

FACT SHEET



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Expand Access to Midwives for Virginia Moms

Patrons: Senator Deeds and Delegate Willett Budget Amendment 295 #13s, 295 #3h

Problem: Multiple barriers prevent Virginia moms on Medicaid from accessing midwives through their Managed Care Organization (MCO). As a result, moms must leave their healthcare home to see a midwife. Patients lose extra benefits provided by their MCOs such as diapers, cell phones and the care coordination needed to access lactation and mental health services.

Currently, all midwives licensed in the state of Virginia (CNM/CM, CPM) are eligible for Medicaid reimbursement under Fee for Service Medicaid. However, the vast majority of Medicaid recipients are placed into MCOs, which offer more comprehensive wrap-around services. Contracting with individual MCO's is a major barrier for lower volume community practices. Most private midwifery practices do not accept Medicaid. For the few midwifery practices that do accept Medicaid reimbursement under Fee For Service, the process for patients and providers is daunting. Patients must contact their individual MCO, have themselves removed from coverage and go into Fee For Service Medicaid. This process can take months, requires a high level of health systems literacy and is resource heavy for patients, providers and the Virginia Department of Medical Assistance Services (DMAS).

Research shows that integrating midwives into the maternity care system (including comprehensive insurance coverage) improves outcomes.¹ This is

especially critical in rural areas experiencing obstetric service closures where a midwife might be the only option. Maternal mortality rates are higher in maternity care deserts.²

Policy solution: This budget amendment directs DMAS and the Virginia Department of Health (VDH) to convene a work group to bring stakeholders together to study barriers that prevent Virginia moms on Medicaid from accessing Cardinal Care with all midwives licensed by the state upon entry into care. VDH must be in the workgroup because midwives are a public health solution. **Include the voices of parents that struggle to access this care and midwives who serve impacted families in the work to expand coverage.**

Costs: Pregnant women are already covered by Cardinal Care. Integrating midwives lowers costs by improving outcomes and reducing cesarean section rates. This quality-improvement focused work should be a part of the DMAS and VDH budget. **Virginia's 2026 Budget must support a fully-functioning VDH and DMAS, agencies critical to supporting a healthy Virginia.**

Who benefits: When patients are able to stay in their healthcare home and access a cost-effective model of care that improves outcomes, we build stronger families and communities. When midwives are able to receive reimbursement for services offered in the communities they live and serve, the midwifery workforce will grow.

¹ How Expanding the Role of Midwives in U.S. Health Care Could Help Address the Maternal Health Crisis, May 5, 2023. <https://www.commonwealthfund.org/publications/issue-briefs/2023/may/expanding-role-midwives-address-maternal-health-crisis>

² Atwani, Rula MD; Robbins, Lindsay MD, MPH; Saade, George MD; Kawakita, Tetsuya MD, MS. Association of Maternity Care Deserts With Maternal and Pregnancy-Related Mortality. *Obstetrics &*

Gynecology 146(2):p 181-188, August 2025. | DOI: 10.1097/AOG.0000000000005976
https://journals.lww.com/greenjournal/fulltext/2025/08000/association_of_maternity_care_deserts_with.2.aspx

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