



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1148		DATE: 4/26/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANGELA GLAZEBROOK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: angieglazebrook76@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 5:23 PM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER: 573-634-0050
REPRESENTING: BJC HEALTH SYSTEMS		TITLE:
ADDRESS: PO BOX 156		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/26/2023 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CALLAN VAIL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: callievail13@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 8:48 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CARA HILE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: carahile@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 6:26 PM
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Hello my name is Cara Hile and I am in support of HB 900. Increasing access to doulas and midwives is proven to improve birth outcomes and an important way to address the dramatically high rates of maternal mortality in our state. Parents and babies that have Doula and midwifery access are 4x less likely to experience low birth weight; 2x less likely to experience complications in delivery; 22% less likely to experience pre- term birth. Midwives and doulas are known to be well suited and trusted in those named practices and access to their services will dramatically increase the well being of pregnant Missourians and their babies. Everyone deserves to have a healthy pregnancy and delivery experience and receive the proper support throughout the process.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ERIN PAIGE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: empaige063@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 4:24 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HEIDI LUCAS		PHONE NUMBER:	
REPRESENTING: MISSOURI NURSES ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 3340 AMERICAN AVE SUITE F			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: director@missourinurses.org	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 1:08 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. The Missouri Nurses Association supports this bill			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JANET AKREMI BSM CPM		PHONE NUMBER: 660-422-1292	
BUSINESS/ORGANIZATION NAME: MISSOURI MIDWIVES ASSOCIATION		TITLE: VICE PRESIDENT AND LEGISLATIVE REP- MISSOURI MIDWI	
ADDRESS: 14402 HIGHWAY 135			
CITY: PILOT GROVE		STATE: MO	ZIP: 65276
EMAIL: jakremi123@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/25/2023 11:27 PM	
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Dear Mr. Matthiesen and Ms. Johnson; I will be unable to attend the hearing tomorrow because of a work conflict. I am the vice president and legislative person for the Missouri Midwives Association. As such, I have been following these bills all session. Although I do not seem to have found my way into direct conversation with you, I have been spending time at the legislature speaking with various people about issues that concern birth and midwives/doulas. I have been to Rep. Johnson's office twice. In their present form, we can all support these bills. I would like to thank you for all of the work standardizing the language that refers to midwives as a unified group. I should think that some of us will be excited about credentialing for insurance reimbursement even as others will not be interested. Thank you also for making the language that refers to the credentialing of doulas for insurance reimbursement such that it is optional for them to do so. I suspect that some will not want or need to do it while others will be working for agencies or practices where it will be advantageous. I would like to request that you follow up with me if anything unexpected takes place at the hearing tomorrow so that we can have a chance to address it. Thank you.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAY-MARIE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jay.mariehill@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 6:22 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KARLYNNE PINDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karliepinder@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/25/2023 8:45 PM
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The care of both Midwives and doulas made two all natural births of my two children possible. I feel they helped facilitate the calmest environment as possible resulting in an uncomplicated delivery with no intervention. Very grateful and believe it should be available to all people affordable through insurance.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KATE HELLMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: katherine.e.hellman@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 8:43 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KATE KASPER		PHONE NUMBER: 314-446-6455	
BUSINESS/ORGANIZATION NAME: ST. LOUIS REGIONAL HEALTH COMMISSION		TITLE: POLICY AND ADVOCACY DIRECTOR	
ADDRESS: 1 CAMPBELL PLAZA SUITE 2A			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63139
EMAIL: kkasper@stlrhc.org	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 1:45 PM	

