Keep the cap on midwife professional licensing fees at $550

Recent data from the State Health Care Authority indicates that Licensed Midwifery care actually results in even greater cost savings to the state than previously estimated, at $1.9 million annually. In order to grow the midwifery workforce and expand this public benefit, we are seeking to maintain the cap on the annual licensing fee. We are requesting a budget proviso of $440,000 to provide the necessary backfill to sustain the midwifery program at the Department of Health.

Support SB 5256: Title Protection for the term “Birth Center” (Keiser)

This bill clarifies that only facilities licensed under RCW 18.46.010 may use the title “birth center” in their name and promotional materials. The purpose of the bill is both for consumer protection and for preservation of a distinct and proven model of care. According to the recently released report from the Center for Medicare and Medicaid Services on the Strong Start Study:

“Women who received prenatal care in Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than $2,000 lower per mother-infant pair during birth and the following year.”

This evidence should compel the legislature to recognize that licensed birth centers provide a unique model of care, and that it is not appropriate for any facility to use the term “birth center” generically if they are not following nationally accepted birth center guidelines.

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**MAWS is also requesting support for:**

**Doulas for All Initiative**
Doulas are trained and experienced professionals who provide continuous physical, emotional, and informational support to individuals before, during, and after birth. They can provide culturally sensitive care, making medical terminology accessible and reducing fear around birth. Multilingual doulas offer vital support to pregnant people who speak limited English. Doulas increase favorable health outcomes for parents and children, including: reduced rates of medical intervention, preterm labor, and low-birthweight. Doula care is also associated with increased breastfeeding rates. The Health Care Authority has recommended that $11 million be allocated in the 2019-2020 budget to provide Medicaid reimbursement for the services of doulas. The Governor has included this funding in his proposed budget.

**SB 5425 - Concerning Maternal Mortality Reviews**
This bill extends the Maternal Mortality Review Panel at the Department of Health, and makes changes to improve the function of the panel. Specifically, it modifies the membership, data sharing, and reporting requirements for the Review Panel. It permits patient mental health service records to be disclosed to the Secretary of Health for the purposes of the Review Panel, and requires counties that provide autopsies for the purposes of the Review Panel be reimbursed by the state’s Death Investigations Account.

**HB 1771 and SB 5683 - Establishing the Welcome to Washington Baby Act to create family support through universal home visiting programs and a statewide family linkage program for resources and referrals**
We are requesting that these bills be amended to include a definition of allied health professionals. In-home postpartum care is one of the hallmarks of the midwifery model of care and we want to make sure that licensed midwives in Washington are able to bring their expertise to these home visiting programs.

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