Health Policy Analysis on H.R. 1209-Improving Access to Maternity Care Act

Brandy J. Selover
Sharrell Smith
Andre Martin
Lynell Shove

Concordia University, Nebraska

April 18, 2015
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The House of Representatives 1209—Improving Access to Maternity Care Act was introduced on March 3, 2015 and has since been referred to a congressional subcommittee (Library of Congress, n.d.). A bipartisan action, the bill was introduced by Representative Michael Burgess of Texas and would provide for a designation of maternity care health professional shortage areas, amending the Public Health Service Act’s current list of health professional shortage areas, in order to more appropriately distribute maternity health care specialists from the National Health Service Corps (NHSC) to provide specialized maternity care to millions of women in underserved areas (Library of Congress, n.d.; American Congress of Obstetricians and Gynecologists, n.d.(a)). According to information on the legislation tracking website GovTrack.us, a project of Civic Impulse, LLC (n.d.), H.R. 1209—Improving Access to Maternity Care Act has an eight percent chance of being referred beyond the current subcommittee, and a five percent likelihood of final enactment. This policy analysis will provide an overview of the Improving Access to Maternity Care Act, as well as a recommendation for policy action.

An overview of H.R. 1209—Improving Access to Maternity Care Act

On March 3, 2015, Representative Michael Burgess, a Republican from Texas, introduced House of Representatives bill 1209, known as the Improving Access to Maternity Care Act, which would be an amendment to the Public Health Service Act of 1944 (Library of Congress, n.d.). H.R. 1209 was referred by the House Energy and Commerce to the Subcommittee on Health on March 6, 2015, for consideration (Library of Congress, n.d.). This legislation has an identical bill in the Senate (S-628), also titled Improving Access to Maternity Care Act, that was referred to the Committee on Health, Education, Labor, and Pensions by the

The Improving Access to Maternity Care Act seeks to allow for the addition of an annual review of data as well as the designation of maternity care health professional shortage areas, amending the current list of health professional shortage areas (HPSAs), as per the Public Health Service Act (Library of Congress, n.d.). The current designated HPSAs are primary medical care, dental or mental health providers in underserved areas or populations with a shortage of health professionals, including rural or urban areas, specific population groups, and private or public medical or other organizations (Health Resources and Services Administration, n.d.). Adding maternity care health professional shortage areas to the list of designations would allow for the National Health Service Corps (NHSC), a program of the U.S. Department of Health and Human Services, to assign maternity care medical professionals to provide specialized care for women in underserved areas, including prenatal, labor and birthing, as well as postpartum care (Library of Congress, n.d.; American Congress of Obstetricians and Gynecologists, n.d.(a)).

Improving Access to Maternity Care Act would also provide for designation of birth centers as a medical facility under the Public Health Service Act (H.R. 1209, 2015).

The American Congress of Obstetricians and Gynecologists (n.d.), the largest non-profit membership organization of professionals providing health care to women, supports the passage of the bill. Additionally, the American College of Nurse-Midwives (2015), support the bipartisan legislation.

**Issues Addressed by the Improving Access to Maternity Care Act**

In 1944, the Public Health Service Act was approved by President Franklin D. Roosevelt, consolidating and providing revisions to all prior legislation that included activities
and requirements of the Public Health Service (National Cancer Institute, n.d.). As of a 2002 amendment to the Public Health Service Act, the HRSA (n.d.), a division of the U.S. Department of Health and Human Services, was tasked with the development of criteria and the determination of health professional shortage areas (HPSAs). HPSAs currently apply to primary medical care, dental or mental health providers in rural or urban areas, specific population groups, and private or public medical or other organizations where a shortage of health professionals exist based on specific criteria that compares population to the number of particular health providers (HRSA, n.d.).

