MIDWIVES' ASSOCIATION OF WASHINGTON STATE

Talking Points & Further Info ~ 2026

Priority #1: Maintain Existing Licensing Fee Cap (Budget Proviso)

Where the proviso stands:
Our licensing fee cap *budget proviso* has become part of the *maintenance budget* meaning that it would need to be cut for us not to get it. That cut can certainly still happen, but we are in a safer position because budget leaders consider it to be an ongoing item. It is in the current biennial budget and it was in Gov. Ferguson's budget proposal.

The ASK:
We are asking the legislature to continue our existing proviso at $150,000/year.

- [ ] For any legislator, will you let budget leaders know that you support keeping the cap on the LM licensing fee?

Some Background:

- Keeps our annual licensing fee capped at $550 rather than $3Kish.
- 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 (~2007?), 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
- Current champions are many supporters (thanks to all who voted for this budget)!

Priority #2: Support HB 2329

Where the bill stands:
It passed unanimously through the House Health Care & Wellness committee and has now been pulled onto the floor calendar. However, it also needs to be brought up for a vote by Tues. Feb 17th. After passing a floor vote, it would go to the Senate Health & Long Term care committee.

The ASK:

- ➢ For Reps: Will you support HB 2329 when it comes up for a vote?
- ➢ For Senators, when HB 2329 moves through the Senate, would you support it?

Important Notes:

- LMs are currently unable to hire this category of healthcare professional and MAs may be looking for work; Current birth assistants may wish to pursue work as MAs
- This bill was created so LMs will be able to utilize MAs (allowing more efficient practice & the ability to potentially serve more clients); MAs are "practice extenders" that would enable LMs to practice at the top of their license

Some Background:

- FYI: Lactation consultants are not currently licensed by the state. LMs may continue to collaborate and refer with LCs as is done now. They remain an essential part of our team

Priority #3: Cap Birth Center Licensing Fees

Where the Budget Proviso Stands:

- It was submitted to House budget leaders by Rep. Skyler Rude (Walla Walla)
- On the Senate side, there is no official request process this year so we have been and will continue to make the request to budget leaders

The ASKS:

- ☐ For any legislator: will you please ask budget leaders to cap Birth Center facility licensing fees?
- ☐ For house members: will you please support Skyler Rude's budget request to do this?

Important Notes:

- Skyler Rude has asked for a cap that would limit the increase to 40% (from $713 to $1,000).
- Without the passage of a budget proviso, each BC license fee could increase by as much as 400% putting our smallest birth centers at risk, especially rural.

Some Background:

- The regulating of all licensee types must be self-sustaining meaning that any costs to regulate the profession/facility (in this case) must be borne by the licensees themselves. This becomes a burden when there are small numbers.

Priority #4 (Looking ahead): Sunrise Review to enable Midwives to care for clients for routine gynecological care

Where the issue stands:

- LMs can currently provide routine gyn care and clients want this care outside of pregnancy.

The ASK:

- Next session, we plan to submit a sunrise review to pursue this increased access for families. Are you especially interested in supporting this effort?

Other Bills We Support:

- HB 2429/SB 6224 Supporting Children & Youth Behavioral Health
  - Strategic plan for Prenatal to age 25 regarding Behavioral Health
- Restore funding for Perinatal Psychiatry Consultation Line for Providers (Perinatal PCL)
  - Important resource that suffered a reduction last year
- HB 5906 SAFE Act: requires a warrant to access non-public health care areas
  - Effort to help enforce healthcare privacy and increase the likelihood someone will access needed care in a timely manner
- SB 6212 Creating a families with children benefit pilot program

- Opportunity to try out a program to test the potential benefits of a guaranteed income when you have a family

Birth Centers that have closed in the last 3 years:

- Seattle Home Maternity – Seattle, WA
- Cascade Birth Center - Everett, WA
- Greenbank Birth Center - Whidbey Island
- Empowered Pregnancy - Kirkland, WA
- Moonrise Birth Center - Mountlake Terrace, WA
- Eastside Birth Center - Bellevue, WA

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

WA Birth Centers 2025 vs. 2017