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Managed Medi-Cal Health Plans		<ul style="list-style-type: none"> Equalizing reimbursement rates for midwives with obstetricians
		<ul style="list-style-type: none"> Increasing reimbursement rates for birth center births (the facility fee)
		<ul style="list-style-type: none"> Developing quality performance incentives encouraging midwifery utilization – general
		<ul style="list-style-type: none"> Developing quality performance incentives encouraging midwifery utilization – general quality metrics such as NTSV C-section rates, or more specific quality metrics such as %CNM deliveries, or requiring a certain proportion increase in CNM deliveries over a designated period of time – both for hospitals and for delegated groups
		<ul style="list-style-type: none"> Support the full practice authority for Certified Nurse Midwives (CNMs) and Licensed Midwives (LMs), to the full extent of their training and licensure
		<ul style="list-style-type: none"> Offering the equivalent of PPS-wraparound payment for FQHC-employed CNMs who do deliveries (since, if an FQHC employs a CNM, they are incentivized to have that CNM only do prenatal care because they cannot get a top-up payment if they deliver services off-site)
	Department of Health Care Services (fee-for-service Medi-Cal)	
		<ul style="list-style-type: none"> Equalizing reimbursement rates for midwives with obstetricians
		<ul style="list-style-type: none"> Increasing reimbursement rates for birth center births (the facility fee)
		<ul style="list-style-type: none"> Increasing network adequacy requirements for midwives and accredited birth centers from one per region to a more robust standard similar or equal to what is used to determine network adequacy for OBGYNs
Commercial Health Plans		<ul style="list-style-type: none"> Benefit design: incentives to steer consumers to midwives, and promoting midwifery utilization within accountable care organizations (ACOs)
		<ul style="list-style-type: none"> Support the full practice authority for Certified Nurse Midwives (CNMs) and Licensed Midwives (LMs), to the full extent of their training and licensure
		<ul style="list-style-type: none"> Testing innovations such as paying for a laborist to provide backup to midwives and to the regular nursing staff, and considering requiring hospitals to privilege midwives to deliver care at their facility and to provide the necessary physician back-up for these midwives
		<ul style="list-style-type: none"> Consumer education: inform beneficiaries of their choices in care team and care location, and the benefits of vaginal birth
		<ul style="list-style-type: none"> Providing additional coverage options such as doula care
		<ul style="list-style-type: none"> Aligning quality measurement across payers
		<ul style="list-style-type: none"> Considering multi-payer solutions to promote midwifery integration