



Testimony Re: S-2381, Insurance Coverage for
Certified Professional Midwives
Senate Health and Human Services Committee
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Rhode Island KIDS COUNT coordinates the Right from the Start Campaign, a state policy coalition led by eight organizations to advance state policies and budget priorities that help families with young children.

Both Rhode Island KIDS COUNT and the Right from the Start Campaign strongly support Senator Mack’s bill S-2381. We would like to thank Senators DiMario, Murray, Lauria, Urso, Acosta, de la Cruz, Vargas, Quezada, and Ujifusa for co-sponsoring this bill. This bill would require health insurance coverage of the services of Certified Professional Midwives. Insurance coverage of Certified Professional Midwives would allow all families in Rhode Island to choose their perinatal care provider, expanding their options for care.

Certified Professional Midwives (CPMs) are knowledgeable and skilled independent practitioners of midwifery care and are trained and certified to provide comprehensive maternity care including prenatal, labor/birth, and postpartum care. They are experts in normal, physiologic/unmedicated childbirth and care for low-risk pregnancies and births, specializing in out-of-hospital care and birth. CPMs practice independently and work within a network of relationships with other maternity care providers who can provide consultation and collaboration when needed, such as referring a pregnant patient to a physical therapist for back or hip pain during pregnancy. CPMs have been licensed in Rhode Island since 2014.

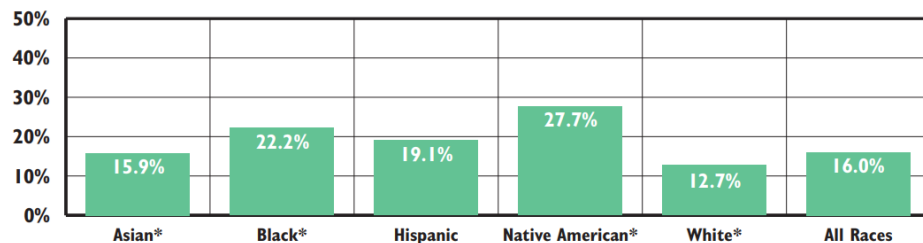
CPMs provide compassionate, person-centered care through the [midwifery model of care](#). They monitor the “physical, psychological, and social well-being of the mother throughout the childbearing cycle,” addressing social determinants of health through counseling, education, and care and identify and refer women who require obstetrical attention. This model of care reduces the incidence of birth injury, trauma, and cesarean section. However, most insurance providers in Rhode Island do not cover their services. Families that wish to see a CPM for perinatal care must either pay out-of-pocket or pay out-of-pocket and then seek reimbursement from their health insurance provider, often unsuccessfully. **Senate Bill 2381 will allow families to choose their**

perinatal care provider based on what they want and need, rather than who their insurance covers.

More accessible maternity care in Rhode Island will lead to healthier pregnancies and births. **Senate Bill 2381 will improve access to providers, expanding the workforce of perinatal and maternity care providers in the state who are covered by insurance.** This growing workforce can reduce the burden on hospitals for families and individuals that want and are able to choose an out-of-hospital or community birth. This will improve the maternity care landscape in Rhode Island, particularly by providing an accessible option for in-home pregnancy care.



Women With Delayed or No Prenatal Care by Race/Ethnicity, Rhode Island, 2020-2024



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2020-2024. * Race categories are non-Hispanic.

Between 2020 and 2024, 16% of Rhode Island women [did not begin prenatal care](#) until the second or third trimester of their pregnancy, if at all, and rates of delayed prenatal care were even higher for Black and Hispanic women. Barriers to prenatal care include not being able to get an appointment, lack of transportation or child care, inability to get time off work, and financial constraints, including lack of insurance or money to pay for their desired care. Insurance coverage of CPM services can address these barriers: CPMs are able to come to their patients in their homes and fit into their schedules, and insurance coverage will allow all Rhode Islanders the option of this care.

Senate Bill 2381 will offer families access through their insurance to the midwifery model of care, centered around the family and community, and embedded in the network of pregnancy and postpartum care providers in Rhode Island. Some CPMs also extend their postpartum care to 12 weeks postpartum, past the traditional 6-week postpartum visit with an obstetrician, to eliminate gaps in care during this critical period. [Nearly one in three Rhode Island women](#) report depression or anxiety in the perinatal period. CPMs develop trusting relationships with their patients and can support them with counseling, education, and referral to appropriate supports, including mental health supports and services.

Rhode Island is training [a new cohort of Certified Professional Midwives](#). This growing workforce has the potential to reduce the burden on the overtaxed health care system. However, many families cannot afford the cost of a CPM when it is not covered by insurance. Reimbursing this workforce will leverage their skills and talents to support Rhode Island families and take full advantage of the trained and licensed midwives graduating from this program, supported by the Maternal Health Innovation grant from the U.S. Department of Health and Human Services.

Thank you for the important work the General Assembly has done to improve access to maternity care in Rhode Island, including through insurance coverage of doula services. We urge passage of this bill to establish the scope of CPMs, so they can provide high-quality, person-centered care to their patients.

Thank you for the opportunity to testify today.