

110TH CONGRESS
1ST SESSION

S. 507

To amend title XVIII of the Social Security Act to provide for reimbursement of certified midwife services and to provide for more equitable reimbursement rates for certified nurse-midwife services.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 6, 2007

Mr. CONRAD (for himself, Ms. COLLINS, Ms. CANTWELL, and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to provide for reimbursement of certified midwife services and to provide for more equitable reimbursement rates for certified nurse-midwife services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Midwifery Care Access
5 and Reimbursement Equity Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The Medicare program reimburses certified
2 nurse-midwives for primary care services, as author-
3 ized by State law.

4 (2) Since 1988, Congress has authorized reim-
5 bursement under the Medicare program to certified
6 nurse-midwives for the provision of maternity-related
7 services to Medicare-eligible women with disabilities
8 who are of childbearing age.

9 (3) Since 1993, Congress authorized reimburse-
10 ments under the Medicare program to certified
11 nurse-midwives to also provide additional services
12 outside the maternity cycle.

13 (4) In its June 2002 report to Congress, the
14 Medicare Payment Advisory Commission (MedPAC)
15 unanimously recommended that the percentage of
16 part B reimbursement for certified nurse-midwife
17 services to be increased by Congress. MedPAC also
18 highlighted the high quality of care provided by cer-
19 tified nurse-midwives.

20 (5) Certified nurse-midwives and certified mid-
21 wives are highly educated health professionals. To
22 practice in the United States as either a certified
23 nurse-midwife or a certified midwife, an individual
24 must complete a post-baccalaureate educational pro-

1 gram and State licensure as well as pass a national
2 certification examination.

3 (6) While most State Medicaid programs reim-
4 burse certified nurse-midwives and other obstetrical
5 and gynecological providers at the same payment
6 rate, the Medicare program reimburses such mid-
7 wives at a payment rate that is 35 percent lower
8 than such other providers.

9 (7) This disparity is a barrier to women's ac-
10 cess to obstetrical and gynecological providers of
11 their choice within the Medicare program.

12 (8) Health disparities in the United States con-
13 tinue to be a critical problem. Midwives have histori-
14 cally cared for those populations most at risk for
15 health disparities in areas of high infant mortality,
16 preterm birth, low birth weight, sudden infant death
17 syndrome, maternal mortality, breast and cervical
18 cancer, and HIV/AIDS infection among women.

19 (9) Providing more equitable reimbursement for
20 the high quality primary care services of certified
21 nurse-midwives and certified midwives will aid in en-
22 suring their services are available to women in need.

1 **SEC. 3. MEDICARE PAYMENT FOR CERTIFIED NURSE-MID-**
2 **WIFE AND MIDWIFE SERVICES.**

3 (a) CERTIFIED MIDWIFE, CERTIFIED MIDWIFE
4 SERVICES DEFINED.—(1) Section 1861(gg) of the Social
5 Security Act (42 U.S.C. 1395x(gg)) is amended by adding
6 at the end the following new paragraphs:

7 “(3) The term ‘certified midwife services’ means such
8 services furnished by a certified midwife (as defined in
9 paragraph (4)) and such services and supplies furnished
10 as an incident to the certified midwife’s service which the
11 certified midwife is legally authorized to perform under
12 State law (or the State regulatory mechanism provided by
13 State law) as would otherwise be payable under this title
14 if furnished by a physician or as an incident to a physi-
15 cian’s service.

16 “(4) The term ‘certified midwife’ means an individual
17 who has successfully completed a bachelor’s degree from
18 an accredited educational institution and a program of
19 study and clinical experience meeting guidelines prescribed
20 by the Secretary, or has been certified by an organization
21 recognized by the Secretary.”.

22 (2) The heading in section 1861(gg) of the Social Se-
23 curity Act (42 U.S.C. 1395x(gg)) is amended to read as
24 follows:

1 “Certified Nurse-Midwife Services; Certified Midwife
2 Services”.

3 (b) CERTIFIED MIDWIFE SERVICE BENEFIT.—

4 (1) MEDICAL AND OTHER SERVICES.—Section
5 1861(s)(2)(L) of the Social Security Act (42 U.S.C.
6 1395x(s)(2)(L)) is amended by inserting “and cer-
7 tified midwife services” before the semicolon.

8 (2) PERMITTING HOSPITALS TO PROVIDE FOR
9 PATIENTS RECEIVING CERTIFIED NURSE-MIDWIFE
10 SERVICES OR CERTIFIED MIDWIFE SERVICES TO BE
11 UNDER THE CARE OF A CERTIFIED NURSE-MIDWIFE
12 OR CERTIFIED MIDWIFE.—Section 1861(e)(4) of the
13 Social Security Act (42 U.S.C. 1395x(e)(4)) is
14 amended—

15 (A) by inserting “(i)” after “except that”;

16 and

17 (B) by inserting before the semicolon the
18 following: “and (ii) a patient receiving certified
19 nurse-midwife services or certified midwife serv-
20 ices (as defined in paragraphs (1) and (3), re-
21 spectively, of subsection (gg)) may be under the
22 care of a certified nurse-midwife or certified
23 midwife with respect to such services to the ex-
24 tent permitted under State law”.

1 (3) BENEFIT UNDER PART B.—Section
2 1832(a)(2)(B)(iii) of the Social Security Act (42
3 U.S.C. 1395k(a)(2)(B)(iii)) is amended by inserting
4 “certified midwife services,” after “certified nurse-
5 midwife services,”.

6 (4) AMOUNT OF PAYMENT.—Section
7 1833(a)(1)(K) of the Social Security Act (42 U.S.C.
8 1395l(a)(1)(K)) is amended—

9 (A) by inserting “and certified midwife
10 services” after “certified nurse-midwife serv-
11 ices”; and

12 (B) by striking “65 percent” and inserting
13 “100 percent” each place it appears.

14 **SEC. 4. INTERIM, FINAL REGULATIONS.**

15 In order to carry out the amendments made by this
16 Act in a timely manner, not later than 6 months after
17 the date of the enactment of this Act, the Secretary of
18 Health and Human Services shall promulgate regulations,
19 that take effect on an interim basis, after notice and pend-
20 ing opportunity for public comment.

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