



NACPM

national association of
certified professional midwives

CPMs: Midwifery Landscape and Future Directions

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Frequently Asked Questions: The Current Strategy for Federal Recognition

In addition to requests for information and questions about the US MERA agreements and how they pertain to state and federal legislation, about the *Principles for Model U.S. Midwifery Legislation and Regulation*, and about the Midwifery Bridge Certificate, NACPM has received concerns and questions about several specifics about the current strategy for federal recognition for CPMs. Following are these concerns and questions and NACPM's responses.

Concern: I am concerned that defining CPMs in a federal law could interfere with the role and authority of our credentialing body, NARM. I want NARM to define who is a CPM.

Question: If the CPM is defined in the federal Medicare and Medicaid statutes, is there a potential conflict between NARM and the federal government over who defines who is a Certified Professional Midwife?

Response: The definitions of CPMs in the draft CPM federal recognition bill do not establish or define the credentialing process for CPMs. That is the function of the national certifying body, NARM for CPMs, which defines the credential, the qualifications of those who are eligible to hold the credential, scope of practice, and routes and mechanisms for obtaining the credential.

Professions included in federal Medicare and Medicaid are defined in the law only for the purpose of indicating which professions can be reimbursed in these programs. The definitions will describe the qualifications for CPMs, credentialed by NARM, who are *eligible for inclusion and reimbursement in these federal insurance programs*.

If you wish, you may take a look at the introduction to the definitions-of-provider section of the Social Security Laws, Sec. 1861. [42 U.S.C. 1395x] *which states that the definitions are "For purposes of this title."* https://www.ssa.gov/OP_Home/ssact/title18/1861.htm

Concern: I am concerned CPMs are being discriminated against in the draft bill language, being singled out in ways other professions are not.

Question: I see in the draft bill that the Certified Midwife (CM) is defined only by referring to the CM credential. Why would the CPM have a more specific definition in the bill? Are CPMs being singled out by the definition that refers explicitly to educational requirements? It seems other providers included in the Social Security Act typically are only required to have a national credential to be included.

Response: Just as the federal government defines requirements for schools about who is eligible to receive federal funding for education, so too does the federal Department of Health and Human Resources (HHS) and the Centers for Medicare and Medicaid Services (CMS) define who is reimbursed by federal dollars for providing health services. All providers currently included in the Social Security Act and reimbursed by the federal Medicaid program are required to have an accredited education by the requirements of their credential. For example, Certified Nurse-Midwives, physicians, nurses, and chiropractors – some of the providers in the Social Security Act – all must have an accredited education to sit for their national exam and apply for their credential. This is not the case for CPMs.

In fact, providers included in the federal Medicare and Medicaid statutes are frequently defined in detail with regard to training and education—again, *for the purpose of inclusion in the Medicaid program.*

If you would prefer to just read some examples from this source, they are included in the attached document, “**Provider Definitions in SSA Examples.**”

Concern: The current strategy seems to complicate matters by including these definitions when bills introduced in previous Congresses did not.

Question: Why does the current draft bill include all of these specifics about education and the Midwifery Bridge Certificate as a way of defining CPMs?

Response: Actually, draft bills introduced during previous sessions of Congress (H.R. 1036 and H.R. 1976) also contained a provision for the definition of the CPM. Both bills introduced in the U.S. House of Representatives referred to:

- » services that—
 - (A) are furnished by a certified professional midwife (*as defined by the Secretary*);

These previous versions of the bill provided no guidance to the Secretary for the definition of CPMs which would come during the rules process—which just as in states, follows the passage of a statute in order to implement it. The current version of the draft bill is an opportunity for CPMs to guide and influence the definition of the CPM in the Medicare/Medicaid statutes. Without this guidance, it is likely that the accredited-education route to the credential would stand alone in rules and unlikely that bridging education would be included. The US MERA agreements are a crucial opportunity to favorably influence the definition of CPM in federal statute. The federal government has ultimate authority over who is reimbursed with federal dollars; this is our opportunity to have a hand in the federal definition of CPMs and include bridging education as described and administered by NARM.

Before the US MERA agreements were available, the federal bill was written solely as a Medicaid amendment. These agreements provide the remarkable opportunity to lead the bill with a Medicare amendment (as the place in statute where provider definitions typically reside) with a corresponding Medicaid amendment. With a definition of CPMs in federal statute for the purpose of inclusion in federal Medicare and Medicaid, we will indeed have achieved federal recognition of the CPM, with all of the benefits that will accrue to CPMs and childbearing people from that recognition.

