



Michigan Momnibus Package

Addressing Barriers to Access to care and Racial & Gender Justice in the Perinatal Period

What is a Momnibus?

A Momnibus is a package of bills to improve perinatal health by addressing systemic racism and other social determinants of health. You may have heard of the [Black Maternal Health Momnibus Act of 2021](#). There is also an excellent state example, the [Colorado Birth Equity Bill Package](#), passed in June 2021, that includes bills to protect human rights and address [inequities](#) in outcomes during the perinatal period.

Why does Michigan need a Momnibus now?

Inequity is the problem. Because inequity is multifaceted, solutions must also be multifaceted.

In Michigan, the maternal mortality rate for Black women is more than four and a half times higher than that of non-Hispanic white women; and the infant mortality rate is three times higher for Black infants than it is for non-Hispanic white infants. In 2019, Michigan ranked 30th in the nation for maternal mortality, 33rd for infant mortality, and 35th for neonatal mortality.

Birth justice advocates from around the state are working to address systemic racism in our maternal health system by increasing access to midwifery care and to human rights-centered perinatal care. Legislative barriers to care are limiting the reach of this crucial work.

Licensing birth centers and reimbursing midwifery care across birth settings is paramount to improving maternal health in Michigan. Comprehensive statewide bills that center community needs and desires, reduce barriers to midwifery care, and honor and affirm the human rights and dignity of all birthing people will help improve maternal health equity and the lives of Michigan families.

What's Included in Michigan's Momnibus?

The Michigan Momnibus, introduced by Michigan State Senator Erika Geiss alongside individual bill sponsors Sens. Anthony, Cavanagh, Chang, and Santana will address barriers to access to care and racial and gender justice in the perinatal period through a package of eleven bills:

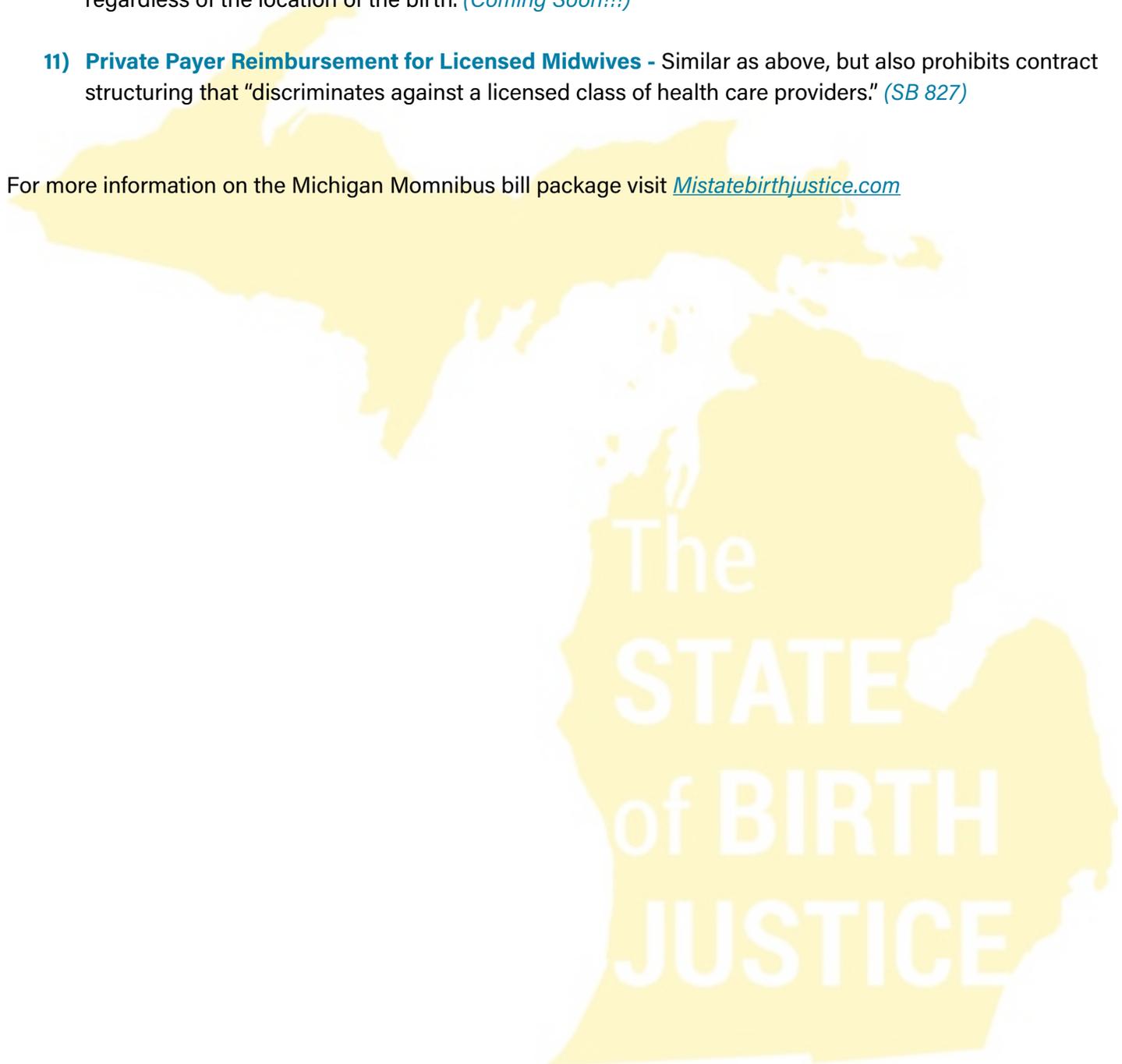
- 1) Data & Equity Bill** – Requires the Department of Health & Human Services (DHHS) (in coordination with the state Health Disparities Reduction and Minority Health section) to include on their website “published studies and reports on biased or unjust perinatal care,” including but not limited to studies or reports on instances of obstetric violence and racism. These studies should be predicated on the Patient-Reported Experience Measure of Obstetric Racism Scale or a similar tool. Also codifies the use of a maternal mortality review team into statute and makes it clear what its duties should be. This will create a statutory requirement that the state maintains or consult with a maternal mortality review team on collected data and best practice recommendations. ([SB 818](#))

