



Michigan Momnibus Package

Michigan Momnibus Package: Improving Perinatal Health by Increasing Access to Midwives, Doulas and Better Birth Options

What is a Momnibus?

A Momnibus is a package of bills to improve perinatal health by increasing access to midwives and doulas and better birth options.

Why does Michigan need a Momnibus now?

Birth advocates from around the state from rural areas to big cities are working to address problems 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.

Michigan ranks 34th nationally for infant mortality, with a rate of 6.4 per 1,000 live births, which is higher than the national rate. The infant mortality rate for Black mothers is shown to be more than two times higher than that of the state rate and almost three times higher than the rate for white mothers in Michigan.

The maternal mortality rate in Michigan is 19.1 per 100,000 births and, almost two-thirds of the pregnancy-related maternal deaths that occur in Michigan each year are preventable. Maternal Mortality rates among Indigenous and Black mothers are also nearly two times higher than the mortality rates for white mothers.

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 families will help improve maternal and infant health and the lives of Michigan families.

What's Included in Michigan's Momnibus?

The Michigan Momnibus, introduced by Michigan State Senator Erika Geiss and her colleagues, Senators Sarah Anthony, Mary Cavanagh, Stephanie Chang, and Sylvia Santana, will address barriers to access to care in the perinatal period through a package of bills. This legislation builds on existing community-driven programs and has garnered support from various maternal health advocacy organizations.

- 1) Maternal Data Bill:** Requires the Department of Health & Human Services (DHHS) 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 in any form. The bill 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 maintain or consult with a maternal mortality review team on collected data and best practice recommendations. **Senate Bill 29** (Sen. Geiss)
- 2) Michigan Department of Health and Human Services (MDHHS) Self-Reporting Tool for Obstetric Violence:** Creates the Unjust Care Reporting Act, which defines obstetric violence as the mistreatment, abuse, or neglect a person may experience during pregnancy, childbirth, or postpartum care. The Act directs MDHHS to create or use an existing tool that allows patients to self-report experiences of obstetric violence. MDHHS would receive these reports from individuals who are pregnant or in the postpartum period and who have experienced mistreatment. Based on this data MDHHS will report to the Senate and House Health Policy committees, DHHS, LARA and the Governor. **Senate Bill 30** (Sen. Geiss)

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- 3) **Patient Protections:** Requires that hospitals must provide to Licensing and Regulatory Affairs (LARA) (in form prescribed by the dept) information that shows that hospitals have a policy that complies with all the following: **Senate Bill 31** (Sen. Cavanagh)
- 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. **Senate Bill 32** (Sen. Cavanagh)
- 5) **ELCRA:** Amends so that discrimination on the basis of sex includes but is not limited to pregnancy or lactation status. **Senate Bill 34** (Sen. Chang)
- 6) **Loan Reimbursement for Licensed Midwives:** Adds Licensed Midwives to the Michigan Essential Health Provider Recruitment Strategy section. **Senate Bill 36** (Sen. Anthony)
- 7) **Private Payer Reimbursement for Licensed Midwives** - Requires perinatal or newborn care services to be reimbursed by Private Insurance. Requires reimbursement of Certified Nurse Midwives and Licensed Midwives, and also prohibits contract structuring that "discriminates against a licensed class of health care providers. **Senate Bill 37** (Sen. Santana)
- 8) **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. **Senate Bill 38** (Sen. Santana)
9. **Coverage for Ultrasound** - Requires Medicaid coverage for off-site or remote ultrasound procedures and fetal non-stress tests. **Senate Bill 39** (Sen. Anthony)

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