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Date: April 26, 2023 **To:** Chairman Haden and Members of the House Committee on Healthcare Reform **From:** Angela Brown, CEO, St. Louis Regional Health Commission **RE:** In Support of HB 1148 and HB 900 **Dear** Chairman Haden and Members of the House Committee on Healthcare Reform, My name is Angela Brown, and on behalf of the St. Louis Regional Health Commission (RHC), I am writing in strong support of HB 1148. The RHC is a non-profit organization representing hospital systems, community health centers, non-profits, providers, and patients. The RHC is committed to achieving zero health disparities through a community driven approach that yields health equity in all policy and outcomes. We ask you to support HB 1148 to increase access to maternity care by expanding insurance coverage for maternity services by midwives and doulas. HB1148 would require each health carrier or health benefit plan that offers or issues health benefit plans on or after January 1, 2024, and that provides coverage for maternity services to provide coverage for health care services provided by a midwife. Such health benefit plans cannot differentiate between services performed by a midwife, within the midwife's lawful scope of practice, and services performed by a physician with respect to co-payments, annual deductible amounts, or coinsurance percentages. Midwives are healthcare professionals who provide a range of healthcare services for women including gynecological examinations, contraceptive counseling, prescriptions, and labor and delivery care. Providing expert care during labor and delivery, and after birth is a specialty that makes them unique. Midwives can play a critical role in improving birth outcomes and advancing maternal health equity in our state. Maternal and infant mortality rates in Missouri are consistently one of the highest in the nation, and people of color are at increased risk for poor maternal and infant health outcomes compared to their White peers. Missouri's maternal mortality rate is especially dire for Black women, who are three to four times more likely than white women to die within a year of pregnancy. In the St. Louis region, Black babies are three times more likely to die in their first year of childbirth compared to white babies. Midwives are part of their local community – sharing its culture, strengths, and vulnerabilities – and can reduce these health disparities, bridge gaps in healthcare and support maternal and child wellbeing. HB 1148 would improve access to maternity services such as prenatal care, labor and delivery and postpartum care by requiring insurance coverage for maternity services by midwives. Doulas are non-medical professionals who provide continuous emotional, physical, informational support and guidance for pregnant, birthing, and postpartum people. Recent studies have shown that having continuous emotional support during this time can provide significant health benefits, such as the decreased need for pain medication during birth, lower rate of C-section, faster labor and more positive birthing experience. These benefits are increased for communities of color. Increasing access to doulas is one intervention to address the stark racial disparities in maternal and infant mortality in our state. HB 1148

would increase access to doula services and promote health equity. This legislation would require the Department of Health and Senior Services to review and approve doula registration to allow for health insurance reimbursement for doula services. Allowing reimbursement for doula services would be a step in the right direction to address the maternal and infant mortality crisis in Missouri. With maternal health outcomes worsening and Black women and birthing people being disproportionately harmed, it is critical that midwifery and doula care be made financially accessible for Black families and communities. For this reason and those outlined above, we encourage you to support HB 1148 and its companion bill HB 900. If you have any additional questions or requests for information, please contact Kate Kasper, Director of Policy and Advocacy at kkasper@stlrhc.org. Thank you for your time and consideration. Angela Brown, CEO St. Louis Regional Health Commission



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KATIE BAYLIE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: PLANNED PARENTHOOD GREAT PLAINS VOTES		TITLE: DIRECTOR OF LEGISLATIVE AFFAIRS	
ADDRESS:			
CITY: KANSAS CITY		STATE: MO	ZIP: 66614
EMAIL: katie.baylie@ppgreatplains.org	ATTENDANCE: Written		SUBMIT DATE: 4/26/2023 7:18 PM
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The proposed legislation would require private insurance plans that offer pregnancy and postpartum coverage in the state to also cover and midwifery and doula care services. Doulas and midwives are trained professionals that provide comprehensive care during the perinatal period. Doula-supported care is correlated to improved maternal and infant outcomes including decreased preterm birth, increased breastfeeding initiation, and higher patient satisfaction. This bill would improve health outcomes and access for all birthing Missourians. This bill is necessary as other efforts to fund doulas requires them to be connected to a hospital or practice, excluding community-based doulas from access. This gatekeeping limits the capabilities of doulas and puts restrictions on healthy maternal outcomes. This bill would address this issue and particularly increase access for pregnant people who live in rural areas who may face challenges otherwise accessing care. Additionally, this bill would help to address racial disparities in health outcomes for birthing Missourians. Research suggests that doula support is uniquely effective for Black patients and a promising strategy to mitigate racial disparities in maternal and infant health outcomes. On average, Black women in Missouri are three times more likely to die from a pregnancy related causes and experience two times higher maternal morbidity compared to their white counterparts. The Missouri Pregnancy-Associated Mortality Review Report 2023 listed increased uniformity in trauma-informed and culturally competent practices as a recommendation for addressing racial disparities in the maternal health crisis in Missouri. Most women at risk of poor maternal health outcomes that stem from structural racism have less access to culturally sensitive caregivers during the pre-and post-partum periods as well as during birth. Trauma informed and culturally competent care are areas that doulas and midwives have been entrusted with, especially in Black communities that have been harmed by the rampant health disparities in the health care system. The proposed legislation would widen access to doula and midwifery care, result in healthier births for parent and child, and shrink racial disparities gap present in maternal morbidity. PPGPV respectfully requests the committee vote yes on HB 1148.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KIMBERLY COSTELLO		PHONE NUMBER: 417-880-3604	
BUSINESS/ORGANIZATION NAME: THE DOULA FOUNDATION		TITLE: CEO	
ADDRESS: 1901 E MEADOWMERE ST			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/26/2023 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LAURA NEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lauraney235@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 6:23 PM
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Doulas and midwives save lives



