

Christine A. Sullivan
PhD, CNM, FNP
550 N Scott Street
Adrian, MI 49221

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Donald S. Clark
Office of the Secretary
Federal Trade Commission
600 Pennsylvania Avenue, N.W.
Washington, D.C., 20580

RE: COMMENTS REGARDING HEARINGS ON HEALTH CARE
AND COMPETITION LAW AND POLICY

Dear Mr. Clark,

This letter is specifically regarding my practice as a certified nurse midwife (CNM) and nurse practitioner (NP). I have been employed by a hospital and a private OB-GYN practice. Specific reimbursement issues regarding my practice in Michigan includes:

1. Many health insurance companies do not allow CNMs and NPs to bill for services rendered. This limitation resulted in patients having to pay out-of-pocket for services that should have been covered by the health insurance, or they would not return because they could not afford to pay for services covered if they see a physician. In Michigan this included: Cigna, Aetna, Paramount, AARP, and other HMOs.
2. Blue Cross/ Blue Shield of Michigan had various plans. Some covered the services of a CNM for obstetrical care, but not for a CNM to do gynecological care. Thus, I was able to deliver a woman's baby, but could not see her for her annual gynecological care. This discrepancy resulted in fragmented care and lack of patient continuity, and is an obvious restriction of trade.
3. Medicaid services would limit the billing level to only "brief" services, stating that NPs were not "trained" to provide comprehensive care. This is erroneous and simply a rule to prevent them from paying for higher levels of service provided by CNMs and NPs.
4. For six months of services as a CNM/NP in 2003, over \$356,678 of my CNM/NP services were not covered by commercial health insurance companies, and some billing codes of Medicaid.

There is obvious discrimination by health insurance systems which deny CNMs/NPs reimbursement for services. More importantly, consumers are harmed by the limitations imposed by anticompetitive practices in health systems. Consumers need to have the option to choose quality health care providers, and have these services reimbursed fully. Health insurances companies which deny coverage for CNM/NP services are redirecting client care to physicians, and this clearly is anticompetitive action against advanced practice nurses. As a retired Commander, US Navy Nurse Corps, I have been appalled to practice in the civilian world which clearly impedes access to quality health care for women. The US healthcare crisis will not be resolved unless a cohesive and an integrated model of cost effective healthcare is in place. Consumers, hospitals, healthcare insurances companies, pharmaceutical industry, physicians and allied healthcare professionals, including advanced practice nurses (who are in the forefront of quality cost effective health care), need to be represented in creating a model that embraces healthcare improvement, including access to healthcare from non-physicians.

Sincerely,

Christine Sullivan