Midwives Association of Washington State
Talking Points & Further Info

Priority 1: SB 6178

Where the Bill Stands:
Already unanimously passed Senate, scheduled for Health Care Committee hearing 2/16/24 (from there, we need it to get passed out of that committee, then we need a Rep on the Rules committee to pull it & put it on the House floor calendar, then it will be voted on by House Reps).
*Extra Thanks to our **Bill Sponsors:** Senators Randall, Torres, Nobles, Trudeau, Kuderer, Dhingra, Saldaña, Shewmake, Wilson, C.

Seeing a Senator? Say Thank you!

The ASK of House Reps:
Support this technical fix (see above for details based on what committees they are on).

Some Background (Remember you don't have to memorize this info, your brief relevant stories about how this impacts your clients or you are the most helpful thing you can offer):

SB 6178 is a technical fix, changing only a few words, but it provides an important clarification to a law the legislature passed two years ago giving limited prescribing authority to licensed midwives.

Soon, Licensed Midwives who complete additional didactic and training requirements will be able to offer necessary prescriptive medications, including birth control, to their clients. The rule-writing for the bill has been collaborative—we have met with the medical commission, the Board of Nursing, the pharmacy commission, the Washington state medical Association and the department of health. During this process, it was discovered that an additional small change to statute would be needed.

While prescriptive authority is complete in the midwifery statute, we neglected to list licensed midwives as prescribers in the pharmacy statute. Snow 6178 provides that fix. It will also firmly resolve issues from the past which have included some pharmacists feeling unsure if they could dispense items such as prenatal vitamins when ordered by a licensed midwife despite these items being listed in the LM Drug Legend. (As LMs, we know this includes glucometers too for folks who want to use them for screening or managing their GDM without meds. We aren't using this example so as not to mislead anyone into thinking we take care of DM patients at high risk).

- Limited prescriptive authority was passed and granted to LMs in 2022 to offer contraceptive options and treat common, uncomplicated conditions that occur during the childbearing year.
- Rule making process has lasted 2 years but we are nearing the end with a public hearing set for ~March.
- SB 6178 is an oversight from the original bill and will help to get this expansion implemented and serving WA families.
- Sponsor is Sen Emily Randall

Priority 2: Governor's budget grant program

Where the program Stands:
Currently included in the Governor's budget. We want it to remain in there during budget negotiations and then we hope it will pass when they are voting on the budget.

- We are requesting that a grant program proposed in the Governor's budget be included in the final state budget.

The ASK:
Please consider sending a note to budget leaders such as June Robinson expressing support for this budget item.

Some Background:

- $2,375,000 would be appropriated to improve maternity care access. Planned or recently completed licensed birth centers or rural hospital birthing units could apply.
    - Licensed birth centers have priority.

Priority 3: Maintain Existing Licensing Fee Cap Budget Proviso

Where the proviso Stands:
It was included in the budget that was passed last year for the biennium (2 years), so it will likely remain there which is what we want.

The ASK:
Thankfully, we don't have and ask and only need to Thank our legislators for their continued support of Midwifery.

Some Background:

- Keeps our annual licensing fee capped at $550 rather than $3K
- The total cost of the licensing fee cap is $300,000 for the biennium.
- A study commissioned by the legislature showed capping annual professional licensing fees for midwives more than pays for itself in avoided cesareans alone
- Since this cap was put in place, the licensed midwife workforce has more than doubled, resulting in more families in Washington having access to high-quality, cost-effective care that in turn results in even greater savings to the state budget
- Champions of this last session were Rep. Beth Doglio and Sen. Sam Hunt.

Other Efforts we Support:

Doula Talking Points:

- Doulas are trained 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.

- As midwives we highly value the work of doulas as vital complimentary care that should be an option available to all birthing families. Providers and support staff are better able to do our jobs providing safe, competent birth care when doulas are also present.
- Multilingual doulas offer necessary 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 lactation rates.