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LOVE HOLT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/26/2023 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LYNN HUGHES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lyngerhug@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 7:20 PM
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As an OB nurse, I can testify to the incredible benefits and positive outcomes doulas and midwives provide.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MAGGIE EDMONDSON		PHONE NUMBER:	
REPRESENTING: PRO CHOICE MISSOURI		TITLE:	
ADDRESS: 1210 S VANDEVENTER AVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/26/2023 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MAGGIE TOIGO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: maggietoigo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 8:27 PM
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These services are important for equitable access to care for pregnant people and their families. We should all have options available to us for safe delivery of our babies.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MANDY HAGSETH		PHONE NUMBER: 573-636-4060	
REPRESENTING: MISSOURI FAMILY HEALTH COUNCIL, INC.		TITLE: DIRECTOR OF POLICY AND EXTERNAL AFFAIRS	
ADDRESS: 1909 SOUTHRIDGE DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65110
EMAIL: mhagseth@mfhc.org	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 10:44 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHAEL LINDSEY		PHONE NUMBER: 479-402-1669	
BUSINESS/ORGANIZATION NAME: WALMART		TITLE: DIRECTOR, PUBLIC AFFAIRS & GOVERNMENT RELATIONS	
ADDRESS: 2403 SE J STREET			
CITY: BENTONVILLE		STATE: AR	ZIP: 72716
EMAIL: michael.lindsey@walmart.com	ATTENDANCE: Written	SUBMIT DATE: 4/22/2023 3:08 PM	
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April 26, 2023
 Chairman Kent Haden
 Healthcare Reform Committee
 Missouri House of Representatives
 RE: Support for Missouri House Bill 1148 – Health Insurance Coverage for Doulas/Midwives
 Dear Chairman Haden and Members of the Committee,
 Walmart appreciates the opportunity to share our support for Missouri House Bill 1148. Doula and midwife care is a proven, cost-effective means of improving overall health outcomes. Research has shown that women whose labor and delivery were supported by this care had lower c-section and preterm birth rates. Doula care results in substantial cost savings by reducing the need for medical interventions, including c-sections, instrument assisted births, and pain medication. The potential cost savings is dramatic. See more data on cost-effectiveness and spending reductions associated with doula care here. Being pregnant in rural America means facing interconnected challenges: a greater risk of pregnancy-related complications or death, and declining access to maternity care during pregnancy and childbirth. For rural residents who are Black, Indigenous, and People of Color (BIPOC), pregnancy-related health outcomes and access to maternity care are even worse. Racial disparities in rural maternal and infant health outcomes may be related to limited accessibility of clinical care and pregnancy/postnatal support programs and services in rural communities.
 Statistics
 According to CDC, from 2018-2020, the number of pregnancy related deaths in MO is 54 per 100,000 live births. According to MO DHSS and the Pregnancy Associated Mortality Review Board, pregnancy-related mortality ratio in MO is 25.2 per 100,000 live births from 2017-2019, and 75% of these deaths were determined to be preventable.
 What
 Doulas Do
 Doulas are non-medical professionals who provide both physical and emotional support to pregnant women and their partners throughout the entire journey. Doulas can function as navigators and advocates for expecting parents as they engage with various clinical providers involved in their care, such as licensed midwives and obstetricians, and they can function as consistent points of contact and trusted sources of information in their local communities – which can be particularly valuable for populations that experience increased barriers to accessing clinical services.
 Research Supports Access to Doula Care
 Research indicates that doulas positively impact several maternal and infant health outcomes and experiences. Doula support during pregnancy and birth has been shown to be effective in improving the labor and delivery experience. By providing continuous support across the entire pregnancy, doulas can contribute to improved maternal and infant outcomes and experiences by reducing stress, anxiety, and pain, and by promoting self-efficacy and confidence. For citations, see here.
 Both private and public medical insurance generally do not cover doula services and there is a general lack of information available on the size and characteristics of the doula workforce – in part, because they are often not reimbursed through health insurance. Expansion of doula care nationally, with a focus on Black and American Indian and Alaska Native women who

