



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 254		DATE: 2/15/2023
COMMITTEE: Emerging Issues		
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: 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: 2/15/2023 11:31 PM
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I am in Support of this Bill. We MUST take care of the Medical Needs of the Mother and Child to get a successful start in their life in Missouri!



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BILL ANDERSON		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: 4712 COUNTRY CLUB DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRIAN COLBY		PHONE NUMBER: 206-769-3497	
REPRESENTING: MISSOURI BUDGET PROJECT		TITLE:	
ADDRESS: 6441 VALLEY ROAD			
CITY: KANSAS CITY		STATE: MO	ZIP: 64113
EMAIL: bcolby@mobudget.org	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 11:43 AM	
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In support of the bill			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHERYL ADELSTEIN		PHONE NUMBER: 314-442-3872	
BUSINESS/ORGANIZATION NAME: JEWISH COMMUNITY RELATIONS COUNCIL		TITLE: DEPUTY DIRECTOR	
ADDRESS: 12 MILLSTONE CAMPUS DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63146
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS		TITLE: REGISTERED LOBBYIST	
ADDRESS: 710A SOULARD			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63104
EMAIL: webb@coestrategies.com	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 11:11 AM	

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The Missouri Chapter, American Academy of Pediatrics, and our 1,100+ physicians, trainees, and pediatric-provider members strongly support the extension of Medicaid coverage for twelve consecutive months postpartum.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HEIDI N. LUCAS		PHONE NUMBER: 573-636-4623	
REPRESENTING: MISSOURI NURSES ASSOCIATION		TITLE:	
ADDRESS: 3340 AMERICAN AVE SUITE F			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: HOLLY HONIG		PHONE NUMBER: 616-401-0487	
BUSINESS/ORGANIZATION NAME: EMPOWER MISSOURI		TITLE: POLICY DIRECTOR	
ADDRESS: 4567 W PINE BLVD, APT 129			
CITY: ST LOUIS		STATE: MO	ZIP: 63108
EMAIL: holly@empowermissouri.org	ATTENDANCE: Written	SUBMIT DATE: 2/14/2023 6:33 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Date: February 14, 2023**To:** Chairman Hardwick and Members, Emerging Issues Committee**From:** Holly Honig, Policy Director, Empower Missouri**Re:** Our Support for Extending Postpartum Medicaid Coverage

Empower Missouri has spent more than 120 years fighting poverty in Missouri. Today, we come to present testimony on two bills we believe will impact lower-income mothers and children. On behalf of our staff, board, and coalition members we are asking you to support House Bills 254, 354, 965, 957, and 286. The weeks and months following delivery set the stage for the long-term health and well-being of mothers and their babies. For a typical pregnancy, the first postpartum care visit occurs two to six weeks after delivery. For mothers on Medicaid, this can also mark the end of their maternity care. Policy interventions can remedy the drop in care and improve health outcomes for approximately 60,000 to 90,000 mothers and babies. The loss of coverage after 60 days isn't just an issue about the health of the parent. A mother's physical and emotional health directly impacts her ability to care for her newborn. The Journal of Perinatal Education published a study of women's childbearing experiences. One of their inquiries asked mothers to rate if physical or emotional problems had interfered with their ability to care for their baby in the first two months after birth. 37% reported their postpartum physical health interfered at least "some" with their ability to care for their baby 29% reported that their postpartum emotional health interfered at least "some" with their ability to care for their baby. More than half (56%) of mothers said that pain did interfere at least "a little bit" in their routine activities in the first two months 7% indicating that pain interfered either "quite a bit" (5%) or "extremely" (2%). The study also found there was a greater likelihood for mothers who had had Medicaid insurance for their maternity care to lose their health insurance postpartum, use WIC services, and report they were not doing well with eating a healthy diet. Sometimes referred to as the "fourth trimester," the months following childbirth present a variety of challenges for new moms including lack of sleep, general fatigue, pain, breastfeeding difficulties, stress, new onset or exacerbation of mental health disorders, and urinary incontinence. 60 days of postpartum coverage is insufficient for dealing with these challenges. Medicaid covers mothers and babies who are at higher risk for certain adverse perinatal outcomes due to low incomes and other social determinants of health. This policy change will play a critical role in bettering the health and well-being of nearly half of all growing families in the state. According to birth data provided by the CDC's National Center for Health Statistics, Medicaid is the primary source of payment for 41% of all births. In 2020, 39.7% of Missouri mothers had Medicaid at the time of birth. These data points suggest that close to 60,000 women and babies are impacted by pregnancy-related Medicaid policies. The state's fiscal note suggests an even higher number at close to 93,000 people - 46,455 mothers and their newborns. There's an economic component to this as well. Supporting the health and well-being of Missouri's lower-income mothers is an important step to ensuring Missouri's community members thrive.

