



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 286		DATE: 2/22/2023
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: 2/22/2023 11:59 PM
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I am in Support of this Bill.



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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			
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EMAIL: holly@empowermissouri.org	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 12:21 PM	

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

Date: February 22 2023**To:** Chairman Hardwick and Members, Emerging Issues Committee**From:** Holly Honig, Policy Director, Empower Missouri**Re:** Support 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 Bill 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: JAMIE MORRIS		PHONE NUMBER: 573-635-7239
REPRESENTING: MISSOURI CATHOLIC CONFERENCE		TITLE: EXECUTIVE DIRECTOR
ADDRESS: 600 CLARK AVE.		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MAGGIE EDMONDSON		PHONE NUMBER:	
REPRESENTING: PRO CHOICE MISSOURI		TITLE:	
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CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL: maggie@prochoicemissouri.org	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:31 PM	

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 HB 286 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 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, INC.		TITLE: DIRECTOR OF POLICY & ADVOCACY	
ADDRESS: 1909 SOUTHRIDGE DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65110
EMAIL: mhagseth@mfhc.org	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:01 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MAURA GRAY		PHONE NUMBER: 314-596-1418	
REPRESENTING: AMERICAN HEART ASSOCIATION		TITLE: MO GOVERNMENT RELATIONS DIRECTOR	
ADDRESS: 11628 OLD BALLAS RD			
CITY: CREVE COEUR		STATE: MO	ZIP: 63141
EMAIL: maura.gray@heart.org	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:16 AM	
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Heart disease and stroke account for 1 in 3 pregnancy-related deaths in the United States. Our nation's rate of maternal mortality is rising, and more evidence shows some of the most dangerous pregnancy-related complications – preeclampsia, blood clots, and cardiomyopathy – may not surface until weeks or months after delivery. One of the ways to address maternal health is to do exactly what this legislation does, to expand postpartum coverage from 60 days to 12 months for all individuals who are eligible for Medicaid coverage by virtue of their pregnancy. We know that longer follow-up care, is critical to screen for cardiovascular disease risk factors and provide CVD prevention counseling. Missouri families are counting on your support of this critical legislation. Thank you!



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MEGHAN TRAVIS HENDERSON		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
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CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/22/2023 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: 2/22/2023 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 LN.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: ryan@hahndeboef.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:00 PM	
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The Missouri Association of Osteopathic Physicians and Surgeons supports this bill



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SARAH SCHLEMEIER HENKE		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI COLLEGE OF EMERGENCY PHYSICIANS, MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE, AMERICAN COLLEGE OF OBGYNs, HEALTH FORWARD FOUNDATION, MISSOURI DENTAL ASSOCIATION, SIGNATURE MEDICAL GROUP		TITLE:	
ADDRESS: 213 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/22/2023 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432
REPRESENTING: BLUE CROSS BLUE SHIELD OF KC		TITLE:
ADDRESS: 208 MADISON		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/22/2023 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: VANESSA WELLBERY		PHONE NUMBER: 314-531-7526	
BUSINESS/ORGANIZATION NAME: ADVOCATES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION & SOUTHWEST MISSOURI		TITLE: VICE PRESIDENT OF POLICY & ADVOCACY	
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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		
INDIVIDUAL:		
WITNESS NAME: WILLIAM C CORLEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: fdabill@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:53 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PENNY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ldpsartain@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 11:13 PM
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Is this for all women, not only those on welfare?