experience worse maternal health outcomes, has the potential to reduce disparities in clinical outcomes and improve care experiences. Walmart Doula Benefit Walmart has recognized the essential role that doulas play in helping to protect the health of pregnancy. In June 2021, Walmart announced the addition of a doula benefit to our Life with Baby program. This expanded benefit has been made available under the Walmart medical plan to include coverage for doulas, up to \$1,000 per pregnancy, and has been expanded from GA in 2021 to include IL, IN, and LA in 2022, and continue to look at other states for potential expansion in the future. Support Insurance Coverage of Doula and Midwife Care The use of doula services has been relatively limited to date, which is likely related to low public awareness of doula care and limited insurance coverage of doula services. One of the ways to support women in the prenatal, delivery, and postpartum periods is to increase private insurance (and Medicaid) coverage of doula services. Private insurance reimbursement for doula care would significantly increase access to doula care. Affording access to a doula if desired and the associated positive outcomes is possible if more states and payers recognize the importance of doula support for prenatal care, labor/delivery, postpartum, and more. All mothers and children deserve an opportunity to thrive at the start of and throughout their life journey and not be negatively impacted by access to prenatal and postpartum care. We thank you for your consideration, welcome any opportunity to discuss Missouri House Bill 1148. We are happy to answer any questions you may have. Respectfully, Michael Lindsey Public Affairs & Government Relations Cell 479-402-1669 michael.lindsey@walmart.com Walmart 702 Southwest 8th Street Bentonville, AR 72716-0350 Saving people money so they can live better.



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: MURIEL SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: ST LOUIS AREA DIAPER BANK		TITLE: EXECUTIVE DIRECTOR
ADDRESS:		
CITY: ST LOUIS	STATE: MO	ZIP: 63133
EMAIL: msmith@stldiaperbank.org	ATTENDANCE: Written	SUBMIT DATE: 4/23/2023 3:55 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SAMANTHA HAWICKHORST		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sam.hawickhorst@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 3:07 PM
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I support coverage for doula and midwife care



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1148		DATE: 4/26/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/23/2023 9:54 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TEEGAN H		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gteegan97@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/26/2023 4:52 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TRISH GUNBY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gunbyfamily@charter.net	ATTENDANCE: Written		SUBMIT DATE: 4/26/2023 10:54 PM
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Given the high incidence of maternal death in Missouri, especially in communities of color, I'm supportive of legislation like this that extends MO health care for pregnant people to include access to midwifery and doula care services.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 11:26 PM
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I am Opposed to this Bill and Intent. STOP Growing and Expanding Our Government with more "Red-Tape," Hurdles to Jump and more Government Rules and Regulations. This is a Private Matter and a matter to be decided upon by the Insured and the Medical Health Insurance Providers. State Government does NOT have to get involved and Force, Require or Mandate Payment. These "Midwives" and "Douglas" do not have to take Testing, Be Certified and Follow a Code of Conduct, like other Divisions of Professionals in the State Department of Professional Registration. Give Missourians a break. This is private matter and individual decision!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GEORGE HUBBELL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: wept.piccolo-0n@icloud.com		ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 7:45 AM
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Please see my testimony in opposition to HB 900



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JAMAA BIRTH VILLAGE		PHONE NUMBER: 314-643-7703	
BUSINESS/ORGANIZATION NAME: JAMAA BIRTH VILLAGE		TITLE: CEO	
ADDRESS: 40 N FLORISSANT RD.			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63135
EMAIL: okunsola@jamaabirthvillage.org	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 12:12 PM	

