

Legislative Agenda 2021: [Video Version](#) or [PDF Slides of Video](#)

Families Deserve Timely Access to the Quality Care they Need!

- Help us Reduce & Eliminate Barriers to Care while Increasing Preventative Care
 - We are seeking a **Sunrise Review** to create an additional training option so Licensed Midwives can meet the growing and increasingly diverse demands of the childbearing population in WA State.

Why Support Family Access to Licensed Midwives (LMs) capable of offering all contraceptive options and antibiotics for common perinatal infections?

Decrease morbidity associated with untreated conditions

- Situations where LMs could efficiently treat their clients with antibiotics if permitted include mastitis, urogenital infections, and sexually transmitted infections

Ensure families have the tools to plan their family size & space their pregnancies

- When people must attend an additional visit for a contraceptive prescription or insertion they are more likely to use less effective methods or no method¹

Reduce costs and barriers to care by:

- Eliminating unnecessary additional visits with another provider

Enable the prevention & efficient treatment of common conditions identified by midwives

- Clients might not attend an additional visit with another provider due to cost or insurance obstacles, time, inconvenience, transportation barriers, or new provider trust issues
- Needing to seek contraceptive care from a different provider than their midwife risks delay and loss to follow-up, and this loss to follow-up is significantly more likely to impact already vulnerable and marginalized populations²

Why support a sunrise review of these proposed changes to the law?²

Updates the arcane law that only enables clients to choose from diaphragms and cervical caps from their Licensed Midwife

- These contraceptive methods are rarely used in the United States^{3,4} and have much lower effectiveness than other more common, modern methods

Requires additional didactic and skills-based training for midwives who want to offer these services

- Other health professions employ this approach to practice updates^{5,6}

Improves perinatal outcomes by:

- Increasing midwifery integration into the healthcare system⁷
- Expanding client choice of practitioner who can meet their routine perinatal needs, particularly in medically underserved rural and urban areas

Ensures pregnant and postpartum persons can receive initial basic treatments from their midwife

- Consultation and referral will still be employed for refractory or complicated cases (already law)

Removes current gaps to increase access & improve routine care

- Families who choose midwives for their care, especially those living in underserved rural and urban shortage areas, benefit
- Improves use of services and can affect the size and demographics of the workforce without negatively impacting quality of care⁸⁻¹⁴

MIDWIVES' ASSOCIATION

OF WASHINGTON STATE

Keep the cap on midwife professional licensing fees at \$525 *as noted in the Governor's Budget

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 continue growing the midwifery workforce and expand this public benefit, we are seeking to maintain the cap on the annual licensing fee. We are requesting to maintain the budget proviso of \$150,000 to provide the necessary backfill to sustain the midwifery program at the Department of Health.

Other bills MAWS supports:

- **Support [SB 5068](#)**: 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)
- **Support [HB 1031/SB 5072](#)**: 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
- **Support [SB 5140](#)**: Protecting pregnancy and miscarriage-related patient care

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