

April 22, 2015

The Honorable Laurie Monnes Anderson
Chair
Senate Committee on Health Care
900 Court Street, NE
Salem, OR 97301

Re: HB 2468 - SUPPORT

Dear Chairwoman Anderson:

On behalf of the Oregon affiliate of the American College of Nurse-Midwives (ACNM), I write in strong support of HB 2468. This important bill would require health insurers in the state to make available timely access to a network of providers that is sufficient in number, geographic distribution and types of providers to ensure that all covered services under the health benefit plan are accessible to enrollees without unreasonable delay. Furthermore, this bill would prohibit a health care service plan or health insurer from discriminating against any health care provider working within the scope of the provider's license or certification.

ACNM is the national professional association representing the interests of certified nurse-midwives (CNMs) in the U.S. In 2013, CNMs in Oregon attended nearly 18 percent of all births in the state, making them major providers of maternal and newborn care, a required benefit category under the "essential health benefits" which, pursuant to the Affordable Care Act must be covered by most insurers.

In 2014, ACNM conducted a survey of insurers participating in health insurance marketplaces across the country. The survey inquired regarding coverage of midwifery and birth center services. The full survey results are available here:

<http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000004394/EnsuringAccessToHighValueProviders.pdf>

Four of the 85 respondents to that nationwide survey were plans in the state of Oregon. The small sample size makes it impossible to say, with confidence what the precise picture is for midwives in Oregon, but from the four plans who responded, the situation seems fairly positive. All four of the respondents from Oregon contract with CNMs and work well with them. Two items do stand out, though. One plan pays CNMs at a lower rate than they pay physicians for the same service, a practice that is not based on outcomes or performance but simply a result of licensure, clearly a discriminatory approach to reimbursement. Two plans indicate they do not cover home birth services rendered by CNMs, even though this is a legal part of CNM practice within the state. We have encouraged our states' insurance commissioner to look into these practices.

Although the picture we have for Oregon, based on limited data, is relatively positive, we support HB 2468 because the national picture painted by our survey is very different. We are concerned that large insurers may seek to implement practices in Oregon they have used in other states, limiting access to midwifery services, to the detriment of the women and children we serve

Specifically, our nationwide results show that:

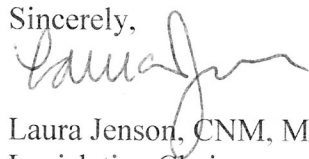
- Twenty percent of plans do not contract with CNMs to include them in their provider networks, even though CNMs are licensed to practice in all 50 states and the District of Columbia.
- Seventeen percent of plans do not cover primary care services offered by CNMs, even though ACNM standards defining the scope of practice for these providers, often incorporated by reference by state law, include primary care services.
- Fourteen percent of plans indicated they impose restrictions on CNM practice that conflict with their scope of practice under state laws and regulations.
- Twenty-four percent of plans will not cover CNM professional services provided in a birth center and 56% will not reimburse CNMs for home birth services.
- Ten percent of plans that contract with CNMs do not list them in their provider directories, making them invisible to potential and current enrollees.
- Forty percent of plans listing CNMs in their provider directories list them under the obstetrician-gynecologist category, which may make it difficult for women searching for “midwives” to find them.
- Forty-seven percent of plans do not contract with birth centers to cover facility costs associated with births in that setting, despite studies showing very good outcomes and low costs associated with these facilities.
- Eight percent of plans contracting with birth centers indicated they did not list them in their provider directory.

It is a serious matter that a major provider of maternity and newborn care is being systematically excluded or discriminated against by plans participating in the exchanges.

State policymakers have a strong interest in ensuring that high-value, low cost providers are included in the networks of plans operating in their states. Multiple studies have shown that CNMs utilize lower levels of intervention when attending birthing women. This practice pattern translates into lower costs and better outcomes. We believe that the provisions of HB 2468 will go a long way toward protecting patient access to midwifery services and ensuring that Oregon’s current positive environment does not erode into something akin to what occurs in other areas of the country.

We are proud to provide care to our fellow Oregonians and believe that this important bill will help strengthen consumer choice in health care. We thank you for your leadership in this issue.

Sincerely,



Laura Jenson, CNM, MPH, MS, CPH
Legislative Chair

Oregon Affiliate, American College of Nurse-Midwives