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Jamaa Birth Village is St. Louis’s only non-profit, community based doula and Midwifery clinic. Founded in 2015, our mission is to eliminate prematurity, mortality and morbidly disparities for Black women in babies who are 3x more likely to die in childbirth than their white counterparts. We’re able to minimize disparities by providing Midwifery care with CPM’s, at a free or reduced rate because Missouri Medicaid, and majority of private insurance companies do not cover CPM Midwifery care services in Missouri, although this care is legal in Missouri. While we need legislation to reimburse doulas, we are against doulas being “overseen by DHSS which is what this bill states. Historically, state agencies such as the MO DHSS regulating doulas has proved to create immense barriers to the profession and indeed decrease the access and availability of doulas based on those barriers. We’ve further outlined and detailed our opposition along with recommendations below. While we are in need of legislation that recommends that all private ins, in Missouri stand in opposition of HB 1148. While the state of Missouri certainly needs a bill to enforce private insurance reimbursement of doulas and midwives, this bill has multiple concerns that if passed can cause harm to doulas, midwives, and the clients & patients who need to access them. This bill as it stands enlists the MO DHSS as the regulatory body of doulas, which has historically had negative impacts that actually erase birth workers from their communities instead of increasing them. While the MO DHSS May hold a registry of doulas that can be reimbursed for their care, the Missouri Community Doula Council, made up of the longest running doula trainers and community based doulas in our state, and who has an allegiance to expecting families and the doula profession, is more equipped to oversee the criteria of doulas to become registered. Also, the vague language around Midwives is harmful and allows insurance companies to still decline certain types of Midwifery care. There are 2-legal types of Midwives in Missouri, Certified Professional Midwives & Certified Nurse Midwives, and those credential types have to be stated or private insurance companies can still choose to deny coverage of CPM care but cover CNM care, as many still choose to do today. As well, the definition and explanation of what doula care services is and is not, should not be compared to Midwifery care, or stated that doulas should not provide Midwifery care. That language is unnecessary and should be removed. Simply stating what a doula is what the care they provide is enough. Using inclusive language is very important. It’s imperative to state perinatal health vs. maternal health and pregnant people, or birthing people etc. It’s also okay to say pregnant women and people, or birthing women and people. The stating of Perinatal health also uplifts the fact that Midwives and doulas also support people in their preconception phases, prior to pregnancy and also through losses, and it’s not just maternal health. Finally, the lack of community guidance, input and expertise in the creation of this bill is also problematic and undermines the voices and work of the professionals that have invested years into growing and training doulas and midwives, and ensuring that this care is provided and accessible. Many doulas and

Midwives only found out about the bill post submission, and the survival of this bill poses a direct threat to how we provide care, how we're accessed to provide care, how we're reimbursed and how we're regulated, and this bill should be written alongside doulas and midwives such as myself, and many others not on top of us. This bill needs to be held and reworked with the expertise of the providers who will be reimbursed for maternal health care.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JEFFREY HOWELL		PHONE NUMBER: 573-645-7633
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE: EVP
ADDRESS: 113 MADISON STREET		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL: jhowell@msma.org	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 9:27 AM

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The state medical association remains opposed to parity in reimbursement between midwives and physicians.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MISSOURI KANSAS BIPOC REPRODUCTIVE JUSTICE COALITI		PHONE NUMBER: 314-458-1904	
BUSINESS/ORGANIZATION NAME: REALE JUSTICE NETWORK		TITLE: ORGANIZER	
ADDRESS: 4300 E 104TH ST			
CITY: KANSAS CITY		STATE: MO	ZIP: 64137
EMAIL: rj4usbyus@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 12:33 PM	

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First, I would like to share some important information with you regarding who we are, our mission and values which are uniquely positioned to support and protect Black and Indigenous communities. The Missouri Kansas BIPOC Reproductive Justice Coalition (MO KAN BIPOC RJC), founded by Reale Justice Network, is a collective of sovereign birth advocates, doulas, healers, and organizers united to honor and preserve the spirit and integrity of the Black reproductive justice movement, and is accountable to national, state, and local BIPOC perinatal health organizations and individuals that have paved the way for the celebration of Black birth. Our mission as griots of reproductive justice, is to center the wellbeing and life experiences of BIPOC Mages and multi-disempowered communities in honor, reclamation, protection and celebration of reproductive sovereignty. Our vision is to liberate, defend, uplift, and exalt reproductive justice for us by us. We, (MO KAN BIPOC RJC) remain rooted by our core values; Fueled by reclamation, protection, eradication, and reparations Grounded in strategic organizing, advocacy, and accountability; For the sovereignty, celebration, and (in)powerment of the BIPOC community for reproductive justice and equity FOR US and BY US! The organizations that we have created and support are the ones that have done the work to expose and begin the labor of solving the issues surrounding Black infant and parental health in the state of Missouri and nationally. Uzazi Village, located in Kansas City Missouri and Jamaa Birth Village, located in Ferguson, Missouri, are the beacons of hope for many birthing people and birth workers in and outside of their communities. They have trained and educated doulas all across Missouri and nationally and are the two longest running community-based doula training organizations in this state. Okunsola M. Amadou, the executive director of Jamaa Birth Village is the first Black Certified Professional Midwives in the state of Missouri, after the criminalization and take over of midwifery. Hakima Payne, the CEO of Uzazi Village, has created several local and nationally recognized anti-racist care models and speaks nationally on the topic of Black perinatal health and community-based responses to health inequities. We wholeheartedly believe that Midwives and doulas deserve to be compensated appropriately for the work that they do to assist birthing people during and after their pregnancy. Midwives and doulas bring a set of skills to the birthing process that helps to educate and prepare for pregnancy, labor, birth and recovery. Doulas provide education, physical and emotional support. Midwives assist with the healthcare needs of birthing people and have done so for many years before white males' interest in capitalizing on birthing people began to dominate and lead to mass criminalization through regulation as a by-product of seemingly "good" legislation. We know that if we're not careful, thoughtful and intentional about how we approach policy and legislation, there is a very real potential for history to repeat itself, to cause harm and undermine the Midwifery and Doula work that Black birth workers began in order to address the current Black Infant and parental health crisis that the 1921 Sheppard-Towner Act caused. For these reasons, we will not support the legislation in its current form. We have