Ensuring Missouri's communities are thriving is always the right thing to do. The link to how this is good for 60,000 moms and babies is obvious. Maybe not as intuitively, businesses win too. Companies looking to locate in Missouri will only do so if they believe their businesses can also flourish. They cannot do that without a healthy local community. Caring about Missouri's families means taking care of everyone in those families. Missouri is out of balance between the focus we have on women's health prenatally versus the care (or lack of care) we make available to mothers after pregnancy. Sources and footnote: <https://www.healthaffairs.org/doi/10.1377/forefront.20210111.655056/>
<https://www.cdc.gov/nchs/nvss/births.htm> <https://www.marchofdimes.org/peristats/dataCalculated>
using: 2021 - 41% of 68,888 = 28,244 ... 2022 - 41% of 69,244 =
28,390 https://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_05.pdf



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092	
REPRESENTING: MISSOURI KIDSFIRST; NATIONAL ASSN OF SOCIAL WORKERS MISSOURI CHAPTER; BJC HEALTHCARE; COXHEALTH; MISSOURI ASSOCIATION OF RURAL HEALTH CLINICS; CHILDREN'S TRUST FUND; ST. LOUIS COUNTY		TITLE:	
ADDRESS: PO BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: jessica@wintonpolicygroup.com	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 3:02 PM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIA FITCH BROWN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: fitchbrown@msn.com	ATTENDANCE: Written	SUBMIT DATE: 2/14/2023 12:23 PM
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Please vote **IN FAVOR** of this bill. Enhancing healthcare for women and children will have a profound effect on our State. First of all, the longer period of medical healthcare postpartum will allow detection of potential issues and proper care of them. Missouri has unnecessarily high rates of maternal and infant mortality. It is reasonable to assume that proper treatment of emergent issues will result in better survival rates. Secondly, monitoring and care of women and infants will promote good care in other ways-- postpartum depression screens will be done at appropriate intervals as part of the medical treatment and more frequent visits will enable identification of needed social services. This bill is a win-win because it allows better treatment of women and children at their most vulnerable times and, ultimately allows for cost effective, timely treatment.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JUSTIN ALFERMAN		PHONE NUMBER: 636-667-1093	
REPRESENTING: SSM HEALTH		TITLE:	
ADDRESS: 10101 WOODFIELD			
CITY: ST. LOUIS		STATE: MO	ZIP: 63132
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LAKISHA N REDDITT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lakisha@virtuouslybearthed.com	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 8:54 AM
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As a black woman, mother, doula, and Medicaid recipient who is affected by Missouri's horrific maternal mortality, I stand in full support of Missouri House Bills 957 and 254. I personally just had a baby 90 days ago. That means that my Medicaid is expired. What is even more telling is that the PAMR (Pregnancy-Related Mortality Review) Board's report released in 2021 shows that most pregnancy related deaths occur within 42 or more days after the pregnancy has ended. I'm here to tell you that isn't enough time to assess the health issues that arise after delivering a baby. Make no mistake, 42 days being mentioned is the average and not a reason to shorten the amount of time a postpartum mother has access to insurance to care for herself. Extending coverage out to a year gives us a nice safety net to catch health concerns that happens in that "or more" category. Please consider extending Medicaid to 365 days.



