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# Midwives Alliance

Representing  
the Profession  
of Midwifery

*of North America*



August 29, 2006

Citizens Healthcare Working Group  
7201 Wisconsin Ave. Room 575  
Bethesda, MD 20814

Dear Working Group,

I am writing on behalf of the Midwives Alliance of North America, a non-profit organization representing the profession of midwifery and dedicated to improving perinatal outcomes and promoting midwifery as a quality health care option. First of all I would like to commend the Working Group on your progress to date and for the ambitious goal of soliciting public input for this important subject. Never before has the government put so many resources into asking the people of this nation what they would like to see our health care system look like.

It is obvious to most people and especially those who work within the healthcare field that our current system is not working for the majority of people. I know that you have heard about many of the problems that the average citizen is experiencing and I have hopes that the Working Group will indeed be able to make a difference especially to the most needy in our country.

Of course our particular interest is in maternal and child healthcare and I hope you understand that we would advocate for maternity care being covered under any health plan that is developed and that midwifery care be promoted as a quality option for the majority of women. The research studies to date show that midwives provide excellent care for much less money than an obstetrician is able to provide. All the developed countries that have better perinatal outcomes than the US use midwives as their primary women and child health providers. Utilizing birth centers and community midwives to attend births in the home has been shown to be as safe and in some cases safer than a hospital delivery. As the US prepares for impending epidemics such as Avian Flu, and designs disaster preparedness plans for childbirth, we need to have an efficient system in place for women to be able to safely have their babies away from the hospital, as it will be too dangerous to enter them for a non-complicated routine normal delivery. Midwives are the cost effective answer for the majority of women in this country regarding maternity and reproductive care.

Please accept our comments on the Interim recommendations as follows:

## **1. Guarantee coverage against high health care costs for all Americans .**

While we agree that all Americans need to have coverage for high health care costs, we believe that this will not be enough to really help the majority of people who presently do not have insurance. In order to build a healthy society,

preventative care and education are key components to health. Citizens will only be able to maintain or improve their health by getting this kind of attention during preventative visits and regular checkups by their practitioner of choice. Americans need a universal health care coverage and we believe this is best accomplished through a single payer system. We do not believe that the tiered system that you have proposed will best suit our current needs. It will be much too confusing and many will still fall through the cracks. A system that ensures that all people are covered for a basic health care package that includes dental, mental health, preventative care, maternity benefits and end of life care is what people want. A system similar to what other countries such as Canada and most of Western Europe have is what we recommend.

I attended meetings in my community and know several others who did the same. Everyone I have talked to had the same experience that I did and it was that the majority of people at the meeting were in favor of a single payer system that covered all Americans. The profit motive needs to be taken out of the healthcare industry and the emphasis needs to be on “care”. Investigate the least expensive yet quality way to deliver care and implement it. The competitive model is not working. Americans spend more on health care than any developed nation and yet have poorer outcomes than most other countries.

## **2. Support integrated community support networks .**

We agree with this recommendation that healthcare is more efficient when delivered locally. Local clinics can tailor their provider services and resources to the population they serve. The current federally qualified health care clinic system needs to be increased and the community partnership model improved. We believe that a single payer system for all Americans that can be mostly delivered through community clinics is the most efficient manner to take care of people’s health needs. This model would also be able to organize health education seminars and activities that focus on prevention and promote healthy communities. Parenting skills, nutrition information, promotion of breastfeeding, smoking cessation, and training in safety in the home and local environment are all activities that are most easily done at a local level and are topics that have the ability to change the health status of many people if they are exposed to these types of resources. Small efforts can have huge effects and are easily promoted through a community health center model coupled with local and regional partnerships.

## **3. Promote quality of care and efficiency of delivery of healthcare .**

We agree with this recommendation and especially the idea that evidence based medicine should inform the practice of physicians and other health professionals. For example, it is currently estimated that only 12% of obstetrical practices currently used are evidenced based. Our physicians and health care providers need to have a way to keep up with current research and be able to implement change as the information becomes available.

Once again it would be more efficient if there were one payer rather than multiple types of insurance coverage requiring several office staff just to figure out all the various codes and policies of the multiple payers. This would reduce costs by being able to have less staff working in the billing department of the medical practice. We also feel that focusing on prevention of health related problems and promoting complementary methods of healing can reduce costs by prevention as opposed to focusing on the treatment of disease once it happens. This would, we believe, be more efficient a model to adopt.

## **4. Restructure the way end of life services are delivered.**

We agree with this recommendation. As with our experience in birth and the beginning of life, we have found that it is more affordable and provides a higher quality of experience for the whole family if the end of a person’s life is able to happen at home with loving family to surround them. Most families are not able to drop all the rest of their lives to care for a dying family member so it would be cost effective for the government to cover services for hospice and home health care to help the family with the care of a dying loved one. Currently the services that are offered through the hospital or nursing homes are prohibitively expensive and we believe that a home based end of life care program would be less expensive and more rewarding for both the patient and the family who would be able to spend quality time together in these precious moments.

**5. It should be public policy that all Americans have healthcare coverage.**

This is a broad statement and one with which we agree. The coverage will have to be delivered in a variety of ways that utilize hospitals, community centers, birth centers, out patient clinics, mental health teams, and innovative programs. A system such as the VA or Kaiser could work but would need to be expanded. Emphasis should be on prevention of disease and health promoting behaviors; therefore a multi-disciplinary team of providers will also need to be included in the reimbursement pool including mental health workers, community health advocates, physicians, nurses, nurse midwives, community midwives and alternative providers such as acupuncture, massage and chiropractic practitioners. In addition the delivery of care should pay attention to the needs of all populations being served and address potential barriers to care such as language, geography, socioeconomic, race, ethnicity, class, gender, age, culture, physical, and other non-financial barriers to service. In addition the system will need to address health literacy of clients and train health care providers in cultural efficacy.

The financing of this universal healthcare coverage will need to be through a combination of federal service funds such as what is already being spent through the Medicaid and Medicare systems along with a general tax on income of all Americans. Your recommendations state that most respondents stated that they are willing to pay some type of fees for a universal health care coverage. We agree that this will need to be a part of the financing of healthcare for all. We also believe that consumer input should be continuously sought, including representation from all populations, as this new system is developed to provide accountability mechanisms and to keep in touch with the current situation from a consumer perspective.

**6. Establish a “core package” of benefits for all Americans.**

We very much agree with this recommendation and believe as you stated that consumer participation in the process is critical to public trust in the process. We would also advocate for the inclusion of midwifery services both in and out of hospital that would be included in the core package for all Americans. Our organization would be happy to provide consultation or participate on issues involving maternal and child healthcare as this benefit package develops. There is ample scientific evidence to indicate that midwifery care is safe, satisfying and cost effective.

Once again, thank you for your work on this very important issue and thank you for soliciting public input. If we can be of further service, please do not hesitate to contact us regarding issues about maternity and reproductive care for a healthy community.

Sincerely Yours,

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