serious concerns with the non-inclusive language that limits reimbursement for services for birthing people that identify as "women", thus excluding non-binary, trans, and queer identities. Also, the state being the body to review and approve the status of a doula is very concerning to us. The likelihood for unintended consequences are extremely high by positioning the Department of Human and Senior Services (DHSS) as the governing body for regulating Doula services. The state is not prepared for this task. However, the Missouri Community Doula Council, convened and led by legacy leaders in the Doula training and certification space is equipped and experienced to be the governing body. We come to this work with an expectation that public officials, those duly elected by the people, will do their due diligence to do research, become educated on and consult with community experts and leaders on topics that impact their work in order to best represent their constituents and community members. This requires building authentic relationships rooted in trust through honest communication. This means reaching out BEFORE legislation is drafted and filed. We acknowledge the recent engagement with Representative Jamie Johnson regarding HB900 and look forward to working together to, per her stated commitment to make sure this legislation aligns with community values. We denounce the refusal of Representative Matthiesen (HB1148) to yield to the request of the community voice most impacted by his legislation. No one can speak to the needs of Doulas and Midwives like those organizations who have spent years working to build the network of doulas and midwives and the community they serve, in order to address the national crisis of Black Infant and parental health, much of which was a direct cause of federal legislation (i.e., Shepperd-Towner). MO KAN BIPOC Reproductive Justice Coalition Justice Gatson Sandra Thornhill Mije Ninaz M'Vyonne Payne Beyond Gatson And sibling organizations across the state of Missouri



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: OKUNSOLA M. AMADOU		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: okunsolamamadou@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 11:41 AM

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I, Okunsola M. Amadou, a Midwife, Doula and Doula trainer in Missouri stand in opposition of HB 900. While the state of Missouri certainly needs a bill to enforce private insurance reimbursement of doulas and midwives, this bill has multiple concerns that if passed can cause harm to doulas, midwives, and the clients & patients who need to access them. This bill as it stands enlists the MO DHSS as the regulatory body of doulas, which has historically had negative impacts that actually erase birth workers from their communities instead of increasing them. While the MO DHSS May hold a registry of doulas that can be reimbursed for their care, the Missouri Community Doula Council, made up of the longest running doula trainers and community based doulas in our state, and who has an allegiance to expecting families and the doula profession, is more equipped to oversee the criteria of doulas to become registered. Also, the vague language around Midwives is harmful and allows insurance companies to still decline certain types of Midwifery care. There are 2-legal types of Midwives in Missouri, Certified Professional Midwives & Certified Nurse Midwives, and those credential types have to be stated or private insurance companies can still choose to deny coverage of CPM care but cover CNM care, as many still choose to do today. As well, the definition and explanation of what doula care services is and is not, should not be compared to Midwifery care, or stated that doulas should not provide Midwifery care. That language is unnecessary and should be removed. Simply stating what a doula is what the care they provide is enough. Using inclusive language is very important. It's imperative to state perinatal health vs. maternal health and pregnant people, or birthing people etc. It's also okay to say pregnant women and people, or birthing women and people. The stating of Perinatal health also uplifts the fact that Midwives and doulas also support people in their preconception phases, prior to pregnancy and also through losses, and it's not just maternal health. Finally, the lack of community guidance, input and expertise in the creation of this bill is also problematic and undermines the voices and work of the professionals that have invested years into growing and training doulas and midwives, and ensuring that this care is provided and accessible. Many doulas and Midwives only found out about the bill post submission, and the survival of this bill poses a direct threat to how we provide care, how we're accessed to provide care, how we're reimbursed and how we're regulated, and this bill should be written alongside doulas and midwives such as myself, and many others not on top of us. This bill needs to be held and reworked with the expertise of the providers who will be reimbursed for maternal health care.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SANDRA THORNHILL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sandramthornhill@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 12:48 PM