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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: maggie@prochoicemissouri.org	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 10:18 AM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Chair, Vice-Chair, members of the committee; thank you for the opportunity to testify today in support of HBs 254, 354, 965, & 957 which will dramatically improve the health outcomes of Missouri babies and parents. Pro-Choice Missouri works to protect and expand every Missourians’ right to bodily autonomy, to access essential reproductive healthcare, to access accurate information in order to make the best decisions for ourselves and our families, and to parent our children in safety and dignity. Bans on abortion and restrictions on all forms of sexual and reproductive health care are directly correlated to high rates of maternal and infant mortality; so it is no surprise that Missouri, with some of the highest numbers of medically unnecessary restrictions on access to abortion care (even prior to our total abortion ban) also has some of the highest rates of maternal and birthing parent mortality, nationwide. In 2020, maternal/ birthing parent death rates in states with the most restrictions on access to abortion were 62% higher than states with access to abortion care. In short; restrictions on reproductive health care access lead to poor reproductive health outcomes. For individuals who want to start or grow their families in Missouri, our state remains one of the most dangerous to give birth; Missouri ranks 44th in the country for maternal mortality and Black birthing parents are 3-4 times more likely to die within a year of pregnancy than their white counterparts. For many reasons, including structural racism and implicit bias in medicine, the closure of seven rural hospitals in MO since 2014, a growing number of people falling in the insurance gap, and continued attacks on abortion and reproductive healthcare access, the maternal and infant mortality rates in MO continue to rival that of both peer and less-resourced nations. The Missouri Pregnancy-Associated Mortality Review 2018 Report, published in 2021, found that the pregnancy-related mortality ratio (PRMR) in Missouri is four times greater for Black women than white women at 87.6 per 100,000 live births. The same review board found that 82% of pregnancy-related deaths in Missouri were “determined to be preventable.” Recommendations for addressing racial and economic disparities in maternal health in Missouri named in the report include increased access to mental health resources throughout pregnancy, increased coverage of postpartum care for low-income mothers and families, and increased uniformity in trauma-informed and culturally competent practices. Medicaid is the largest payer of reproductive healthcare coverage, covering nearly 40% of all births in our state but many Missourians are still without access to the care they need. Research has shown that having health insurance is a core factor in whether a person uses birth control, particularly the most effective methods like the IUD which can cost more than \$1000 out of pocket. Yet only 19% of Missourians of low-income have access to the family planning services they need. Pregnant people who lack insurance coverage often delay or forgo prenatal and postpartum services because they cannot afford it, leaving them at increased risk for otherwise preventable pregnancy complications. According to the American College of Obstetricians and Gynecologists (ACOG), “optimal postpartum care provides an opportunity to

