

Elizabeth Burke Bryant, JD

**Testimony on H-8174, Medicaid Coverage for Certified Professional Midwives (CPM)
House Finance
May 5, 2026**

Good afternoon, Chairperson Abney and members of the House Finance Committee. My name is **Elizabeth Burke Bryant**, and I am a **Professor of the Practice of Health Services, Policy, and Practice** at the Hassenfeld Child Health Innovation Institute at the Brown University School of Public Health. I am providing this testimony in my personal capacity.

I express my **strong support** for **S-2381– An Act Relating to Insurance – Accident and Sickness Insurance Policies**, sponsored by Senator Mack and co-sponsored by Senators DiMario, Murray, Lauria, Urso, Acosta, de la Cruz, Vargas, Quezada, and Ujifusa.

This legislation **ensures that licensed Certified Professional Midwives (CPMs)' services are covered by all private health insurance plans and that services performed by other maternity care providers are also covered when a CPM performs them.** CPMs specialize in providing care for low-risk births [1]. It is a critical step toward **achieving birth equity, reducing perinatal health disparities, and ensuring that all Rhode Islanders—regardless of income or insurance status—can access safe, evidence-based birthing care in the setting of their choice.**

Why Coverage for CPMs Matters

Certified Professional Midwives are trained, licensed providers who offer comprehensive prenatal, birth, and postpartum care [2], [3]. Their person-centered focus model emphasizes cultural responsiveness, relationship-building, education, and personalized care, qualities that are especially important for marginalized communities who have been historically underserved by the healthcare system [3].

Public Health Benefits of Health Insurance Plan Coverage

1. Advance Birth Equity and Reduce Racial Disparities

Black, Indigenous, and Latino communities continue to face disproportionate rates of maternal and infant mortality [4]. Maternal health outcomes data suggest that about 80% of pregnancy-related deaths in this country could have been prevented [1]. These disparities persist even when controlling for income, education, and insurance coverage [5]. Medicaid beneficiaries are at heightened risk due to structural barriers to timely, quality care [6], [7].

Evidence shows that midwifery-led care improves maternal and infant outcomes, reduces rates of preterm birth and low birthweight, and increases breastfeeding and patient satisfaction. Additionally, when CPMs are reimbursed by Medicaid, access to these benefits becomes more equitable [8], [9], [10], [11].

2. Expand Access in Maternity Care Deserts

Rhode Island's community birth options are limited and the services CPMs' provide is not currently consistently covered by all private health insurance plans. Ensuring consistent and equitable coverage to include CPMs ensures that low-income families, particularly in underserved and rural areas, can choose midwifery care closer to home [12].

3. Reduce Costs and Improve System Efficiency

Research from states with Medicaid reimbursement for CPMs shows cost savings associated with:

- Fewer unnecessary interventions (e.g., inductions, cesareans)
- Decreased emergency department use
- Decline in preterm births
- Lower NICU admissions

Midwifery care is preventive, relationship-based, and patient-centered—all of which contribute to reduced maternal complications and long-term health costs [8], [9], [10], [11].

Centering Patient Autonomy and Dignity

Families deserve access to safe, evidence-based maternity care that aligns with their values and needs—without being penalized because of inconsistent Medicaid coverage. Additionally, data shows that there has been an influx of home births post pandemic, thus, it is crucial our state has the right healthcare workforce for this [1]. S-2381 affirms the principle that **all birthing people in Rhode Island, regardless of income or health insurance coverage, deserve all options and full access to midwifery care [13], [14], [15].**

Conclusion

Senate Bill 2381 would bring Rhode Island into the spotlight because direct mandates for private health insurance is rare, but doesn't mean it should be done, and promotes health equity by ensuring more birthing people can access Certified Professional Midwives.

By passing S-2381, Rhode Island can:

- Improve maternal and infant health outcomes
- Address racial and economic disparities in perinatal care
- Expand access to community-based birth options
- Support the sustainability of the midwifery workforce
- Center the dignity, autonomy, and well-being of birthing people across the state

I respectfully urge your support for this important legislation.