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These bills do not along with community birth worker voice and values. As a doula and reproductive justice advocate this bill can be harmful for our community as birthing people and birth workers. non-inclusive language / limiting reimbursement for services for birthing people that identify as "women"* I'm not a fan of the state being the body to review and approve the status of a doula. It's giving me Shepherd-Towner Act vibes regarding the state's ability to govern/regulate midwifery (AND doula care regarding this bill). - What rubric (and who created it) would DHSS use to review and approve doula services? Will an unintended consequence (or intended) be positioning DHSS as the governing body for regulating Doula services? Further, could this lead to criminalizing "non-DHSS approved" doula services? There needs to be CLEAR language detailing the nuts and bolts of HOW this legislation will be applied. READ THIS:
[https://birthworkers.hosting.nyu.edu/exhibits/show/midwifery/publichealth#:~:text=For%20instance%2C%20in%20South%20Carolina,State%20\(Fraser%2C%201998\).](https://birthworkers.hosting.nyu.edu/exhibits/show/midwifery/publichealth#:~:text=For%20instance%2C%20in%20South%20Carolina,State%20(Fraser%2C%201998).)



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: EBONI HOOPER-BOATENG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: eboni@birthingyoudoula.com	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 12:41 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

My name is Eboni Hooper-Boateng and I am writing to you today as a doula and constituent of the 073 District to urge you to support the inclusion of equitable insurance coverage for Midwives and Doulas in the State of Missouri. Missouri's maternal mortality rate is substantially worse than the national average, and it is especially dire for Black women, who are three to four times more likely than white women to die within a year of pregnancy. Increasing access to doulas is one intervention to address these stark disparities. Doula assistance reduces the likelihood of low birthweights and maternal and infant complications and increases the likelihood of initiating breastfeeding significantly. Despite the momentum around improving maternal health and the inequities therein, policymakers have been slow to implement insurance payment models, or sustainable solutions. Having a doula should not be a luxury for those able to pay out of pocket. This is why insurance coverage is needed in order to make the much needed service more accessible. At the same time we must ensure that regulations stipulating which birthworkers can be approved is an equitable process. I urge policy makers like yourself to work alongside midwives and doulas to inform this process of registering with DHSS. Taking into account the need to reflect the variety of training and traditions of doula expertise. Training or core competencies should be inclusive of the wide variety of doula training models, traditions, and practices, including those by community-based doula groups and by doula trainers of color. Have flexible certification including considering alternatives to requiring doula certification, in recognition that training that draws from a wide variety of doula care models, traditions, and practices. Guarantee reimbursement that amounts to a sustainable living wage, and accounts for the realities of the number of clients that a doula can serve in any given month or time period. I urge you with great urgency to support insurance coverage with equitable, accessible registration processes for birth workers in order to help people of child bearing potential and babies in Missouri thrive.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JENNIFER CARTER DOCHLER		PHONE NUMBER: 573-356-4109	
BUSINESS/ORGANIZATION NAME: MISSOURI FOUNDATION FOR HEALTH		TITLE: DIRECTOR OF GOVERNMENT AFFAIRS	
ADDRESS: 4254 VISTA AVE.			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL: jdochler@mffh.org	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 1:01 PM	

