



2018 Legislative Agenda

Continue support for maintaining the cap on midwifery annual professional licensing fee. A 2007 cost-benefit study commissioned by the legislature proved that capping annual professional licensing fees for midwives at \$525 is well worth the money. Due to incomplete information, the appropriation in the 2017 – 2019 operating budget was \$50,000 short and therefore insufficient to fulfill the intention of the proviso. We are seeking a dual approach to address this shortfall:

Licensed midwives will be paying an additional \$25/year, at the capped level of \$525. We are also requesting an additional appropriation from the general fund to provide the necessary backfill to sustain the midwifery program at the Department of Health. *Since this cap was put in place, the licensed midwife workforce has increased by 40%, resulting in more families in Washington having access to high-quality, cost-effective care and even greater savings to the state budget.*

What's Ahead?

Title Protection for the term “Birth Center.” MAWS will be pursuing an amendment to RCW 18.46.010 to clarify that only facilities licensed under this chapter may use the title “birth center” in their name and promotional materials. The purpose of this action is both for consumer protection and for preservation of a distinct and proven model of care. We have initiated a conversation with other stakeholders and anticipate seeking legislation in 2019.

Licensed Midwives
providing high-quality
prenatal care

Excellent birth
outcomes and high
breastfeeding rates

Lower health care
costs

- ❖ Thanks to your support last year for an increase in the Medicaid reimbursement rate for licensed birth centers, we are already seeing greater access to this care option for low-income childbearing families in rural parts of the state.
- ❖ Thanks to the passage of HB 1773 (2014), the number of licensed midwives in Washington State has increased by 40%. Additionally, all midwives are contributing data to a national database for the purpose of quality improvement and research, allowing for comparisons of outcomes and value across birth settings.
- ❖ According to a national study on midwife-attended home births, the c-section rate was 5.2% (Journal of Midwifery and Women’s Health, 2014), well below the national average of 26.9% for a comparable low-risk population (CDC National Vital Statistics Report, 2014). This represents a win both in terms of health outcomes and for the state budget.

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full of helpful information and data on midwifery care



Voicing our Support

In addition to our own agenda, MAWS would like to voice our support for the following bills, which also work toward our organization's goals of access to safe, effective, quality care for all people.

- ❖ HB 2016 – Guaranteeing access for doulas and midwives to support incarcerated childbearing people



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