

Legislative Agenda 2022

MIDWIVES'
ASSOCIATION

OF WASHINGTON STATE

Support SB 5765 to authorize Licensed Midwives to prescribe contraceptives and manage common conditions of pregnancy.

SUPPORT SB 5765: When people who have just had a baby must attend an extra appointment to get a contraceptive prescription or insertion they are less likely to use effective methods or any method.¹ As Licensed Midwives do not currently have the authority to prescribe all contraceptive types, their patients risk delay and loss to follow-up, which significantly impacts already vulnerable and marginalized populations². Barriers have been identified as cost or insurance obstacles, time, inconvenience, transportation barriers, or new provider trust issues. The bill would enable the Licensed Midwives' "Legend Drug and Devices" to be updated. Passage of [SB 5765](#) will:

- Decrease morbidity associated with untreated conditions
- Ensure families have the tools to plan their family size & space their pregnancies
- 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 such as breast infections, urinary tract infections, nausea & vomiting
 - Increase midwifery integration into the healthcare system³
 - Expand patient choice of practitioner who can meet their routine perinatal needs, particularly in medically underserved rural and urban areas
 - Improve use of services and affect the size and demographics of the workforce without negatively impacting quality of care⁴⁻⁷

Families deserve timely access to comprehensive care from providers with whom they have an **established and trusted relationship.**

SUPPORT SB 5765

We are grateful the **licensing fee cap** is maintained through this biennium.

MAWS also supports:

- See Page 2 below

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For more information, please contact: Jen Segadelli, MAWS President info@washingtonmidwives.org or Amber Ulvenes, MAWS Lobbyist, at (360) 280-0384 amber@ulvenesconsulting.com

**MAWS Also Supports the Following Bills this 2022
Legislative Session:**

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- **Support SB 5702: Insurance Coverage of Human Breast Milk** from a milk bank while babies are hospitalized.
 - Many health benefits and long term savings to the healthcare system!
- **Support HB 1651: Allowing providers to bill separately for Immediate postpartum contraception.**
 - Currently only covered at final postpartum visit
- **Support HB 1730/SB 5647: Insurance Coverage of Fertility treatments** for those who need them to become pregnant
- **Support HB 1881: Access to Reimbursement for Doulas**
 - To increase the availability of this evidence-based care that improves outcomes!
- **Support: Access to Community Health Workers for Relational Health**
 - Connecting families with social determinant of health needs to postpartum services
- **Support HB 1947/SB 5838: Providing a monthly diaper subsidy for families receiving TANF**
- **Invest in Perinatal Support through the Washington's Parent Support Warm Line** so un- and underserved expectant and new parents have greater and more equitable access to mental health services through peer- to-peer engagement and increased public awareness. (No bill, advocating to be included in the state budget)

References:

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2. Segadelli J. *The provision of contraceptive services by Licensed Midwives in Washington state: Proposed statutory and regulatory language for expanding the scope of practice* [master's thesis]. Kenmore, WA: Bastyr University, 2016.
3. Efland, K. J., Hays, K. E., Zell, B. A., Lawal, T. K., & Koontz, M. (2020). Medication access and midwifery integration: An example of community midwifery advocacy for access in Washington State, USA. *Birth*. <https://onlinelibrary.wiley.com/doi/full/10.1111/birt.12523>
4. Kuo YF, Loresto FL Jr, Rounds LR, Goodwin JS. States with the least restrictive regulations experienced the largest increase in patients seen by nurse practitioners. *Health Aff*. 2013;32(7):1236-1243. <https://doi.org/10.1377/hlthaff.2013.0072> Crossref PubMed Web of Science@Google Scholar
5. Markowitz S, Adams EK, Lewitt MJ, Dunlop AL. Competitive effects of scope of practice restrictions: Public health or public harm? *J Health Econ*. 2017;55:201-218. <https://doi.org/10.1016/j.jhealeco.2017.07.004> Crossref PubMed Web of Science@Google Scholar
6. Neff DF, Yoon SH, Steiner RL, et al. The impact of nurse practitioner regulations on population access to care. *Nurs Outlook*. 2018;66(4):379-385. <https://doi.org/10.1016/j.outlook.2018.03.001> Crossref PubMed Web of Science@Google Scholar
7. Ranchoff BL, Declercq ER. The scope of midwifery practice regulations and the availability of the certified nurse-midwifery and certified midwifery workforce, 2012–2016. *J Midwifery Womens Health*. 2020;65(1):119-130. Wiley Online Library PubMed Web of Science@Google Scholar

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