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Missouri Foundation for Health (MFH) is an independent, nonprofit philanthropic foundation whose mission is to eliminate underlying causes of health inequities, transform systems, and enable Missourians to thrive. Like you, we want Missouri to be a healthy place to live and work. We envision a Missouri in which systems and structures promote health and well-being for all, where all people have affordable and high-quality health insurance. Therefore, we are submitting information-only testimony regarding bills that would require health insurance coverage of midwives and doulas as one solution to address Missouri’s maternal mortality rate and access to quality care. One of MFH’s current strategic initiatives is to address infant and maternal mortality. MFLH has funded multiple projects since 2013 due to Missouri’s high rates of infant and maternal deaths, particularly among the Black community. Infant mortality is defined as the death of a child in their first year of life. Maternal mortality refers to the pregnancy-related death of a woman while pregnant or within one year of birth. Between 2002 and 2012, more than 6,200 Missouri babies were lost before their first birthday. One-third of those deaths occurred in the Bootheel and St. Louis alone. Infant mortality is a complex issue, influenced by a variety of factors such as the health of mothers before and during pregnancy, premature birth, and socioeconomic status. MFH provided funding for the creation of a new feature-length documentary, *Birthing Justice*, to raise awareness about Missouri’s rates and potential solutions such as midwives and doulas. Missouri, one of the four primary regions explored in the film, has one of the highest Black maternal death rates in the country. In partnership with MFH and the Mid-Missouri Doula Collective, Ragtag Film Society will host five free community screenings of *Birthing Justice*. The film uses powerful first-hand stories to address the severe racial disparities Black birthing people experience in the health care system. *Birthing Justice* features Missouri nonprofits and experts who have dedicated their lives to changing the system. The film also highlights the importance and need for more culturally competent care for Black birthing mothers. More recently, there has been positive engagement and outcomes resulting from the increase and impact of Black birthing workers. Erica Dickson, founder of the Mid-Missouri Black Doula Collective, coaches and educates Black families, while advocating for Black birthing mothers. Each *Birthing Justice* screening will be followed by a community conversation moderated by Erika Dickson and guided by local experts. There will also be a collection of resources for birthing people and those interested in joining advocacy efforts in their communities available at the events. To learn more about projects MFH funded regarding infant and maternal mortality, visit our website: <https://mffh.org/our-focus/infant-mortality>. To learn more about the *Birthing Justice* screenings, visit our website: <https://mffh.org/news/missouri-mothers-featured-in-national-documentary> or RagTag’s website: <https://ragtagcinema.org/film-series/birthing-justice>.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL J. HENDERSON		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE: GENERAL COUNSEL & GOVERNMENT AFFAIRS DIRECTOR	
ADDRESS: 220 EAST HIGH STREET, SUITE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: mike@moinsurancecoalition.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/26/2023 9:27 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. The Missouri Insurance Coalition will testify on this legislation for informational purposes.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SARAH ANDERSON		PHONE NUMBER: 573-340-9112	
BUSINESS/ORGANIZATION NAME: MOST POLICY INITIATIVE		TITLE: HUMAN SERVICES AND PUBLIC SAFETY FELLOW	
ADDRESS: 238 E. HIGH ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: sarah@mostpolicyinitiative.org	ATTENDANCE: In-Person	SUBMIT DATE: 4/26/2023 11:33 AM	
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Our Science Note on Insurance Coverage for Doula Services is available on our website at <https://mostpolicyinitiative.org/science-note/insurance-coverage-of-doula-services/> The following is some key information from the note: Doulas are certified non medical professionals who provide emotional, educational, and personal support during pregnancy, labor, and post partum. Women who use doula services have improved maternal health outcomes and birth experiences as seen by lower c-section rates, less use of tools in a vaginal delivery, feeling more involved in the decision making process and more communicated with during labor. The average cost of a doula can range from \$700 - \$1500 over the course of the pregnancy. Most insurance does not cover doula services. Of women who knew about doula care about 1/3rd could not obtain one. These women were more likely to be first time mothers, Black, have public insurance or be uninsured. 16 states have expanded or are in the process of expanding their Medicaid programs to include doula services. 9 of these states include doulas as a preventative service. Rhode Island is the only state the requires private insurers to cover doula services. Healthy Blue, a Medicaid plan in MO, launched a doula pilot program in 2022. The doula meets with the patient at least 3 times before the birth, provides continuous support during labor, and has 2 postpartum wellness visits. As of March 17, 2023, there was no publicly available information of maternal and infant health outcomes from this pilot program.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SARAH ANDERSON		PHONE NUMBER: 573-340-9112	
BUSINESS/ORGANIZATION NAME: MOST POLICY INITIATIVE		TITLE: HUMAN SERVICES PUBLIC SAFETY FELLOW	
ADDRESS: 238 HIGH ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/26/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1148		DATE: 4/26/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SARAH SCHLEMEIER		PHONE NUMBER: 573-826-1274	
REPRESENTING: AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS		TITLE:	
ADDRESS: 213 EAST CAPITOL AVE			
CITY: JC		STATE: MO	ZIP: 65101
EMAIL: sgh@molobby.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/26/2023 1:02 PM	
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1148		DATE: 4/26/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432	
REPRESENTING: AMERICA's HEALTH INSURANCE PLANS		TITLE:	
ADDRESS: 208 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/26/2023 12:00 AM	
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