



Michigan Momnibus Package

Addressing Barriers to Access to care and Racial & Gender Justice in the Perinatal Period

What is a Momnibus?

A Momnibus is a package of bills to improve perinatal health by addressing systemic racism and other social determinants of health. You may have heard of the [Black Maternal Health Momnibus Act of 2021](#). There is also an excellent state example, the [Colorado Birth Equity Bill Package](#), passed in June 2021, that includes bills to protect human rights and address [inequities](#) in outcomes during the perinatal period.

Why does Michigan need a Momnibus now?

Inequity is the problem. Because inequity is multifaceted, solutions must also be multifaceted.

In Michigan, the maternal mortality rate for Black women is more than four and a half times higher than that of non-Hispanic white women; and the infant mortality rate is three times higher for Black infants than it is for non-Hispanic white infants. In 2019, Michigan ranked 30th in the nation for maternal mortality, 33rd for infant mortality, and 35th for neonatal mortality.

Birth justice advocates from around the state are working to address systemic racism 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. Licensing birth centers and 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 birthing people would help improve maternal health equity and the lives of Michigan families.

What's Included in Michigan's Momnibus?

The Michigan Momnibus will address barriers to access to care and racial and gender justice in the perinatal period through the following bills:

1) Expand Coverage

Birth Center Licensure

Michigan is one of only nine states that does not license freestanding birth centers.

The Birth Center Licensure bill included in this package supports equitable reimbursement for community birth centers. Through this measure, licensed birth centers will be eligible for reimbursement by Medicaid and private health plans.

Reimbursement of CNMs and CPMs

Without birth center licensure, midwives in these settings are also not reimbursed by Medicaid. This bill ensures that all Certified Nurse-Midwives (CNMs) and Certified Professional Midwives (CPMs) in all birth settings are compensated at a rate that sustains midwifery care, does not disadvantage midwifery care in contrast to other care modalities, and accounts and solves for inequities. In Michigan, CPMs are licensed as LMs, and CNMs are licensed as APRNs. This new coverage will also improve workforce development and retention of midwives in community birth settings, especially midwives of color serving communities of color.

2) Integrate Perinatal Health Systems

Transfer Guidelines

Michigan lacks a sufficient process by which patients transferred from community birth centers to hospitals are ensured care. Community birth providers are sometimes required to transfer care, but the receiving providers do not have a corollary duty to receive.

This package includes a bill that protects patients' [right](#) to seamless consultation, referral, transport and transfer of care when necessary. It also provides critical guidance to health care providers with regard to transfers from levels of care and between specialists.

3) Data, Systems, and Equity

Michigan lacks data on the diversity of patient experiences and where systems fail to integrate evidence-based practices that could improve outcomes, quality, the patient experience, and better support human rights for people during the perinatal period. Michigan also lacks mechanisms that systematically collect and incorporate feedback from community-based organizations and people with lived experience into policy and clinical practice.

This integration bill improves data collection practices to include people with disabilities and LGBTQI people and their experiences during the perinatal period. It also supports the use of birth certificate data to inform policy, and the tracking of graduation rates by demographic in Michigan health programs to improve perinatal workforce diversity.

Obstetric Racism

Michigan needs mechanisms for measuring and responding to violations of civil and human rights based on race during the perinatal period.

Michigan should utilize the [PREM-OB Scale™](#) to quantitatively measure the experience of Black birthing people during the perinatal period in hospital settings across the state. This scale measures acts of anti-Black racism in the form of humiliation and degradation, disruption or interruption of social and biological ties during care, and violations of safety and accountability by medical personnel. In addition to this scale, Michigan also needs a mechanism for birthing persons to file a formal complaint on the basis of obstetric racism. These complaints should be captured by the state.

4) Civil and Human Rights in Perinatal Health

Human Rights

Facilities in Michigan lack requirements that ensure certain human rights are protected during the perinatal period. Malpractice policies unduly restrict provider scope of practice and the decision-making of birthing people. Additionally, Michigan's anti-discrimination law does not explicitly prohibit discrimination during pregnancy and childbirth for related medical conditions.

In order to reduce these harms, this bill requires that providers obtain informed consent before initiating procedures, tests, and treatment, allow the presence of a support person in addition to family, and protect the right of the patient to decline treatment. It also permits a designated patient advocate to declare which life-sustaining treatment the patient would desire or not desire if the patient is pregnant at the time an advance directive becomes effective.

Red Flag

Homicide is one of the leading causes of death during and after pregnancy in the US. Strengthening of domestic violence–related firearm regulations and their enforcement is shown to reduce homicide of pregnant and postpartum people.

Senate Bills 856, 857, and 858 will allow a judge to issue an extreme risk protection order after a court

considers evidence in support of the request. Once an order is issued, law enforcement could take temporary possession of an individual's firearms, and ban them from purchasing new firearms while the order remains in effect.

Human Right to Water Act

Water is a human right, and access to clean water directly impacts birthing families across the entire reproductive cycle. We support Senate Bill 0025.

Standards for Incarcerated Pregnant People

Shackling of incarcerated pregnant people in prison is limited in Michigan because of the ACT*. State of Birth Justice stands in solidarity with the work done to center the human rights of pregnant people in the childbearing year. This policy includes rights to a doula, and an additional support person, and access to milk banking.

All people deserve access to all safe birth options – and to dignity and respect in maternal health care. Research shows us what works, and our communities know what we want. We must act now to address barriers to access, racial and gender justice in the perinatal period. Our families cannot wait.

*MI State of Birth Justice is a community coalition working to build urban-rural partnerships to increase access to midwifery care across the state of Michigan. Our purpose is to educate, inform, and engage our communities statewide in realizing birth justice. Learn more at MIstatebirthjustice.com



The
STATE
of BIRTH
JUSTICE