

February 20, 2025,

Dear Chair Pena-Melnyk, Health and Government Operations Committee and
Chair Beidle, Finance Committee

My name is Karen Milgate and I am writing to you to ask you to support and vote favorably on HB838 and SB0854.

These bills will modernize the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

I write to you as a national health policy expert, LDEM, and mother who had both a hospital and home birth. I had a 30 year career in federal health policy working in both the private and public sectors and then went to school for my CPM and became a Licensed Direct Entry Midwife in Maryland.

In my career, I advocated on behalf of hospitals at the American Hospital Association, large employers at the Washington Business Group on Health and for consumers at Families USA. I developed the framework for Value-based purchasing at the Medicare Payment Advisory Commission and helped implement the legislation that established Value Based Purchasing as the central payment policy for Medicare at the Centers for Medicare and Medicaid Services (CMS). I served as the Director of Policy and the Deputy Director for the Center for Strategic Planning at CMS. I also wrote several policy pieces on bundled payment as an option for maternity care and served on the National Academy of Medicine Advisory Committee on the impact of Birth Settings on the Quality and Safety of maternity care in the United States.

In short, in the National Academy discussions with experts, it was concluded that community birth was a safe, less expensive, quality option for women with a lower risk profile – the large majority of women. Allowing for access to the full scope of the training of LDEMs ensures that women who choose this option will receive a higher quality of care than they would otherwise, and increase access to the care path they have chosen. While I would prefer the bill go further than it does currently, this is a step in the right direction.

In my time as a midwife and as a former patient, I have seen how thorough, responsible and competent the large majority of community midwives are. I have seen how seriously they take their training to identify what is normal and what is not. I have also heard story after story of how disrespected, unsafe and pushed around some women feel in the dominant model of care and believe strongly that community birth can help in these cases. I am aware that hospitals, and the

Maryland Hospital Association, are always working to improve on these practices and applaud their efforts. However, women should have a choice in where they feel the safest and best supported in one of the most vulnerable times in their lives.

Women giving birth as nature intended—without medication, without being cut, without constant interventions—is a powerful experience. It is impactful even beyond birth.

Thank you for your time and consideration,

Karen Milgate, MPP, CPM, LDEM

Sincerely,

Karen Milgate, MPP, CPM, LDEM

106 Lastner Lane

Greenbelt, MD, 20770