promote the overall health and well-being of women, and evidence suggests that current care falls short of that goal.” Terminating insurance coverage and benefits access at sixty days postpartum, as current policy requires, restricts new parents and families from receiving sufficient postpartum treatment and support. Research shows that when new parents have access to care, their newborns have better health outcomes too. Additionally, the postpartum care period is a critical time for comprehensive care intervention and prevention measures like exploring future family planning options and screening for interpersonal and domestic violence (IPV/DV) at home. Missouri has the third highest national rate of IPV/DV and we know that people experiencing violence at home are most likely to report to a trusted care provider, if at all. Pregnancy and the postpartum period are especially dangerous for people in abusive relationships and by increasing the number of opportunities for medical providers to touch base with postpartum patients on Medicaid in Missouri this legislation will save lives. Every Missourian should have the right and the opportunity to access the full range of reproductive health options, including essential postpartum care. By expanding Medicaid coverage to allow low-income pregnant Missourians to access this essential health support for 12 months postpartum, you have an opportunity to increase the health and well-being of all pregnant people and infants in the state. Pro-Choice Missouri, representing more than 60,000 Missourians across the state, supports the advancement of these bills, and urges you to vote YES today on HBs 254, 354, 965, & 957 to expand the eligible population and services to improve health outcomes for all Missouri parents and children. Thank you.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MANDY HAGSETH		PHONE NUMBER: 573-636-4060	
REPRESENTING: MISSOURI FAMILY HEALTH COUNCIL		TITLE: DIRECTOR OF POLICY & ADVOCACY	
ADDRESS: 1909 SOUTHRIDGE DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65110
EMAIL: mhagseth@mfhc.org	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 10:12 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MISTIE MILLS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: millsmp@health.missouri.edu		ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 5:55 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAVI JOHAR, MD		PHONE NUMBER: 314-517-8464	
BUSINESS/ORGANIZATION NAME: AMERICAN COLLEGE OF OB-GYN- MISSOURI SECTION		TITLE:	
ADDRESS: 213 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAVI JOHAR, MD		PHONE NUMBER: 314-517-8464	
BUSINESS/ORGANIZATION NAME: AMERICAN HEART ASSOCIATION		TITLE:	
ADDRESS: 460 N. LINDBERGH			
CITY: ST. LOUIS		STATE: MO	ZIP: 63141
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAVI JOHAR, MD		PHONE NUMBER: 314-517-8464	
BUSINESS/ORGANIZATION NAME: MISSOURI STATE MEDICAL ASSOCIATION		TITLE:	
ADDRESS:			
CITY: JEFFERSON CITY		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROBYN SCHELP		PHONE NUMBER: 660-441-3260	
REPRESENTING: KIDS WIN MISSOURI		TITLE:	
ADDRESS: 3909 SHERMAN CT.			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RYAN DEBOEF		PHONE NUMBER: 573-634-3415	
REPRESENTING: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE:	
ADDRESS: 1423 RANDY LANE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SAMUEL H. LEE		PHONE NUMBER: 314-368-4242	
REPRESENTING: CAMPAIGN LIFE MISSOURI		TITLE: DIRECTOR	
ADDRESS: P.O. BOX 142585			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63114
EMAIL: samuellhlee@mindspring.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/14/2023 3:19 PM	

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We encourage the House Emerging Issues Committee to vote “do pass” in favor of HB 254 (Rep. Pollitt), HB 354 (Rep. Davidson), HB 965 (Rep. Stinnett) and HB 957 (Rep. Bosley) to provide postpartum coverage for one year after birth for those enrolled in MO HealthNet for Pregnant Women or in Show-Me Healthy Babies (CHIP) coverage for unborn babies and mothers. For most low-income pregnant women currently receiving state medical assistance, their postpartum coverage extends through the last day of the month that includes the 60th day after the birth of their child or the pregnancy ended. (See, MO HealthNet Manual 1850.040.20 and 1855.030.15.) But over the last few years, there has been bipartisan consensus among Missouri lawmakers to extend coverage to one year postpartum for women with substance use disorders (SUD), as well as for women with postpartum depression and related mental health conditions. (See, section 208.151.(20).) Thankfully, provisions in the American Rescue Plan Act of 2021 (ARPA) now make it easier for states to extend coverage to all eligible postpartum moms needing health care coverage for one year after birth. States now have the option (it is permissive, not mandatory) to provide all pregnant women covered under Medicaid or CHIP, continued coverage during the 12-months after birth. The one-year postpartum extension option went into effect on April 1, 2022, and under the recently-enacted Consolidated Appropriations Act, 2023, federal funding will now be available permanently. As of Feb. 10, 28 states and the District of Columbia have extended postpartum coverage to 12 months, and six additional states plan to do so. (See, “Medicaid Postpartum Coverage Extension Tracker,” KFF.) The Missouri Pregnancy Associated Mortality Review Board last year found that: “The greatest proportion of pregnancy-related deaths occurred between 43 days and one year after pregnancy” and that “[s]eventy-five percent of pregnancy-related deaths were determined to be preventable”. (See, “Missouri Pregnancy Associated Mortality Review 2019 Annual Report,” Missouri Department of Health and Senior Services, June 2022.) But beyond preventing – or at least reducing – maternal mortality, studies have found that extended postpartum coverage for lower income women can help with ongoing medical needs, because:

“[C]hronic conditions that predated the pregnancy or arose because of it may require ongoing medical care, both to improve the woman’s health and to reduce the chances of complications during subsequent pregnancies;” and “[I]t is not uncommon for both dental and medical professionals to suggest delaying treatment until after delivery,” and many women might not receive the care needed within 60 days after childbirth. (See, “Advancing Maternal and Infant Health by Extending the Postpartum Coverage Period,” Medicaid and CHIP Payment and Access Commission, March 2021.) A woman with a difficult pregnancy who continues full term, might end up with ongoing health problems. She should be supported for choosing life and a future for her baby and herself. Passage of HB’s 254, 354, 965 and 957 is a top pro-life priority for the 2023 legislative session.



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COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SARAH SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MO COLLEGE OF EMERGENCY PHYSICIANS; MO COALITION FOR CHILDREN; PREFERRED FAMILY HEALTH; HEALTH FORWARD FOUNDATION; MISSOURI DENTAL ASSOCIATION; SIGNATURE MEDICAL GROUP		TITLE:	
ADDRESS: 213 E CAP			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: sgh@mobby.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/15/2023 4:57 PM	
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support



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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: 2/14/2023 5:48 PM
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I support full Medicaid benefits for the duration of pregnancy and for at least one year following the end of a pregnancy.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SUSAN HENDERSON MOORE		PHONE NUMBER:
REPRESENTING: ACSCAN		TITLE:
ADDRESS: 221 BOLIVAR ST., SUITE 201		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SUSAN KLEIN		PHONE NUMBER: 573-635-5110	
REPRESENTING: MISSOURI RIGHT TO LIFE		TITLE:	
ADDRESS: PO BOX 651			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	

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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUZANNE OPPERMAN, RN, APRN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/15/2023 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TOM DEMPSEY		PHONE NUMBER: 636-288-7461	
REPRESENTING: CATHOLIC CHARITIES ARCHDIOCESE OF ST. LOUIS		TITLE: REGISTERED LOBBYIST	
ADDRESS: 3103 BUCKSKIN PATH			
CITY: ST. CHARLES		STATE: MO	ZIP: 63301
EMAIL: tom@firstcapitoladvisors.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/15/2023 12:45 PM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TRACI JOHNSON, M.D.		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/15/2023 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TRICIA WORKMAN		PHONE NUMBER: 573-635-4430	
REPRESENTING: MO COALITION AGAINST DOMESTIC SEXUAL VIOLENCE		TITLE:	
ADDRESS: 115 E. HIGH ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/15/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: VANESSA ANN WELLBERY		PHONE NUMBER: 314-325-9303	
BUSINESS/ORGANIZATION NAME: ADVOCATES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI		TITLE:	
ADDRESS: 4251 FOREST PARK AVENUE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63108
EMAIL: vanessa.wellbery@ppslr.org	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 4:44 PM	
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To: House Emerging Issues Committee From: Vanessa Wellbery Advocates of Planned Parenthood of the St. Louis Region and Southwest Missouri
 vanessa.wellbery@ppslr.org Testimony in Support of Extending Postpartum Medicaid Coverage to One Year HB 254, HB 354, HB 965, HB 957 Advocates of Planned Parenthood of the St. Louis Region and Southwest Missouri is committed to building a future where Missourians can access comprehensive sexual and reproductive health care, including pregnancy-related care, without barriers. This includes ensuring robust, comprehensive coverage for Missourians who rely on Medicaid. An ever-growing body of research and review of the data surrounding maternal deaths demonstrate that for individuals enrolled in pregnancy-related Medicaid coverage, ensuring continuous, uninterrupted coverage through the postpartum period — one year — is critical for the health of parents and families, and can be lifesaving. Yet, individuals enrolled in pregnancy-related Medicaid lose their coverage at 60 days postpartum. This is not only woefully insufficient in optimizing the health and wellbeing of new parents, but it also leaves them vulnerable to the leading causes of maternal mortality and morbidity, including heart disease and mental health conditions. Indeed, nearly one in three maternal deaths occur between 43 days and one year postpartum. Advocates of Planned Parenthood of the St. Louis Region and Southwest Missouri strongly urges the committee to advance this legislation. With the federal government planning to end the Public Health Emergency on May 11, lawmakers must act to ensure postpartum Missourians do not lose their coverage. Missouri's maternal mortality rate is substantially worse than the national average, and it is especially dire for Black women. In our state, Black women are three to four times more likely than white women to die within a year of pregnancy. While this legislation alone will not solve the crises of Black maternal mortality and systemic racism, it is an important step toward improving maternal health and reducing maternal health inequities in Missouri. We are grateful for Rep. LaKeySha Bosley's work to bring together individuals and organizations to address and improve Black maternal health. Expanding postpartum health care coverage — through Medicaid and the Show Me Healthy Babies program — is a key component of the Black Maternal Health MOMnibus. We look forward to working with Committee members toward a future where equitable, accessible sexual and reproductive health care is available to all Missourians, including meaningful and uninterrupted coverage, robust networks of providers, and access to the full spectrum of care for those who participate in the Medicaid program. Thank you.