- 2) **Michigan Department of Civil Rights (MDCR) Self-Reporting Tool for Obstetric Racism and Violence** - Requires the MDCR to receive reports in a form prescribed by the dept. but utilizing the patient-reported experience measure scale or a tool with equivalent validation. These reports would be from individuals who are pregnant or in the postpartum period and have received or believe to have received care that is not: culturally, congruent, unbiased, and just, maintains dignity, privacy, and confidentiality, prevents harm or mistreatment, and meets the requirements for informed consent. This tool will be used to identify incidents of obstetric racism and obstetric violence and the MDCR must provide a report to the Senate and House Health Policy committees, DHHS, LARA and the Governor. *(SB 819)*
- 3) **Patient Protections** - Requires that beginning Jan 1 of 2026, hospitals must provide to Licensing and Regulatory Affairs (LARA) (in the form prescribed by the dept) information that shows that hospitals have a policy that complies with all the following: *(SB 820)*
- Allows for a patient to be accompanied by a partner or spouse AND a Doula. If there is no spouse or partner, they can have both a doula and a companion.
 - Provides the Hospital's policy on receiving informed consent from the patient
 - Provides the hospital's process for receiving a patient's information from a health professional (LM and CNM) that has initiated the transfer of a patient's care to the hospital.
- 4) **Collection of Perinatal Malpractice Policy Information** - The Department of Insurance & Financial Services (DIFS) on the request of DHHS will collect information from malpractice insurers' policies related to perinatal care services. *(SB 821)*
- 5) **Patient Advocate Statement** - Amends to ensure that a patient advocate designation may include a statement on which life-sustaining treatment the patient would desire or not desire if the patient is pregnant at the time an advance directive becomes effective. And that their pregnancy status does not change this right. *(SB 822)*
- 6) **ELCRA** - Amends to make clear that "sex" includes but is not limited to pregnancy or lactation status. *(SB 823)*
- 7) **Plan of Safe Care**- Attempts to establish a non-punitive way to set up a plan of safe care for an infant and parent if the infant is shown to be affected by a controlled substance. *(SB 824)*

Michigan is one of only nine states that does not license freestanding birth centers. Without birth center licensure, midwives in birth centers are also not reimbursed by Medicaid. The Birth Center Licensure bill, introduced by Michigan State Representative Laurie Pohutsky, ensures that all Certified Nurse-Midwives (CNMs) and Certified Professional Midwives (CPMs) in all birth settings are compensated at a rate commensurate with the care they provide. Through this measure, licensed birth centers will be eligible for reimbursement by Medicaid and private health plans. *HB 5636*

- 8) **Loan Reimbursement for Licensed Midwives** - Adds Licensed Midwives to the Michigan Essential Health Provider Recruitment Strategy section. (*SB 825*)
- 9) **Doula Scholarship Fund** - Creates a scholarship program for low-income residents working toward certification as a Doula in the State of Michigan. Creates a fund for this purpose in the Treasury. (*SB826*)
- 10) **Medicaid Reimbursement for Licensed Midwives** - Requires perinatal or newborn care services to be reimbursed if DHHS applies to HHS for an amendment to the state's Medicaid plan. Requires reimbursement of Certified Nurse Midwives and Licensed Midwives, and the tracking of health plan's compliance. Requires that Medicaid pay the same rate to all providers listed for the same services regardless of the location of the birth. (*Coming Soon!!!*)
- 11) **Private Payer Reimbursement for Licensed Midwives** - Similar as above, but also prohibits contract structuring that "discriminates against a licensed class of health care providers." (*SB 827*)

For more information on the Michigan Momnibus bill package visit [Mistatebirthjustice.com](https://mystatebirthjustice.com)



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