

From: [Quatia Osorio](#)
To: [SLegislation](#)
Subject: RE: Support for S2381
Date: Tuesday, May 5, 2026 3:43:41 PM

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Good Afternoon,

Thank you for your consideration in supporting S2381 for coverage of Midwifery services in out-of-hospital settings. The Licensed Midwife is a professional, qualified provider who provides well-woman/body and perinatal care. Rhode Island licenses all three types of Midwifery, but most only know the common in-hospital Nurse-Midwifery. The Licensed Midwife differs from the Nurse Midwife in that Licensed Midwives are trained exclusively in Midwifery/Women's Care in out-of-hospital settings. Out-of-hospital settings are defined as in the home (commonly known as home births), and free-standing birth centers. They are exclusively training in normal physiological birth for low-risk families, the same alignment for eligibility into birth centers. Please note that for Rhode Island, there are no Birth Centers. All of our hospitals have labor and delivery units with "birth center" in their name, but are not birth centers based on the definition by RI General Law.

We are in the middle of a maternal birthing crisis nationwide. Families are without adequate and timely care, referral and services. When the RI homebirth survey was conducted, the consistent factor was lack of access. The inaccessibility for qualifying for out-of-hospital care was that they could not afford the services. They wanted to know why they could not have a safe birth of their choice with a Licensed provider covered by insurance.

As a student Midwife for the past three years who attends the National College of Midwifery and has her clinical training in the community here in Rhode Island with local precepting Midwives, I would love the opportunity to provide such dedicated, qualified care and service to all families, not just the ones who can afford the out-of-pocket expense to have the birth of their choice. Rhode Island is facing the closure of one of their birthing hospital units in Newport, we are facing a lack of physicians in the OBGYN field, and too many women are dying from the maternal health crisis. Timely, safe, qualified, and accessible care at almost 1/3 of the state's hospitals, at costs and in-office rates, is an approach we need to consider.

Midwifery isn't just for pregnant people. We have our well body/women's care services, too. Being able to provide quick, accessible services to families in the safety and comfort of their own home, a local maternal community clinic space open after hours, and our office after 5 p.m., that centers the patient, is what we need to support.

Thank you,
Quatia Osorio
Student Midwife

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“In times of crisis, the wise build bridges, while the foolish build barriers. We must find a way to

look after one another as if we were one single tribe.” ~ Nakia

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