Melissa Cheyney: 43:08
Okay, we're going to move on to policy and advocacy and today we have Zev Coulson with us. Zev is a certified professional midwife and legislative policy analyst at nacpm. They've worked in home and birth center settings and they have a background in community organizing. So over to you, Zev.

Zev Colsen: 43:41
Thank you, Missy. I also don't yet see my image in the camera. Do others?

Jeanette McCulloch: 43:48
We do. We see you're good to go.

Zev Colsen: 43:50
Fantastic. Okay, I'll take the next slide please. This domain is important because policy changes lives. You know, the problem is urgent and we live in this drastically hostile policy environment for so many communities. The gap between our current reality and this vision for integrated, universally accessible community midwifery is really wide. And it's also full of barriers. You know, in enabling environments we know that community midwifery care is safe, it's effective, it's affordable, it's person centered. There's all of these incredible benefits, but policy is the thing that allows us to have that enabling environment or not so bad. Policy, conversely, puts midwives and clients at risk. And I just invite us all to frame this domain in that policy is intentional. So like the presence or absence of an enabling environment is a choice made by those who hold power. The system is working for someone and we need to apply pressure to the levers of power because they're not going to give it up without a fight. So I will take the next slide. The priorities that I see in this domain are licensure for all credentialed midwives in all states and decriminalization of non credentialed midwives so that we stop replicating patterns of harm that have occurred for a long time. We need policies that enable midwives to work to their full scope and training, policies that promote integration, that demand reimbursement and that fund workforce development initiatives. Next slide. The opportunities exist, you know, at the state level and at the federal level. And you can see right on the slide that, right, they're concentrated in the state level. But at the federal, we would like to get all credentialed midwives recognized federally within the Social Security Act. And then there's a number of federal bills that are active. The Black Maternal Health Caucus has a far reaching Momnibus Act, Midwives for Moms fund scholarships, the Babies act is funding for establishing new birth centers. And Midwives for Service members would add CPMs and CMS to become eligible for Tricare reimbursement. At the state level, I see it as kind of two buckets. There are states that have licensure and there are states that do not have licensure but still, still have issues. There's not a single state that is doing it all right. So in terms of licensure, CPMs still need 13 states and CMS still need 39 states. In terms of optimization, we're talking about again driving policy making, amendments to current barriers to full scope care, adding gynecological care, making sure medication access is appropriate, that midwives are not subject to physician supervision, and then practice setting certainly in Homes and in birth centers for all credentials of midwives, but also in FQHCs, in which federally qualified health centers, in community clinics, in Planned Parenthood and in the hospital. Integration, I think is an interesting one because we

tend to think of it as kind of a sub regulatory activity, I think. Missy, earlier you said we're not waiting for the government, which is absolutely true. And we need a diversity of tactics to achieve these goals. Right. But there is a role for government in integration in that lawmakers can fund and they can mandate some of these initiatives. So for example, in Massachusetts they have mandated that the Department of Health take a role in integrating and implementing things like transfer systems integration across settings. Access to clinical training sites is another thing the state can facilitate. And then certainly data collection that is comprehensive, that is funded. I saw someone in the Q and A mention that midwives shouldn't have to pay so much money just to submit their data. And then driving QI initiatives based on that data that state agency might play a role in collecting. In terms of policy around reimbursement, it always is shocking to me that insurers are not begging us to contract with them because we would save them money by improving outcomes. But here we are. And so the lawmakers really actually have to be the adult in the room and specify very clearly not only that they have to pay us, but who has to pay us. Public payers, private payers, MCOs, parities for all credentials in all settings. The parent fee, the baby fee, the newborn fee, the facility fee. You have to write law that's very specific in this way because otherwise the insurance companies are not willing to engage for the most part. And then funding workforce development initiatives. So that's scholarship funding, funding for MEEC programs and CM programs. And to Zul's point, we could also see funding for, for PEP applicants and then loan repayment and continuing education that would span across credentials. I'll take the next slide. Yeah. Challenges. We've got some challenges. Opposition. And I think of this also in two categories. We've got kind of industry opposition and then political opposition. Our opposition is generally strong, well funded, well established, and like highly trusted by lawmakers. Recently we saw a joint explanatory statement attached to the ndaa, which is like the budget for the Defense Department, citing concerns about safety and quality for both CPMs and CMS, which is a really disappointing development. Generally, government dysfunction is slowing all policy efforts down. Right now there's very little getting done in Republican states. We're seeing resistance to the creation of licensing boards in a small government way. In democratic states, we're seeing that the agencies, state agencies are just taxed beyond their capacity. For example, where I live in Massachusetts, they're like, we would love to review your CPM regulations, but we're suing the federal government every other day. So we really can't spare the lawyers right now. Racism, misogyny, heterosexism, ableism, capitalism. I could certainly go on. Yes, these are policy challenges. Why? Because who is the most impacted by the problem and who is the most impactful? Are those folks prioritized by those who hold power? Are folks prioritized within our coalitions? Public perception? I think going back to our opposition, they've been engaged in really malicious strategic narrative for a century. So we have a lot of ground to make up there. And those things also tie back to racism and misogyny in many ways and funding. Obviously we have some ride or die funders in this movement. Thank you, Tanya. Thank you, Skyline. But in contrast to our opposition, we're still quite underfunded. That's all I've got. Thank you so much. And I'll pass it back to Missy.

Melissa Cheyney: 51:53
Thank you so much Zev.