Midwives in Action – WA State

Audrey Levine, LM, CPM-Retired
Legislative and Health Policy Chair
Midwives’ Association of WA State (MAWS)
Having a Seat at the Table
WA State Department of Health Perinatal Advisory Committee

• Who is at the table?
  ✓ Key stakeholders in maternal-child health in WA State, including: ACOG, WSOA, ACNM, AWHONN, AAP, AAFP, Regional Perinatal Health Networks, DOH staff, WA State Health Care Authority, insurance companies, and MAWS

• Why having a seat at the table matters - Relationship-building:
  ✓ MD/LM Workgroup and Smooth Transitions Quality Improvement Project
  ✓ OB COAP – A clinician-led, statewide data collection project within the Foundation for Health Care Quality. MAWS was invited to participate in the pilot phase in 2010; laid the foundation for passage of HB 1773 in 2014, mandating data collection for licensed midwives in WA
  ✓ Meetings with the Health Care Authority and the Medical Directors of the Managed Care Organizations that contract with Medicaid
• Midwifery Licensure and Discipline Program in Washington State: Economic Costs and Benefits, October 2007
  http://www.washingtonmidwives.org/assets/Midwifery_Cost_Study_10-31-07.pdf

Independently conducted analysis commissioned by the WA State Legislature to determine whether the economic benefits of the Midwifery Program exceed the state expenditures to subsidize the cost of the program under RCW 43.70.250
Findings of the cost-benefit analysis

Licensed Midwifery Care:

- Substantially reduces health care costs with direct savings to the State of more than $473,000 in avoided Medicaid reimbursement costs, and savings to the entire health care system of over $2.7 million per biennium.

- Dramatically lowers the risk of giving birth by cesarean section, which costs, on average 76% more than a vaginal delivery and poses significant health risks to mothers, especially in subsequent pregnancies.

- Contributes to long-term maternal and infant health through intensive prenatal and postpartum care and greater breastfeeding success.
"To further the goals of better care, better health outcomes, and reduced per capita costs of health care, the authority shall review its reimbursement methods and rates for births performed at birth centers. The authority shall report to the governor and appropriate committees of the legislature by October 15, 2016, with recommendations for adjusting reimbursement methods and levels, improving access to care, improving the cesarean section rate, and savings options for utilizing birth centers as an alternative to hospitals."
Leveraging Data to Advance Our Agenda

• WA State Health Care Authority Report, *Reimbursement for Births Performed at Birth Centers*, October 2016


**RECOMMENDATION:** “After reviewing the current Medicaid rate schedule for birth centers, HCA recommends adjusting the birth center reimbursement method for Medicaid by increasing the birth center facility fee to $1,742.”
Leveraging Data to Advance Our Agenda

MAWS Lobby Day 2017
 Proposed budget proviso language:
Within the amounts appropriated within this section, beginning July 1, 2017, the authority must increase facility fees to birth centers to the amount listed on page two of their report to the legislature dated October 15, 2016 entitled reimbursement for births performed at birth centers. This increased rate is applicable in both a fee for service setting and is the minimum allowable rate in a managed care setting. The authority shall report to the governor and appropriate committees of the legislature by October 15, 2018, updated information regarding access to care, improvements to the cesarean section rate, and savings outcomes for utilizing birth centers as an alternative to hospitals.

• Cost of the proposed proviso: 2017-2019: $0 General Fund-State
THANK YOU!

Audrey Levine
audrey.e.levine@gmail.com
(360) 701-9194