

Legislative & Policy Committee Report 2017



Chair: Audrey Levine, LM,
CPM-Retired

Co-President, NACPM

Legislative and Health Policy Chair, MAWS

MAWS had an enormously successful and satisfying year in the legislative and health policy arena. A huge thank you to Amber Ulvenes, MAWS' amazing, brilliant, and fierce-at-all-the-right-moments lobbyist! And a shout-out to the dedicated members of the MAWS Legislative and Health Policy Committee: Kristin Effland, Kristin Eggleston, Neva

Gerke, Cynthia Flynn, Tinneca Fortin, Sasha Henry, Tiff

West-Schaub, Amber Ulvenes, and Audrey Levine (Chair). Kudos and deep gratitude as well to former MAWS President, Valerie Sasson, because without her hours and hours of dedication and challenging behind-the-scenes work, there would have been no legislative miracles this past session.

PAID FAMILY AND MEDICAL LEAVE - Along with numerous other organizations in the Washington Work and Family Coalition, MAWS lobbied and was able to gain strong bipartisan support for a bill that established the most forward-thinking paid family and medical leave law in the nation. Governor Inslee secured a federal grant to begin designing a paid family leave program that will provide up to 16 weeks of leave for those wanting to take time off to care for a new infant or care for a family member. Depending on their earnings, employees will receive up to 90 percent of their wage or salary or up to \$1,000 per week. The program will be implemented by 2020. Washington State has now joined California, New Jersey, Rhode Island, and New York in making sure working families will have the ability to care for their families and loved ones without jeopardizing their economic security. For more information, go to:

<http://waworkandfamily.org/2017/07/05/details-of-the-new-family-and-medical-leave-law/>

LICENSING FEE CAP - Thanks to the budget proviso that MAWS introduced this past legislative session, the \$516 cap on the midwifery licensing fee will remain in effect, at least until July 1, 2018—this includes the \$16 fee that allows all licensed midwives in WA State to access HEAL-WA, the University of Washington health resources website. MAWS' staunch advocacy on behalf of WA State licensed midwives has kept this fee cap in place for the past 9 years! Our ability to convince legislators that licensed midwifery is a high-quality, cost-effective model of care is based on a 2007 Department of Health report Midwifery Licensure and Discipline Program in Washington State: Economic Costs and Benefits, which can be viewed online here:

http://www.washingtonmidwives.org/documents/Midwifery_Cost_Study_10-31-07.pdf.

This report indicated that licensed midwifery care saves the State of Washington nearly

half a million dollars biennially. And this was a conservative estimate that only took into consideration avoided c-sections. The report had a significant impact on access to midwifery across the U.S. We believe it's time for an update and are confident that any future analysis will demonstrate that the savings conferred by licensed midwives in WA are even greater than was previously reported.

INCREASED MEDICAID REIMBURSEMENT FOR BIRTH CENTERS - After more than two years of meetings with the WA State Health Care Authority, MAWS was successful in getting a budget proviso passed that TRIPLES the Medicaid reimbursement rate for the birth center facility fee, from \$584 to \$1,742. This increase applies both to fee-for-service and the managed care organizations that contract with Medicaid in WA State. What we've heard from birth center owners is that this is "a game-changer" that will not only make birth centers more sustainable, it will also make it possible for birth centers and midwives with birth center privileges to provide services to many more families on Medicaid. There are currently 17 licensed freestanding birth centers in Washington State, almost all of which are located within the I-5 corridor. It is our hope that this dramatic increase in the Medicaid reimbursement rate will enable midwives east of the mountains and particularly in rural communities to consider opening birth centers to make this model of care more widely available across the state.

LEGISLATIVE PRIORITIES IN 2018 AND BEYOND - 1) In collaboration with the MAWS Birth Center Committee, we are considering taking legislative action during the upcoming session to protect the term "birth center" in statute. The goal would be to address a growing phenomenon of "outpatient birth centers" on hospital campuses—facilities owned by the hospitals and managed by CNMs. We believe these facilities should be called something other than birth centers, for example: [Hospital name's] midwifery unit, that they should not be allowed to market these facilities as birth centers and capitalize on the good press that freestanding birth centers have generated, and that data from these types of facilities should be collected separately from the hospital data (and separately from our community-based birth data). In the UK, distinctions are made between Obstetrical Units, Alongside Midwifery Units, and Freestanding Midwifery Units. And, according to the Birth Place Study, outcomes in these different types of facilities vary. The public should know this so they can make informed decisions about where they want to give birth. There is a strong sense that we need to be proactive and savvy about protecting what is a precious and unique model of care. We are very much in support of families in Washington having access to normal, physiologic birth in whatever setting feels most comfortable and safe to them. But these hospital-based facilities should have to identify themselves as such, collect and use their own data for marketing and outreach, and prove that they can deliver on their promises. 2) We will need to advocate, once again, to maintain a reasonable cap on the midwifery licensing fee; and, as stated above, since it has been 10 years since the DOH released the cost-benefit study, it would make sense for the legislature to commission a new analysis—there are now about 175 licensed midwives in the state attending over 3% of the births. 3) Although a statutory obstacle has hindered MAWS' efforts to expand the legend drugs and devices for licensed midwives, we are hopeful that within the next couple of years, we will be able to pursue rulemaking to add certain vaccines, nitrous oxide, and non-hormonal IUDs to the list of drugs and devices that LMs can obtain and

administer. Stay tuned for details.

Want to get involved? You do not have to be on the MAWS Board to become a member of the MAWS Legislative and Health Policy Committee—if you're interested, please contact Audrey Levine: audrey.e.levine@gmail.com or (360) 701-9194.