General Talking Points:

Describe the Midwifery Model of Care Secret Sauce

- Trust, intimacy, psychosocial focus, relationship building, continuity of care, uncomplicated & safe physiological birth
- Leads to fewer preterm births, less low birth weight babies, increased rates of exclusive human milk feeding
- Midwives offer high quality care and community birth is a legitimate cost saving policy that families want the option to choose
- Midwives take care of the whole person with attention not just to the physical, but also emotional and psychosocial.
- Intimately knowing the client and family and recalling what is going on for families in the present and in their history. Personalized and person-centered care including adapting care to what makes sense for the family while still being able to spend time having full conversations and shared decision-making; lengthy discussions about why something is recommended enabling them to make choices for themselves. Enabling new families to take an empowering role in their own family (as they are about to step into their new role as parents).
    - Intimacy: people rather than patients, not just numbers in a system. Clients want to be known by their care providers
    - Midwives help to birthing families not just babies
    - Midwives don't just measure things and note medical indicators, but we focus substantially on education addressing the whole person, not just their physical self
    - Midwives track medical care and needs but focus on social determinants of health when caring for the whole person, noting all factors that might be impacting their health physically and mentally
    - There is lots of talk right now in policy circles about how to help providers be better at addressing social determinants of health and it is already part of the midwifery model of care. Midwives are often taking on the roles described for a community health worker and a public health nurse.
    - Trust is built up over time because midwives answer phone calls, draw blood and more
    - With midwifery care, they aren't just getting ahold of customer service. Clients get personalized, patient-centered, person-centered care
    - Home visits are a routine part of care. Midwives are invited in because we are a trusted person in their lives during a very intimate time in the family's life
    - Also magic :

Excerpts from MMR report:

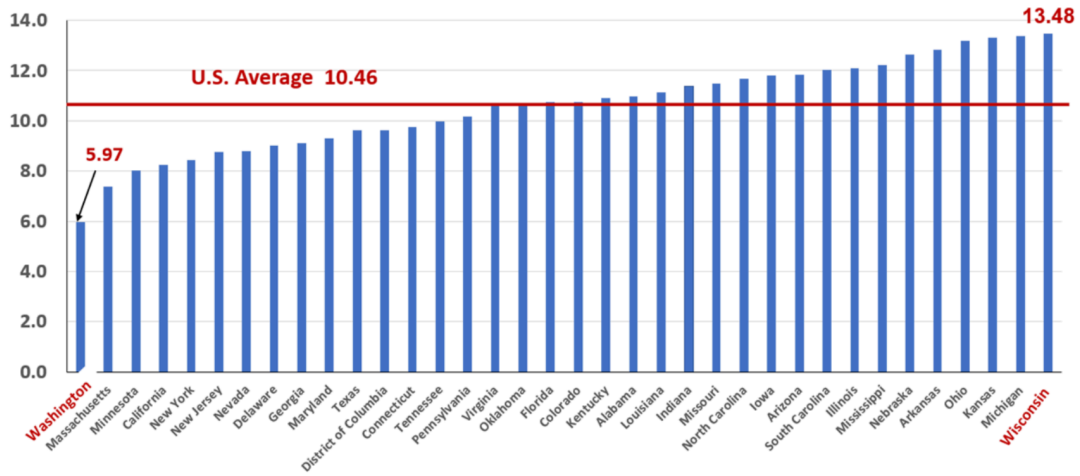
“3. Expand equitable and high-quality health care by improving care integration, expanding telehealth services, and increasing reimbursement”

“Prioritize access to perinatal care in communities experiencing inequities, disparities, bias, or discrimination as apparent in maternal mortality data. Fund: o Culturally competent care, including community health workforce and value-based payment models that focus more on outcomes than on number of services delivered. o Increased access to out-of-hospital birthing care such as midwifery and doula services (e.g., funding for free-standing birth centers, rate increases for midwives, etc.). o Interpreter services, including services in a wider variety of languages.”

“Support legislation to increase access to doulas and midwives through one year postpartum across the state, prioritizing areas with limited access to these providers. o Support legislation and provide funding to establish a reimbursement rate for doulas, to be implemented by the Health Care Authority (HCA), once prior work to establish a credential for doulas is complete. 3.3 Increase funding for out-of-hospital birthing care, such as midwifery. Fund start-up costs for birthing centers in rural areas or areas that serve populations with disproportionate” see original for their emphasis

Some Images Depicting relevant Statistics & Info:

Exhibit 3: Non-Hispanic Black infant mortality per 1,000 births by state 2020–21



Source: CDC Wonder Infant Death File. Note: Only states with at least 20 infant deaths in 2020–21 are shown.

