

2025 Legislative Priorities

Maintain the cap on midwifery professional licensing fees

The annual \$525 licensing fee cap has been maintained since a legislature-commissioned study determined that midwifery care more than makes up for the cost of the cap. State law requires that the regulation of each profession must be self-sustaining, so the state budget contributes the balance to keep the program solvent. The cap is included in the maintenance level budget and in the Governor's budget. Cost: \$150,000/yr.

Support HB 1824: Allow for substantial equivalency for birth center inspections

HB 1824 by Rep. Barnard would allow birth centers accredited with the Commission for the Accreditation of Birth Centers (CABC) to bypass DOH inspections required for licensure. This would be an *option* for birth centers, who could stay with the existing Department of Health process if they choose. This change would save time and money for both birth centers and the DOH by avoiding duplicate inspections. Cost: savings for Dept of Health

Preserve Medicaid reimbursement when a client transfers care intrapartum

It is not unusual for a patient to be in labor for a number of hours before needing transfer to a hospital. In that situation, birth centers are reimbursed a facility fee of \$366.68, which is not sufficient to cover the cost of utilizing the birth center and paying for necessary staffing. We are requesting an increase to the full delivery fee of \$2500. Cost: \$930,000

Maintain funding for distressed birth centers and labor & delivery units

In the current budget, \$1,000,000 was allocated to support financially distressed birth centers in addition to funding for labor and delivery units in an effort to maintain access to care in maternity care deserts. This support is still much needed as conditions have not improved. Cost: \$1,000,000.

Evidence shows that states integrating midwives into their health care systems have better indicators of maternal and neonatal wellbeing. ([NASHP, 2022](#))