



S.607/H.1069: An Act to Increase Access To Nurse-Midwifery Services

Senator Brendan Crighton & Representative Kay Khan



Bill Summary:

This bill would require MassHealth and private insurance companies to reimburse Certified Nurse Midwives (CNMs) at the same rate as physicians when performing the same medical services.

Massachusetts is one of only two New England states that doesn't reimburse CNMs at 100% of physician rates under Medicaid

Over half of U.S. states reimburse CNMs at 100% under Medicaid.

Key Facts:

- CNMs are highly trained medical professionals who must be better leveraged on the path to achieving birthing justice and a reduction in racial disparities in maternal morbidity.
- Equal insurance reimbursement for CNMs is a top recommendation of reports by both the [Racial Inequities in Maternal Health Commission](#)* and the [Health Policy Commission](#)**.
- Cost savings from CNMs are substantial, stemming from the measurable improved outcomes for birthing people and their infants, and fewer expensive interventions such as C-Sections.
- MassHealth and private insurers currently reimburse for CNMs services at 85% of physician rates for performing identical services.
- Physicians support this policy - The American College of Obstetricians and Gynecologists (ACOG) has endorsed this bill

**Hospitals with higher rates of midwifery care see \$530 less in spending per episode of maternity care* according to a recent MA Health Policy Commission study*

S.607/H.1069 Expands Access to Reproductive Care:

Incentivizes Pay Equity for CNMs

The CNM workforce is 99% female and performs comparable work to OB-GYNs, yet are reimbursed and paid at a fraction of the rate of physicians (historically male dominated field)

Despite landmark pay equity laws in MA for other professions, CNMs still do not benefit from pay equity.

Improves Health

Outcomes

CNM care is associated with **lower rates of medical interventions, shorter hospital stays, and higher breastfeeding rates** - all crucial to maternal and fetal health outcomes**.

Addresses Maternal Health

Disparities

CNMs play a key role in addressing maternal health disparities, often more prevalent in racially diverse populations.

Equitable reimbursement makes it more cost-effective for providers to **expand CNM services and better address the maternal mortality and morbidity crisis.**

Organizations in Support of Equal Reimbursement for CNMs: The American College of Obstetricians and Gynecologists - American Nurses Association National Perinatal Association - National Rural Health Association - Medicare Payment Advisory Committee

*Report of the Special Commission on Maternal Health (May 2022), <https://archives.lib.state.ma.us/bitstream/handle/2452/859167/on1322121286.pdf?sequence=1&isAllowed=y>
** MA Health Policy Commission (January 2022). *Certified Nurse Midwives and Maternity Care in Massachusetts*, <https://www.mass.gov/doc/certified-nurse-midwives-and-maternity-care-in-massachusetts-chartpack-1/download>

Urgent Need to Expand Access to Birthing Care:

Recent closures of birth centers in Massachusetts have left the state with only one operating birth center.

CNMs are the primary providers of care at birth centers; equal reimbursement would uplift CNM care and ensure that birth centers are financially sustainable.

What about the difference in MD and CNM education and training?

Many different medical specialties with different levels of training already receive the **same reimbursement rate** for rendering the same services. For example, Maternal Fetal Medicine (MFM) Physicians, Family Medicine Physicians, and board-certified OBGYNs are **ALL reimbursed equally for a delivery**.

Differences in formal education between CNMs and physicians do not result in lower quality care within their scope of practice.

Passage of S.607/H.1069 Would Result in Lower Healthcare Costs:

Any up-front cost increases for insurers would be offset by savings due to improved health outcomes and decreased rates of expensive medical interventions. The American College of Nurse Midwives (ACNM) estimates that for every 1,000 low-risk women who utilized CNM care versus exclusively OB-GYN care, the State would see:

- * **A 6.4% reduction in cesarean sections**
- * **\$297,437 in savings for Medicaid-covered births**
- * **\$636,164 in savings for private insurance-covered births.**



CNMs in MA:



- Over 560 CNMs are practicing in 30+ hospitals and attend approx. 16% of all vaginal deliveries performed in the state.
- CNMs are licensed reproductive and sexual healthcare providers with a Master's or Doctoral degree.
- CNMs are fully credentialed to provide independent, autonomous care.
- This includes the full spectrum of reproductive healthcare, continually under threat due to the Supreme Court's *Dobbs* ruling.
- CNM medical malpractice insurance is on average less than 10% the cost of OB-GYN's, presenting an enormous cost saving opportunity for hospitals that cover malpractice insurance***.

Please support S.607/H.1069, *An Act to increase nurse-midwifery services*. With your help we can expand access to critical medical care, reduce invasive medical interventions, and lower health care costs!

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***How Much Does Medical Malpractice Insurance Cost in 2021? LeverageRx. (n.d.). <https://www.leveragerx.com/blog/medical-malpractice-insurance-cost/>.