SOURCE: https://www.healthaffairs.org/content/forefront/five-questions-raised-new-2022-birth-data

Planned community births meeting eligibility criteria in WA State

4.7% Cesarean Birth Rate

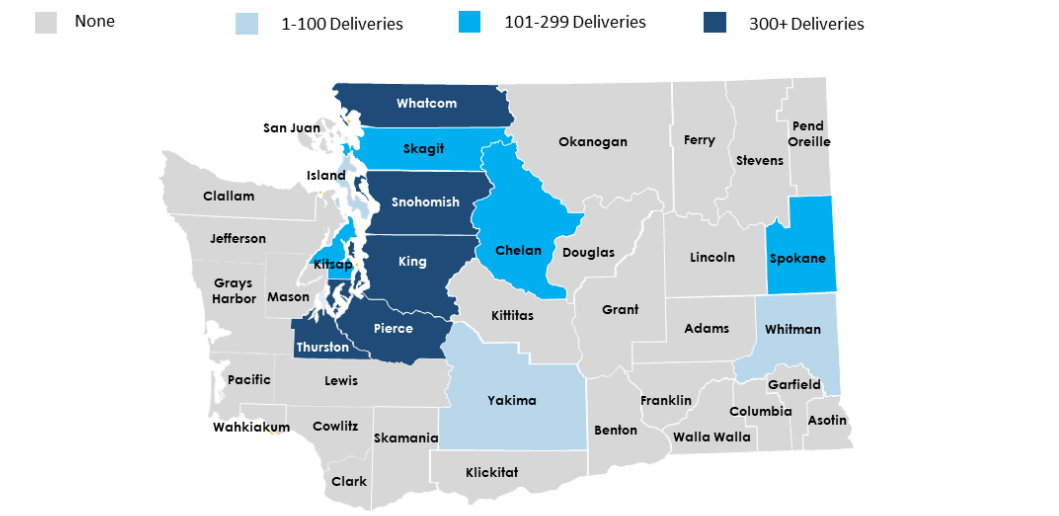
85%
Physiologic Birth Rate

93%
Human Milk Feeding Rate

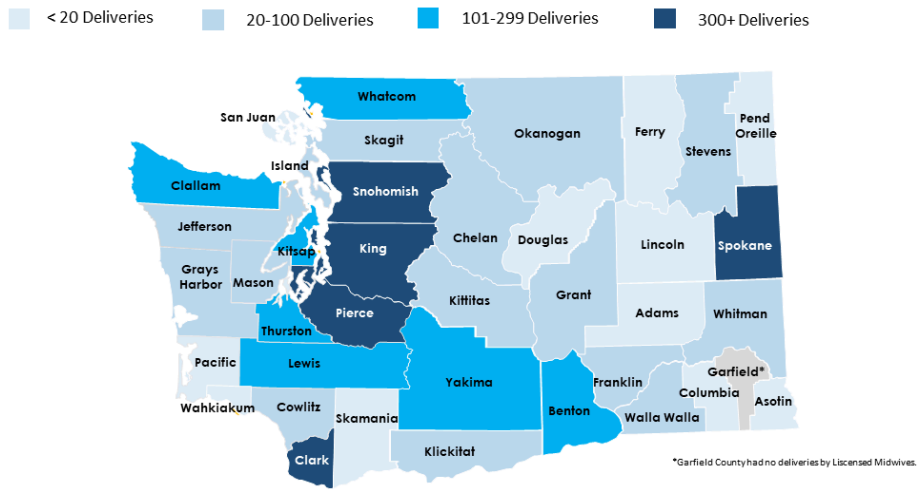
Low rates of complications

(*Obstetrics & Gynecology*, 2021)