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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 AVENUE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL: jdochler@mffh.org	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 10:40 AM	
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The Missouri Foundation for Health 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. The Foundation serves all Missourians although its primary focus is on 84 counties across Missouri and the city of St. Louis. 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 multiple bills that would extend postpartum Medicaid coverage from 60 days to one year. One of MFH's current strategic initiatives is to address infant and maternal mortality. The Foundation 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. In addition, the Foundation also provides funding to the MOST Policy Initiative which creates non-partisan policy briefs by request for the Missouri General Assembly. Please see their recently updated science note on the impact of extending postpartum health insurance coverage on maternal health outcomes: <https://mostpolicyinitiative.org/science-note/postpartum-medical-coverage/> To learn more about projects MFH funded regarding infant and maternal mortality, visit our website: <https://mffh.org/our-focus/infant-mortality/>



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MEGHAN SENNE		PHONE NUMBER: 816-404-6441	
BUSINESS/ORGANIZATION NAME: JACKSON COUNTY HEALTH DEPARTMENT		TITLE: HEALTH POLICY COORDINATOR	
ADDRESS: 313 S LIBERTY ST			
CITY: INDEPENDENCE		STATE: MO	ZIP: 64050
EMAIL: meghan.senne@uhkc.org	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 8:54 AM	

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Missouri has consistently ranked in the bottom quarter of U.S. states when it comes to maternal mortality (United Health Foundation, 2019). One way of measuring maternal mortality is the pregnancy-related mortality ratio (PRMR), which is the number of pregnancy-related deaths for every 100,000 live births in the same time period. In the 2017 – 2019 time period, the most recent data available, Missouri’s PRMR was 25.2 deaths per 100,000 live births (DHSS, 2022). For comparison, the PRMR for the United States in 2018 was 17.3 deaths per 100,000 live births (CDC, 2022). Additionally, the pregnancy-related mortality ratio for Black women (61.6) in Missouri was over three times the ratio for White women (18.4) (DHSS, 2022). A broader measurement of maternal mortality is pregnancy-associated deaths. A pregnancy-associated death is defined as when a woman dies while pregnant, during delivery, or within one year postpartum regardless of the cause. Missouri’s pregnancy-associated mortality ratio during this time period (2017-2019) was 59.5 deaths per 100,000 live births. Jackson County, comparatively, had a pregnancy-associated mortality ratio of 84.5 deaths per 100,000 live births (DHSS, 2022). In a review of all pregnancy-related deaths in Missouri during the 2017 – 2019 time period, 75% were determined to be preventable. Additionally, the majority of these deaths occurred between 43 days and one year postpartum. Mental health conditions, including depression and substance use disorders, and cardiovascular disease were the two leading causes of pregnancy-related deaths. Notably, 65% of deaths when the underlying cause was a mental health condition, and 50% of the deaths when the underlying cause was cardiovascular disease occurred after the typical six-week postpartum follow up period (DHSS, 2022). The timing of these pregnancy-related deaths point to the need for continued care throughout the first year postpartum. Access to healthcare is essential for the prevention, early detection, and treatment of conditions brought on or aggravated by pregnancy. Currently, the Congressional Budget Office estimates that as many as 45% of pregnant women on Medicaid become uninsured at the end of the 60-day postpartum period (CBO, 2021). Another study found that 55% of women with Medicaid coverage at delivery experience a coverage gap within the next six months, compared to only 35% of women on private insurance (Sugar et al., 2021). These coverage disruptions delay needed care, reduce the use of preventive services, and worsen the quality of care (Daw et al., 2017). Conversely, an analysis of Medicaid claims in Texas showed that when women have access to extended Medicaid postpartum coverage, they were three times more likely to access mental health and substance use treatment, 10 times more likely to access contraceptive care, and twice as likely to access preventive care in the first year postpartum as women who did not have access to Medicaid coverage (Wang et al., 2022). Ensuring health insurance coverage throughout the one year postpartum period would ensure continuity and coordination of care during a critical period for postpartum women and would represent a significant step in reducing Missouri’s pregnancy-related