According to the ACOG (n.d.(b)) and the American College of Nurse-Midwives (2015), specific issues that would be addressed by the Improving Access to Maternity Care Act are access to full-scale maternity care for an estimated 74 million girls and women of childbearing age, many of whom do not live near or have the ability to access obstetrical care due to a lack of placement of these professionals in available facilities. According to the ACOG (n.d.(b)), some areas of the United States such as rural and frontier locations, do not offer access to obstetric care, or it requires more than half of the women living in rural areas to drive more than 30 minutes for their prenatal appointments or to give birth at a facility. This bill would require the HRSA to gather data on maternity care facilities, including birth centers, to identify areas that are underserved by maternity care providers and strategically place obstetrical professionals in areas where there is a higher obstetrical need, versus the current process of placing these types of professionals in primary care facilities that often do not have a high need to provide maternity care (ACOG, n.d.(b); American College of Nurse-Midwives, 2015).

The amplified data collection on the capacity for maternity care in a particular area would not increase spending by the HRSA, according to the ACOG (n.d.(b)), as the HRSA would
utilize current data gathering methods for maternity care that is used for the existing HPSAs. And, the bill would allow for assessment of the availability of locations for maternity care, labor and birthing, such as birth centers, and labor and delivery centers within hospitals, as well as the ratio of women of childbearing age to maternity care providers (American College of Nurse-Midwives, 2015).

**Specific provisions of the Improving Access to Maternity Care Act**

The Improving Access to Maternity Care Act would, 1) provide a designation of maternity care health professional shortage areas, 2) provide for specific data collection on maternity care facilities and professionals, including birth centers, by geographical area in comparison with women of childbearing age so as to identify areas that are underserved by maternity care providers and facilities, 3) provide access to specialized maternity health care professionals in underserved areas to women who do not currently have access to, or live a long distance from their current obstetric care provider, and 4) provide strategic placement of obstetrical professionals from the National Health Service Corps to areas where there is a higher need for services. (Library of Congress, n.d.; ACOG, n.d.). According to American College of Nurse-Midwives (2015), this legislation will not require any additional funds to support.

**Expected outcomes of the Improving Access to Maternity Care Act**

The designation of maternity care health professional shortage areas is projected to improve the overall costs of maternity care in the United States by providing better access to maternity care providers. A 2011 finding by Eugene DeClercq found that 40 percent of the counties in the United States had no Certified Midwives or Obstetricians, leaving millions of pregnant women who live in those areas to experience long waiting times for appointments, as well as long travel times to appointments and birthing sites (ACNM, 2015). Additionally, 44%
of the hospital stays related to maternal childbirth in 2013 were billed to Medicaid, indicating that a large percentage of women needing these services are low-income (ACNM, 2015).

The health of prenatal, laboring, and interconception women, as well as infant health is expected to improve (ACOG, n.d.; Ramos, Conry, and Gregg, 2013). According to Markus and Rosenbaum (2010), access to quality maternity care can improve individual responsibility across the lifespan, patient awareness, and increase preventive visits, interventions for identified risks, inter-conception care, pre-pregnancy checkup outcomes, and monitoring improvements).

Health disparities are expected to be addressed within low-income and traditionally marginalized populations who experience locational barriers that make it difficult to access services (Haddrill, Jones, Mitchell, & Anumba, 2014). Haddrill, et al. (2014) surveyed factors associated with women receiving maternity care services and found that location was a key element that women considered when scheduling and attending prenatal appointments. Additionally, the attitudes of women around timing of appointments, convenience and necessity, as well as the importance women place on a familiar environment, what they consider “home”, is important, especially considering strong cultural backgrounds from which women of minority populations originate from (Haddrill, et. al, 2014). An increase in specialization and training of maternity care professionals, particularly obstetrician-gynecologists and nurse midwives in areas where they are needed, is an expected outcome.

Increased access to proper maternity care would also lead to expanded intervention programs for helping young mothers through pregnancy. Many young, under-privileged mothers are not exposed to many of the options that can aid in a successful pregnancy such as education on breastfeeding and the use of midwives. A CDC (2011) study showed that minorities and low-income families have less access to facilities implementing recommended maternity care
practices, which contribute to lower breastfeeding rates among blacks compared with other racial groups. Also, a recent study shows that women who receive care at midwife-led birth centers incur lower medical costs and are less likely to have cesarean births compared to women who give birth at hospitals (American Association of Birth Centers, 2013). The goal of this legislation is eliminating the disparity among individuals that cannot receive the optimal care due to where they live.