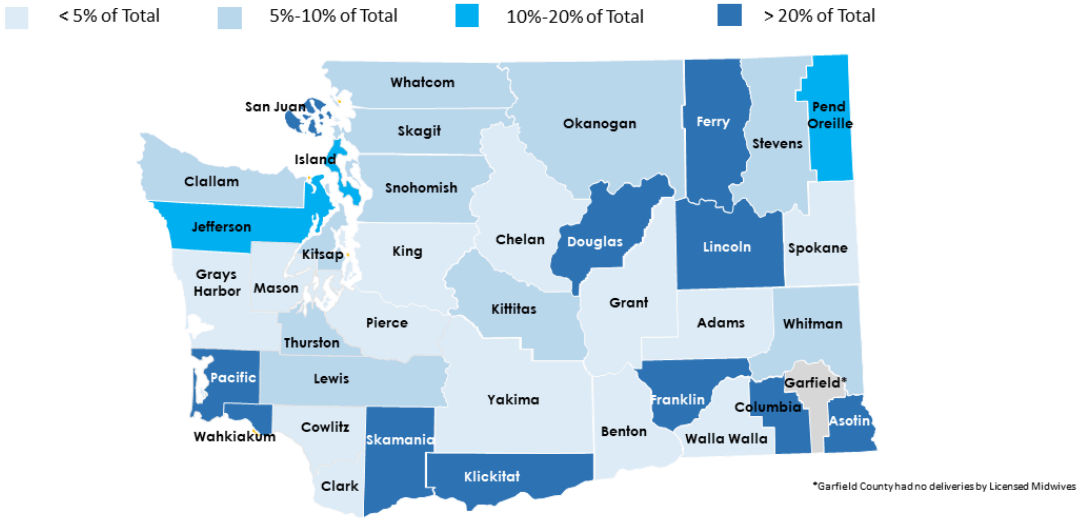
Deliveries at Birthing Facilities by Licensed Midwives 2019-2021



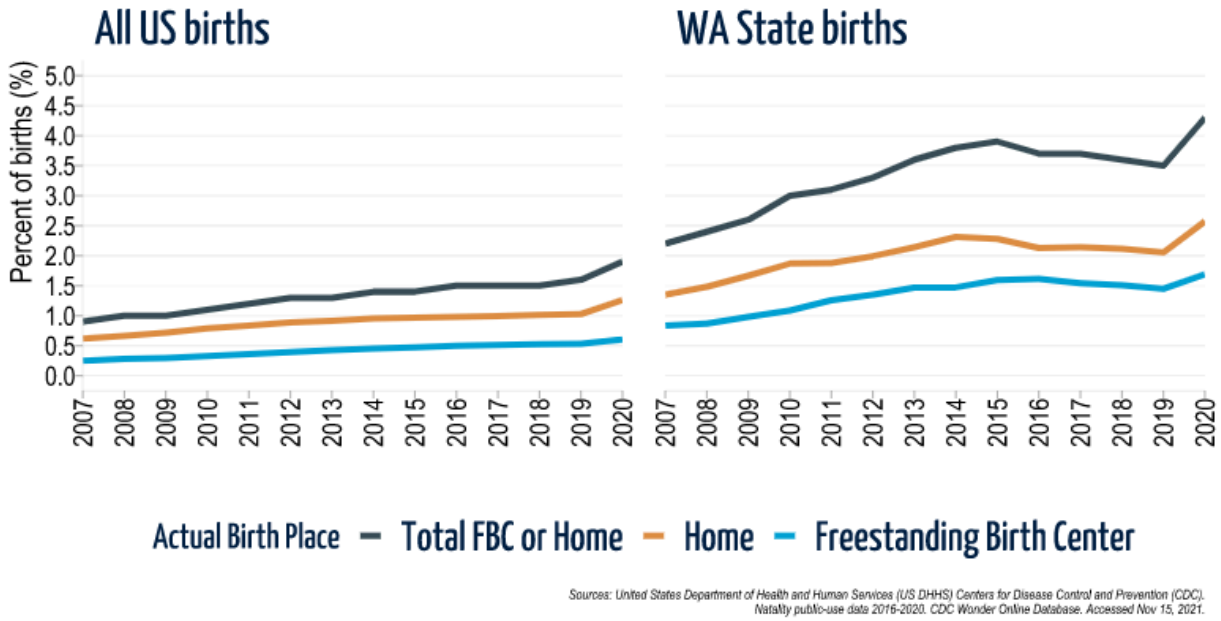
Deliveries at Home by Licensed Midwives 2019-2021