mortality rate. Sources: Centers for Disease Prevention and Control. (2022). Pregnancy Mortality Surveillance System. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm> Congressional Budget Office. (2021). Reconciliation recommendations of the House Committee on Energy and Commerce. <https://www.cbo.gov/system/files/2021-02/EnergyandCommerceReconciliationEstimate.pdf#page=5> Daw, J., Hatfield, L., Swartz, K., & Sommers, B. (2017). Women in the United States experience high rates of coverage 'churn' in months before and after childbirth. *Health Affairs*, 36(4). <https://doi.org/10.1377/hlthaff.2016.1241> Missouri Department of Health and Senior Services. (2022, June). A Multi Year Look at Maternal Mortality in Missouri, 2017-2019 Pregnancy-Associated Mortality Review. <https://health.mo.gov/data/pamr/pdf/2019-annual-report.pdf> Sugar, S., Peters, C., De Lew, N., & Sommers, B. D. (2021). Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic. <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf> United Health Foundation (2019). CDC WONDER 2019 Health of Women and Children Report. Retrieved from https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/MO Wang, X., Pengetnze, Y. M., Eckert, E., Keever, G., & Chowdhry, V. (2022). Extending Postpartum Medicaid Beyond 60 Days Improves Care Access and Uncovers Unmet Needs in a Texas Medicaid Health Maintenance Organization. *Frontiers in Public Health*, 10. doi:10.3389/fpubh.2022.841832



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAMON MARTINEZ		PHONE NUMBER: 408-326-9281	
BUSINESS/ORGANIZATION NAME: MOST POLICY INITIATIVE		TITLE: PHD	
ADDRESS: 238 E HIGH ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: ramon@mostpolicyinitiative.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/14/2023 5:43 PM	

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We have provided a short research brief to several representatives on Postpartum Medical Coverage which we are happy to make available to the members of the committee upon request. Our over 200 notes are free on our website MOSTPolicyInitiative.org. Research summary: Women are at increased risk of pregnancy-related death (aka Maternal Mortality) for as long as a year after birth. • Maternal mortalities in MO that occur between 45 days and 12 months are 4x higher than the national average and most of these deaths were determined to be preventable. In the science note, we talk about what programs MO currently has, but here we will talk about expanded coverage. States that provide Medicaid coverage for pregnant and postpartum women through 12-months have reduced maternal mortality. The two common approaches for this include full Medicaid expansion to all adults at or near the federal poverty • Most states have extended postpartum Medicaid coverage to 12-months through general Medicaid expansion. Overall Medicaid expansion is associated with more clinical use and up to 40% reduction in maternal deaths, compared to non-Medicaid-expansion states. Federal funding for this expansion is available through March 2027. The second is a more targeted expansion of postpartum coverage where some states use waivers to the Medicaid program, specific legislation, or state budget appropriations. • Research is limited on these more targeted approaches, but some studies have suggested that these states have more women lose coverage due to bureaucratic difficulties and lack of automatic enrollment. Please contact us if you have more questions and we can get back with more info in this field as necessary.