Concern: I know the US MERA agreements were drafted to support state legislation. I am concerned about using them for the federal strategy.

Question: What are the advantages of aligning the definition of CPM with US MERA agreements?

Response: As is occurring with US MERA-aligned state legislation, aligning the federal bill with these agreements is creating new and previously-unattainable support and allies. In previous years and Congresses, ACNM stood in opposition to the bill over issues of educational requirements; now, the bill includes ACNM priorities—federal recognition for CMs—and we are advocating together for this legislation. ACOG has endorsed the ICM Global Standards for education and regulation, as well as the Midwifery Bridge Certificate, foundations for the current federal initiative; we are continuing to seek negotiations with ACOG regarding this federal bill. With additional support from stakeholders, key Congressional committee members and staff have shown significant interest in our provision, especially the cost savings to the Medicaid program with reimbursing for CPM services more broadly. Aligning the federal bill with the consensus agreements from US MERA is causing breakthroughs to achieving federal recognition for CPMs, a linchpin for all health professions in the U.S.

We know issues surrounding the current strategy for federal recognition for CPMs can be complex and confusing. Please feel free to be in touch with us anytime at info@nacpm.org with your questions and concerns.

NACPM has reached out in a number of ways to share information and engage CPMs and stakeholders in discussions about the federal recognition initiative. Learn more about US MERA and federal recognition, including recordings of two webinars on US MERA, one on federal recognition, as well as Virtual Member Meetings and presentations about how states are using these new agreements and tools in our Legislation and Policy Webinar Series. nacpm.org/legislation-and-policy-webinar-series/

Please see also: **Federal Recognition: History and Current Strategy of the MAMA Campaign and Preparing for the Future: Recommendations for Midwives and Students**

Examples of Provider Definitions in the Social Security Act

From Section 1861 of the Social Security Act

https://www.ssa.gov/OP_Home/ssact/title18/1861.htm

Physician

(r) The term “physician”, when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1101(a)(7)), (2) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions, (3) a doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and sections 1814(a), 1832(a)(2)(F)(ii), and 1835 but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them, (4) a doctor of optometry, but only for purposes of subsection (p)(1) with respect to the provision of items or services described in subsection (s) which he is legally authorized to perform as a doctor of optometry by the State in which he performs them, or (5) a chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of sections 1861(s)(1) and 1861(s)(2)(A) and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. For the purposes of section 1862(a)(4) and subject to the limitations and conditions provided in the previous sentence, such term includes a doctor of one of the arts, specified in such previous sentence, legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such section 1862(a)(4)) are furnished.

Clinical Social Worker; Clinical Social Worker Services

(hh)(1) The term “clinical social worker” means an individual who—

- (A) possesses a master’s or doctor’s degree in social work;
- (B) after obtaining such degree has performed at least 2 years of supervised clinical social work; and
- (C)(i) is licensed or certified as a clinical social worker by the State in which the services are performed, or
- (ii) in the case of an individual in a State which does not provide for licensure or certification—
- (I) has completed at least 2 years or 3,000 hours of post-master’s degree supervised clinical social work practice under the supervision of a master’s level social worker in an appropriate setting (as determined by the Secretary), and
- (II) meets such other criteria as the Secretary establishes.

(2) The term “clinical social worker services” means services performed by a clinical social worker (as defined in paragraph (1)) for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital and other than services furnished to an inpatient of a skilled nursing facility which the facility is required to provide as a requirement for participation) which the clinical social worker is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed as would otherwise be covered if furnished by a physician or as an incident to a physician’s professional service.

Physician Assistant and Nurse Practitioner

(Note: Definitions Embedded under “Rural Health Clinic Services and Federally Qualified Health Center Services”)

(5)(A) The term “physician assistant” and the term “nurse practitioner” mean, for purposes of this title, a physician assistant or nurse practitioner who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations.

(B) The term “clinical nurse specialist” means, for purposes of this title, an individual who—

(i) is a registered nurse and is licensed to practice nursing in the State in which the clinical nurse specialist services are performed; and

(ii) holds a master’s degree in a defined clinical area of nursing from an accredited educational institution.