

Talking Points for MAWS Lobby Day 2019

Midwifery Licensing Fee Cap

- We are asking that the \$550 cap on the midwifery licensing fee be carried over from the previous biennial budget, given the clear cost savings and health benefits that licensed midwifery care confers to the state.
 - **Recent data from the Health Care Authority indicates that LM care actually results in even greater cost savings to the state than previously estimated: \$1.9 million ANNUALLY.**
 - Share the graph on our legislative agenda comparing c-section rates for planned community-based births with hospital c-section rates in a similarly low-risk Medicaid population.
 - Half of all births in Washington state are paid for by Medicaid; among those receiving care from licensed midwives, an average of 38% are on Medicaid, although the percentage is as high as 75% in some rural areas.
 - The more access to licensed midwives, the greater the savings.
- Each individual healthcare profession regulated by the Department of Health is required by law to be self-supporting, but with only 175 licensed midwives in the state, the cost of our licensing fee would be over \$2,500 annually without this cap.
 - A fee this high would create a barrier to entry into the profession (great point for students to make), and could cause midwives, especially in rural parts of the state, to drop their licenses. A drop in the number of licensees would cause fees to go up even higher, resulting in a death spiral for the profession.
- Last year, MAWS agreed to a \$25 increase in the midwifery licensing fee (up to the limit of the cap).
 - This was a good faith effort on the part of licensed midwives to make up for some of the shortfall in the midwifery program's budget.
 - This year, given the evidence from the HCA that LM care confers savings to the state of \$1.9 million, 2 ½ times more than previously estimated, we are asking members to support a \$440,000 budget proviso to ensure the viability of the midwifery program.
- **Would you contact budget leaders to let them know you support this proviso?**

Support SB 5256 - Title Protection for the term "Birth Center"

- We are seeking support for SB 5256 to protect the term "birth center" in statute. Share bill language handout with legislators/aides.
- Freestanding birth centers provide a distinct and unique model of care, exclusively for those with low-risk pregnancies. This care results in better outcomes and lower costs than the care provided in hospitals to a similar low-risk population.
- Share the Strong Start for Mothers and Newborns Study - Findings at a Glance (2-pager)
- We support families having options for physiologic birth in all settings, but we believe it is misleading to the public for hospitals to call their labor and delivery units Birth Centers since they are: 1) neither licensed or regulated as such; 2) do not provide a model of care consistent with national birth center standards; and 3) do not achieve the same results as freestanding birth centers.

- The Washington State Hospital Association (WSHA) is arguing that SB 5256 creates an undue financial burden on hospitals, requiring them to re-brand without any benefit to patient safety. We disagree and believe it is misleading for hospitals to use the term “birth center” for marketing purposes without actually providing a birth center model of care. The differences in outcomes in freestanding birth centers and hospitals speak for themselves. Furthermore, the bill allows hospitals a 5 year grace period to re-brand after the law goes into effect--most if not all hospitals will re-brand within that time frame anyway.
- This is a consumer protection issue. Families have a right to know what model of care is being offered and what kinds of outcomes are achieved in the facilities where they’re planning to give birth. It’s critical that data on outcomes in different types of facilities be collected and made transparent for the public so childbearing individuals and families can make informed decisions about their care.
- ***Can we count on your support for SB 5256?***

Support the Doulas for All Initiative

- Numerous studies demonstrate the health benefits of doula care: lower c-section rates, lower rates of preterm birth and low birthweight, higher rates of breastfeeding.
- A 2015 Health Equity Report from the WA State Governor’s Interagency Council on Health Disparities recommended increasing access to doula care, particularly for low-income families of color, to reduce health disparities and decrease medical costs associated with birth and postpartum care.
- The HCA has recommended that \$11million (\$5.4 million is state funds) be allocated in the 2019-2020 budget to provide Medicaid reimbursement for doulas. The Governor has included this in his proposed budget.
- ***Would you reach out to budget leaders to let them know you support this funding?***

Support SB 5425 – Concerning Maternal Mortality Reviews

- This bill extends the Maternal Mortality Review Panel at the Department of Health, and makes changes to improve the function of the panel. Specifically, it modifies the membership, data sharing, and reporting requirements for the Review Panel. It permits patient mental health service records to be disclosed to the Secretary of Health for the purposes of the Review Panel, and requires counties that provide autopsies for the purposes of the Review Panel be reimbursed by the state's Death Investigations Account.
- ***Will you support SB 5425?***

Support HB 1771/SB 5683 - The Welcome to Washington Baby Act

- We support this effort to make home visiting a standard part of care for new families; it is consistent with the care routinely provided by licensed midwives
- The bill currently specifies that these home visits will be carried out by a registered nurse or by an “allied professional approved by the model.”
- We’d like Section 7 to be amended with a definition of “allied professionals” that includes licensed midwives, naturopathic physicians, and physicians’ assistants.
- ***Would you be willing to request this amendment from the bill’s prime sponsor?***