Thank you for your time and consideration,

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References:

- [1] Rhode Island Department of Health, "Rhode Island Certified Professional Midwifery Program White Paper," Rhode Island Department of Health, White Paper, Jan. 2025. Accessed: Feb. 03, 2026. [Online]. Available: https://health.ri.gov/sites/g/files/xkgbur1006/files/2025-01/MCH_CPM_White_Paper.pdf
- [2] midwifeschooling.com, "CNM, CPM, CM, Doula | Understanding Midwifery Roles and Credentials." Accessed: Mar. 12, 2025. [Online]. Available: <https://www.midwifeschooling.com/midwifery-roles-and-credentials/>
- [3] National Association of Certified Professional Midwives, "Who are CPMs?," NACPM. Accessed: Mar. 12, 2025. [Online]. Available: <https://www.nacpm.org/why-choose-a-cpm>
- [4] L. Hill, A. Rao, S. Artiga, and U. R. Published, "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them," Oct. 2024. Accessed: Apr. 10, 2025. [Online]. Available: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
- [5] S. Vedam *et al.*, "Mapping integration of midwives across the United States: Impact on access, equity, and outcomes," *PLOS ONE*, vol. 13, no. 2, p. e0192523, Feb. 2018, doi: 10.1371/journal.pone.0192523.
- [6] A. Pillai, E. Hinton, R. Rudowitz, and S. A. Published, "Medicaid Efforts to Address Racial Health Disparities," KFF. Accessed: Apr. 10, 2025. [Online]. Available: <https://www.kff.org/medicaid/issue-brief/medicaid-efforts-to-address-racial-health-disparities/>
- [7] P. T. Cheung, J. L. Wiler, R. A. Lowe, and A. A. Ginde, "National study of barriers to timely primary care and emergency department utilization among Medicaid beneficiaries," *Ann Emerg Med*, vol. 60, no. 1, pp. 4-10.e2, Jul. 2012, doi: 10.1016/j.annemergmed.2012.01.035.
- [8] J. Alliman, S. R. Stapleton, J. Wright, K. Bauer, K. Slider, and D. Jolles, "Strong Start in birth centers: Socio-demographic characteristics, care processes, and outcomes for mothers and newborns," *Birth*, vol. 46, no. 2, pp. 234–243, Jun. 2019, doi: 10.1111/birt.12433.
- [9] K. Jefferson, M. E. Bouchard, and L. Summers, "The Regulation of Professional Midwifery in the United States," *Journal of Nursing Regulation*, vol. 11, no. 4, pp. 26–38, Jan. 2021, doi: 10.1016/S2155-8256(20)30174-5.
- [10] J. Applebaum, "Expanding certified professional midwife services during the COVID-19 pandemic," *Birth*, vol. 49, no. 3, pp. 360–363, Sep. 2022, doi: 10.1111/birt.12643.
- [11] E. Nethery, L. Schummers, A. Levine, A. B. Caughey, V. Souter, and W. Gordon, "Birth Outcomes for Planned Home and Licensed Freestanding Birth Center Births in Washington State," *Obstet Gynecol*, vol. 138, no. 5, pp. 693–702, Nov. 2021, doi: 10.1097/AOG.0000000000004578.
- [12] N. G. Burns, PhD, "Certified Professional Midwives in West Virginia." West Virginia Science and Technology Policy Initiative, Oct. 2025. Accessed: Feb. 03, 2026. [Online]. Available: https://static1.squarespace.com/static/6716b5940fc62461a05ba6e5/t/68ee8828a52a8122e2a2d3c7/1760462888043/CertifiedProfessionalMidwives_KBedit.pdf
- [13] The Network for Public Health Law, "Direct Entry Midwives Across the Nation," The Network for Public Health Law, Issue Brief, Apr. 2023. Accessed: Mar. 13, 2025. [Online]. Available: <https://www.networkforphl.org/wp-content/uploads/2023/05/Direct-Entry-Midwives-50-State-Survey.pdf>
- [14] K. J. Effland, K. E. Hays, B. A. Zell, T. K. Lawal, and M. Koontz, "Medication access and midwifery integration: An example of community midwifery advocacy for access in Washington State, USA," *Birth*, vol. 48, no. 1, pp. 4–13, 2021, doi: 10.1111/birt.12523.
- [15] B. Zell CPM, MSM, K. Effland CPM, MA, M. Snyder CPM, LM, K. Hays CNM, DNP, ARNP (ret.), and W. Gordon CPM, DM, MPH, LM, "Prescriptive Authority for Direct Entry Midwives in Washington State: Increasing Client Access to Contraception," *Journal of Midwifery & Women's Health*, Jan. 2024, doi: 10.1111/jmwh.13606.