The Maryland Affiliate of the American College of Nurse Midwives (ACNM) thanks you for the opportunity to provide comment on the draft network adequacy regulations published in July. We support the direction of the Maryland Insurance Administration (MIA) in redefining standards that ensure consumers have a sufficient number of health care providers in the networks.

We would like to raise a technical issue on the terminology used in the provider type lists under both the travel distance and appointment waiting time standards. The draft regulations use the terminology “Gynecology/OB/GYN”. As we understand the purpose of these draft standards, the MIA’s intent is to measure how many providers of women’s health services, inclusive of pregnancy services (often called OB services), are in an insurers network. There are two other provider types, Certified Nurse-Midwives (CNMs) and Licensed Certified Midwives, (CMs) that have full practice authority in Maryland, meaning that the Health Occupations Article recognizes their ability to practice independently for a broad range of women’s health services, including managing normal pregnancies. However, these providers may not be included under “Gynecology/OB/GYN” as that terminology is specific to physician providers. Therefore, we suggest a slight modification to the language to read “Gynecology/OB-GYN/Nurse-Midwives and Licensed Certified Midwives.”
We note that CNMs and CMs are playing an increasingly larger role in meeting the needs of underserved communities, including rural communities, for women’s health care. Therefore, it is important to measure their participation in provider networks in determining whether the need for women’s health care is met in all communities.

If we can provide any follow-up information, please contact me at relliott@policypartners.net.