Enacting the Act is expected to launch specialization and training of more professionals, particularly obstetrician-gynecologists, that can help provide individuals in need of their services (ACOG, 2015). The current act has improved the access to services such as primary care, dental, and mental health in these designated areas where there are shortages; the need for improvements in maternal care in these areas is exemplified in the women that experience these hardships in pregnancy. The ACOG (2015) concluded that enacting this amendment will, “will help open the doors for National Health Service Corps (NHSC) providers to serve in medical facilities in shortage areas, bringing essential care to pregnant women and making it possible for them to get the quality maternity care that they need, regardless of where they live.” In 2013, according to the American College of Nurse-Midwives (2015), there were 3.3 maternal care providers for every 10,000 women and girls. And, there are only 9,200 NHSC providers currently serving health shortage areas (ACOG, n.d). While Ob-gyns are already associated with the listed providers from NHSC, the new amendment will make it a priority that these professionals are utilized in these designated shortage areas (ACOG, n.d.).

Problems with the Improving Access to Maternity Care Act
Thus far no organizations have expressed problems with or opposed the Improving Access to Maternity Care Act. Since being introduced on March 3, 2015, four non-legislative organizations have publicly supported H.R. 1209.

However, in examining problems with the legislation it is important to note that funds allotted to the expansion of maternity care health professional shortage areas would not be extraneous, as the ACOG (n.d.) suggests, considering that extra funding was implemented in the Affordable Care Act that increased the NHSC training and hiring of professionals in preparation for expansion of women’s health care.

**Unintended consequences of the Improving Access to Maternity Care Act**

If this legislation were enacted, opposition may stem from associated funding sources. Funds allotted to expanding maternal care would not be superfluous considering that extra funding was implemented in the Affordable Care Act to account for training and hiring of professionals associated with the NHSC (ACOG, n.d.). Detractors of the bill may be opposed to anything that hints to an increase of federal funding; much of the conflicting arguments of the passing of the Affordable Care Act revolved around implementing maternity care into insurance plans for people for which that type of care did not apply.

Also, girls and women who are of childbearing age have a strong stake in pursuing developments in maternity care. However, according to the Legislative Agenda (2015), the rest of the nation does not particularly consider maternal care a top priority in lieu of issues such as immigration reform, the budget, deficit reduction, housing reform, and energy efficiency.

Another unintended consequence if the bill is enacted into law is that of the 9,200 NHSC providers currently assigned to primary care facilities, a large portion of those who are maternity
care providers will be removed and placed in other locations, leaving many women who seek services at the primary care locations without maternity care specialists (ACOG, n.d.).

**Recommendations**

Few recommendations for the Improving Access to Maternity Care Act include adding language to the bill that would require all hospitals and birthing centers that are designated as HPSAs to be able to accommodate the average number of births from the population. If there are no rooms or beds accessible for laboring and delivery, women may still be forced to travel an extended amount of time to the next nearest place to deliver.

Additionally, inclusion of language encouraging more birth centers and increased support for educating nurse-midwives based on data supporting that women who receive care at midwife-led birth centers incur lower medical costs and are less likely to have cesarean births compared to women who give birth at hospitals (American Association of Birth Centers, 2013). This addition will allow for lessened medical costs, overall, as well as higher satisfaction of labor and deliver, and healthier infants.

**Is the Improving Access to Maternity Care Act Right to Ensure for Pregnant Women?**

The Improving Access to Maternity Care Act will likely increase access to maternity care to women who otherwise are not currently receiving it, and are in higher need due to issues such as poverty and or inaccessibility. The Act would increase prenatal care, increasing health of the infant than those without care since the lack of prenatal care for the mother indicates that the baby is three times more likely to have low birth weight and five times more likely to die (Office on Women’s Health, 2012). According to the American College of Nurse-Midwives (n.d.), over the past three decades the number of OB/GYN graduates have been dwindling, and through the
assistance of NHSC by way of this legislation, an increase in maternity specialists may occur, benefitting women who most need the care.


References


