent on whether CNM services should be reimbursed in these same teaching facilities. Thus, teaching facilities are not able to bill the Medicare program for the time CNMs spend training residents. Officials at the Centers for Medicare & Medicaid Services (CMS) have told ACNM that a statutory modification would need to be made for the agency to pursue rules to allow payment to teaching facilities for such services.

The Accreditation Council of Graduate Medical Education's (ACGME) Program Requirements for Graduate Medical Education in Obstetrics and Gynecology, highlights the role of CNMs supervising residents in part VI.D of the document. It states, ***"In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. Any health professional with appropriate certification, e.g., Certified Nurse Midwife, Nurse Practitioner, Physician Assistant, can be listed as faculty (page 25)."***

Remedy:

ACNM is seeking to modify the Medicare statute to allow for equitable reimbursement to CNMs for time spent supervising and instructing medical residents. The *Improving Care and Access to Nurses (ICAN) Act*, H.R. 1317/S. 575, would fix this billing and coding issue under Medicare's GME program.

Additional ICAN Provisions that Improve CNM Delivery of Care:

The ICAN Act also ensures that CNMs paneled as Medicare providers who are primary care providers for women throughout the lifespan - including women 65 and older and those of reproductive age with disability status - are eligible to certify and recertify a Medicare beneficiary for home health services without being subject to physician supervision and are able to issue a prescription or written order for durable medical equipment (e.g., breast pumps), as well as provide face-to-face encounters without being subject to physician supervision.

To increase access to board certified nurse-midwives and midwifery-led maternity care, we must address barriers that prevent midwives from serving their communities, this includes amending federal regulatory structures that prevent certified nurse-midwives and other APRNs from providing the care they are educated, trained, and certified to provide. For further information on the Certified Nurse-Midwives and the *Improving Care and Access to Nurses Act* please contact Amy Kohl at the American College of Nurse-Midwives at akohl@acnm.org.