Deliveries by Licensed Midwives
As Percent of Total Deliveries 2019-2021

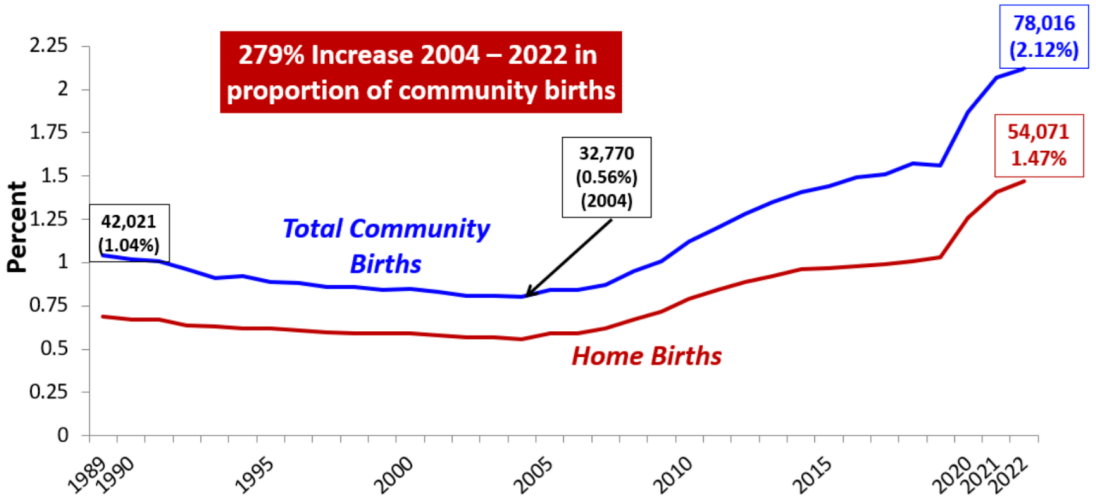


Trends in community birth in Washington State



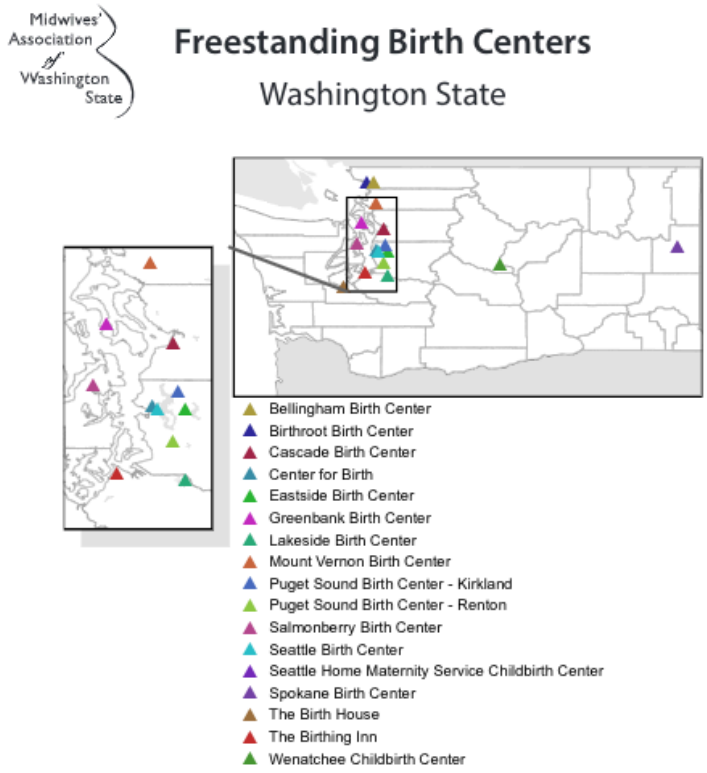
Sources: United States Department of Health and Human Services (US DHHS) Centers for Disease Control and Prevention (CDC). Natality public-use data 2016-2020. CDC Wonder Online Database. Accessed Nov 15, 2021.

Exhibit 6: Home births as a percentage of total community births in the US, 1989–2022



Source: Annual National Center for Health Statistics reports on births CDC Wonder natality files. Note: Total community births = home births and birth center births.

In 2017 (shown below), there were only 17 Birth Centers (2 in Eastern WA). Now there are 26 including a total of 4 in Eastern WA)



Recently Closed Birth Centers:
Cascade Birth Center - Everett, WA
Greenbank Birth Center - Whidbey Island
Empowered Pregnancy
Moonrise Birth Center