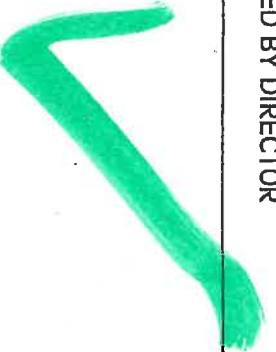


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Giese</i>	DATE <i>6-10-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000483</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-21-10</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

American Association of Birth Centers

America's Birth Center Resource



3123 Gottschall Road ~ Perkiomenville, PA 18074 ~ Tel: 215-234-8068 ~ Fax: 215-234-8829 ~ aabc@birthcenters.org ~ www.birthcenters.org

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Katie E. Bauer, MBA

May 27, 2010

Emma Forkner, Director

Department of Health & Human Services

PO Box 8206

Columbia SC 29201-8206

Dear Emma Forkner:

The American Association of Birth Centers is please to share with you new Medicaid funding from the Federal government for payment of facility fee.

The Patient Protection and Affordable Care Act (P.L. 111-148) as Amended by the Health Care and Education Act of 2010 (P.L. 11-152), Title II, Subtitle D, Section 2301 establishes care provided in free-standing birth centers as a mandatory Medicaid service.


Freestanding birth centers are defined as health centers that are not hospitals, where childbirth is planned to occur away from the pregnant woman's residence, that are licensed or otherwise approved by the State to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan, and that comply with any state-defined requirements relating to the health and safety of individuals.

This mandatory provision shall take effect 90 days after the enactment of this Act and shall apply to services furnished on or after such date. The President signed the Act on March 23, 2010. "If a State plan for medical assistance under XIX of the Social Security requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirement imposed by the amendments made by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet this additional requirement before the first day of the first calendar quarter beginning after the close of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the enactment of this Act. In the case of a State that has a two-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature."

Karen S. Fennell, MS, RN, Consultant, is available to assist you with the implementation of this provision. She can be reached at 301-830-3910 or fennell.karen.s@gmail.com. The Association has also identified contact person(s) within your State.

We look forward to working with you.

Sincerely,


Linda Cole, MSN, CNM,
President

RECEIVED

JUN 07 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR