



MIDWIVES ASSOCIATION  
*of* BRITISH COLUMBIA

# 2023 Midwifery Tentative Agreement



20<sup>th</sup> June 2023



The parties have reached a tentative agreement as follows:

1. The term of the agreement will be April 1, 2022, to March 31, 2025. Payment schedule changes will be retroactive to the dates outlined in item #2 below. The following elements of the agreement will be effective on the following dates:
  - a. Overhead payments- retroactive to the date a Tentative Agreement is executed
  - b. Parental leave- retroactive to April 1, 2023 (with a one-time payment provided to be applied retroactively for the 2019-2022 term)
  - c. Increase in RRSP contribution matching- retroactive to April 1, 2023 for 2023 RRSP contribution year
  - d. Home birth attendant fee implemented once Agreement is ratified
  - e. Home birth premium implemented once Agreement is ratified
  - f. Payment for health benefits – one time \$2.4M payment effective April 1, 2024 an ongoing funding of \$880,000 effective April 1, 2024
  - g. MABC program coordination funding retroactive to the date a Tentative Agreement is executed
2. All fee codes in the Midwifery Payment Schedule will be increased according to PSEC mandate effective April 1 of each year of the contract. These increases will be:
  - a. 3.24% increase in year 1(April 1, 2022-March 31, 2023)
  - b. 6.75% increase in year 2 (5.5% plus 1.25% COLA) (April 1, 2023 – March 31, 2024)
  - c. 2% increase in year 3 and *up to* an additional 1% conditional COLA (April 1, 2024-March 31, 2025)
3. Overhead funding will be paid to eligible midwives on the following terms:
  - a. An Eligible midwife will be paid an additional payment for overhead, calculated as the lesser of: (i) 52% of the midwife’s Annual income; and (ii) \$75,000, per fiscal year.
  - b. Eligible midwives must be enrolled in MSP in accordance with Section 13 of the *Medicare Protection Act*.
  - c. Eligible midwives must be a general, temporary, or conditional registrant of the British Columbia College of Nurses and Midwives whose membership is in good standing with the College.





- d. Midwives are eligible for overhead funding if they contribute either directly or indirectly to rent, lease, or ownership costs as well as other operating costs such as staffing, equipment, or supplies of their clinics.
- e. “Annual income” means income earned by a midwife for clinical, non-clinical, and professional midwifery services and Indigenous midwifery, and funded by the BC Ministry of Health, from the following sources:
  - i. MSP billings.
  - ii. Service contract compensation.
  - iii. Locum fees.
  - iv. Indigenous midwifery stipends funded by the BC Ministry of Health.

Should additional items be raised during the term of the MMA that MABC feels should be considered as income, MABC may make a request for review to the Ministry of Health.

Overhead payments will be administered by the Ministry of Health, and MABC will provide financial information on the payment of locums and Indigenous midwifery stipends to the Ministry, to appropriately calculate overhead funding for each midwife.

4. A new Home Birth Premium fee item will be created to compensate the additional work involved in attending labour and delivery outside a facility. The rate will be set at 25% of fee item 36040.
5. Fee item 36045 will be amended to replace each instance of the word “second” with the word “additional”. Should this fee item be required more than twice during a birth, the midwife will submit a record of the attendants’ names and reason for the additional attendants (cultural, medical, etc.) in the note record for manual adjudication.
6. A sessional rate shall be established from the date of ratification at \$136.78/hr. This rate shall receive a 2% increase and up to an additional 1% conditional COLA (April 1, 2024-March 31, 2025) The parties will revisit the sessional rate upon completion of an LFP style compatible model as discussed below at paragraph 8.
7. The Ministry will provide ongoing funding at \$150K annually to the MABC for program coordination.
8. Once an agreement between the Ministry and MABC has been ratified, the Ministry will initiate a working group within 14 days of ratification, with the objective to plan and develop an LFP style compatible model for midwives with a target implementation of September 2024 but no later than December 31, 2024. The parties acknowledge that a parallel process of developing an LFP style compatible model for family physicians who deliver primary maternity care is also under development with the Ministry. Should that process conclude prior to the timelines set out in this Agreement, the parties will meet within two weeks of the conclusion of that process and discuss whether the timelines set out in this





Agreement should be shortened. This commitment will be outlined in a letter from Mark Armitage, Associate Deputy Minister.

9. The Ministry of Health's contribution to midwife retirement savings will increase to \$5000 per midwife and the matching requirement as well as the restriction of contributions being a percentage of income will be removed. MABC will hire a third-party administrator to administer the funds. To be eligible for this funding, midwives must be enrolled in MSP in accordance with Section 13 of the *Medicare Protection Act*, and be a general, temporary, or conditional registrant of the British Columbia College of Nurses and Midwives whose membership is in good standing with the College.
10. The parental leave benefit will increase to \$1300 per week for 17 weeks and the cap on funding will be removed from the MMA. The Ministry will also provide a one-time fund of \$176,000 to provide compensation to midwives who did not receive the previous full parental leave benefit as it was pro-rated to stay within the cap on funding.
11. The Ministry of Health will provide \$2.5 million in ongoing, renewable funding to support Indigenous midwifery, based on agreed upon guiding principles outlined in a shared Terms of Reference.
12. The Ministry will provide a one-time lump sum payment of \$2.4M to MABC to be used towards health benefits. Current funding for disability insurance will be shifted to an ongoing annual lump sum funding of \$1,308,000.00. Additionally, there will be \$880,000 in ongoing annual funding beginning in year 3 (April 1, 2024) to be allocated towards benefits.

The above funding will be earmarked for the provision of a mandatory benefits package which includes both Disability and Extended Health and Dental coverage and will be so allocated by the MABC.

During the term of the agreement the parties will continue to investigate benefit costs and identify options to optimize coverage. A report will be produced for the parties' use in negotiations for the next renewal agreement.

13. A template service contract, the terms of which the Ministry will finalize within 30 days of execution of this Tentative Agreement, or a period longer if mutually agreed upon, will be appended to the MMA with a term requiring that any Agency wishing to contract a midwife for direct clinical and indirect clinical work must do so using this contract and at the agreed upon hourly rate, which will be stipulated in the template contract.

Compensation will be equivalent to:  $[(\text{Value of fee codes } 36010 + 36020 + 36030 + 36040 + 36050) \times 40] / 1680 \times \text{number of hours in contract}$ . Overhead funding as outlined in item 3 will be applied in addition.

The parties will also work to develop adapted template contracts applicable to specific situations, including Indigenous Midwifery service contracts.

14. The Ministry of Health will commit to establishing representation of the MABC within the PHHRCC organizational structure.





15. The Ministry of Health will commit to establish a joint, time limited Ministry-MABC scope committee, which will consider scope of practice changes and expansion for midwives in British Columbia within the context of public interest and need. The committee will develop recommendations on midwifery scope expansion and changes based on public interest and needs, as well as the identification of the necessary legislative, regulatory, and payment changes that are required should these scope changes be implemented. This joint committee will not determine Indigenous midwifery scope but will work alongside and in conversation with work being led by Indigenous midwives on reclaiming full scope of Indigenous midwifery. This commitment will be outlined in a letter from Mark Armitage, Associate Deputy Minister.
16. The parties will establish a joint, time-limited committee between the Ministry, the MABC, and health authority representatives as appropriate and needed. This committee will be established in year 3 of the 2022-2025 Midwifery Agreement and will meet periodically for one year. The intention of this committee is to identify gaps and barriers to the integration of midwifery services within HAs and communities throughout the province. Possible topics for the committee to explore may include, but are not limited to, service contract administration, implementation and support, and hospital privileging. At the conclusion of the one-year time frame, the committee will produce a shared protocol document that defines and outlines how the HAs, Ministry, and MABC will work together moving forward.
17. The parties confirm that the Engagement Funding provided to MABC is not restricted to interprofessional work but rather may be disbursed for any work of midwives using their professional skills and knowledge to plan, assess, improve, or coordinate maternity care generally (not patient-specific) in their communities or at a regional or provincial level.
18. The parties will amend paragraph 6 of the Midwifery Rural Services Subsidiary Agreement to read: “MABC will continue to administer a Midwifery Rural Practice and Support Grant Program that will support new rural practices, as well as existing rural practices at risk of closure, through provision of time-limited grant-based funding.”
19. The parties confirm that MABC may create its own policy for identifying which communities are eligible for the Rural Isolation Allowance. Any policies developed or any changes made to existing policies must be approved by the Beneficiary Services team at the Ministry of Health.
20. The parties will use the above terms to draft a 2022-2025 MMA which the parties agree they will each execute.
21. The parties will also finalize a working document titled “2019-2022 Arbitrated Terms of the Midwifery Agreement” reflecting the impact of the December 2021 award of Arbitrator Keith on the terms of the MMA. The working document will be for informational reference only and have no legal affect. The MABC will provide an indemnity to this effect. The working document will not be admissible in any dispute resolution proceeding under the MMA or any other proceeding.





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Evan Howatson, Ministry of Health

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Date June 13, 2023

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Lehe Spiegelman, MABC Co-Chair

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June 13, 2023

Date

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Lisa Delorme, MABC Co-Chair

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June 13, 2023

Date



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