Legislative & Health Policy Report 2021

The MAWS Legislative & Health Policy Committee had a highly successful and active legislative session in 2021. Our virtual Lobby Day event was the most attended in recent history, with over 150 participants. In a big win, the cap on the LM licensing fee has made it into the House, Senate and Governor’s budget as a $150K line item, ensuring the sustainability of the midwifery program and the continued cap on LM licensing fees.

Our own [bill and Sunrise Review application](https://www.doh.wa.gov/Portals/1/Documents/2000/2021/Appendices%20-%20MW%20Sunrise.pdf) to create a license extension option for LMs who want to offer limited prescriptive authority to their clients for common perinatal conditions is underway. The periods for public comment passed and included much support from families and midwives. The [Department of Health released a draft report](https://www.doh.wa.gov/Portals/1/Documents/2000/2021/2021DraftMidwiferySunrise.pdf) after their review of the submitted materials and at their recommendation, MAWS has since met with ARNPs United and ACOG to discuss concerns around the length and content of appropriate training for LMs who want to access this license extension option. MAWS submitted our reply to the DOH report and are awaiting the release of their final report.

Our meetings with stakeholders have revealed that two separate license extension options will help to ensure that more families will be able to access the care that they need from their Licensed Midwife. MAWS’ vision is that interested LMs as well as new LM applicants will have the option to apply for one or both license extension options when they can demonstrate they have completed the relevant didactic and/or clinical training (specific details to be determined in rule). The first option would enable LMs or LM applicants to demonstrate they have received the necessary didactic pharmacologic training to be able to offer medication prescriptions for common perinatal conditions. The second option would enable LMs who gain the required clinical training/supervision to also offer IUD insertions and birth control implant options to clients who desire them. Having two options ensures that LMS who do not yet have the required training/supervision for (or who do not want to offer) these birth control devices still have the option to apply for a license extension to be able to offer limited prescriptive options such as antibiotics for uncomplicated mastitis.

Our committee members are engaging with the DOH to propose updates and modernizations to the birth center regulations. Examples of modernization include gender inclusive language, birth room size, HIV testing, distinctions between midwife versus birth center responsibilities, required equipment, and restrictions around prior uterine surgery. Meetings are scheduled for the spring with final recommendations hopefully by the end of 2022.

All other bills that MAWS supported this year have also passed:

* [SB 5068](https://app.leg.wa.gov/billsummary?BillNumber=5068&Initiative=false&Year=2021): Extends Medicaid coverage for pregnant and postpartum people from 60 days post-pregnancy to one year, post-pregnancy, specifically for groups that have not qualified for the Medicaid expansion (i.e. that are only eligible for Medicaid because of pregnancy)
* [HB 1031](https://app.leg.wa.gov/billsummary?BillNumber=1031&Initiative=false&Year=2021)/[SB 5072](https://app.leg.wa.gov/billsummary?BillNumber=5072&Chamber=Senate&Year=2021): Certificate of “birth resulting in stillbirth” provides validation and acknowledgment of the family’s experience by symbolizing to bereaved parents that their baby is being acknowledged as a real birth and not just a fetal death
* [SB 5140](https://app.leg.wa.gov/billsummary?BillNumber=5140&Initiative=false&Year=2021): Protecting pregnancy and miscarriage-related patient care