

BILL NUMBER: HB 900				DAT 4/2	E: 6/2023
COMMITTEE: Healthcare Reform	n			•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ANGELA ALLEN			PHONE NU	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: red86allen@icloud	d.com	ATTENDANCE: Written		T DATE: 2023 1 2	2:35 PM
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This is a proposed solution to the state's high maternal death rate. Please support to save lives.



BILL NUMBER: HB 900				DATE: 4/26/2023
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ANGELA GLAZEB	ROOK		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: angieglazebrook7	6@yahoo.com	ATTENDANCE: Written	SUBMIT D 4/26/20	ATE: 23 5:23 PM
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BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	1		·	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: BRENT HEMPHILL			PHONE NUMB 573-634-0 0	
REPRESENTING: BJC HEALTHSYST	EMS		TITLE:	
ADDRESS: PO BOX 156				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 4/26/20	OATE: 23 12:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CALLAN VAIL			PHONE NUM	MBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: callievail13@gmai	il.com	ATTENDANCE: Written	SUBMIT 4/26/2	DATE: 2023 8:48 PM
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BILL NUMBER: HB 900				DA 4/2	TE: 26/2023
COMMITTEE: Healthcare Reform	1			•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	□FOR	INFORMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: CARA HILE			PI	HONE NUMBER:	
BUSINESS/ORGANIZATIO	N NAME:		TI	TLE:	
ADDRESS:					
CITY:			S	TATE:	ZIP:
EMAIL: carahile@icloud.co	om	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		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: CARMEN SOUTHA	ALL-WAMHOFF		PHONE NUME 314-479-3	
BUSINESS/ORGANIZATION MISSOURI MOMNI			TITLE: ADVOCAT	ΓE
ADDRESS: 5501 DELMAR				
CITY: ST. LOUIS			STATE: MO	ZIP: 63312
EMAIL:		ATTENDANCE:	SUBMIT 0 4/26/20	DATE: 123 12:00 AM
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BILL NUMBER: HB 900			DATE: 4/26/2023
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TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO ☐ F	OR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: CIERRA SMITH		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cierra.smith2398@gmail.com	ATTENDANCE: Written	SUBMIT DA 4/25/202	ATE: 23 10:31 PM

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Having a Doula during my pregnancy has created an extremely positive experience for me and my support people. As I have attend my traditional prenatal visits with my OB, a lot of information and care is not discussed. I feel I would be lost during this pregnancy without my Doula's support and knowledge. As a first time mom, all this information is new for me, and I can honestly say more information has been provided to me by my Doula than my OB or other health care providers I am seeing. Sadly I am aware this is not a service easily accessible to all, and I truly wish it could. Sharing my experience with other mothers, they have shared their past experiences wishing they were better informed of their choices, and had the resources to have a Doula. I am in full support of Doula services being covered by insurance to aid future mothers during a time that should be joyous, not anxiety filled.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

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TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: CLARISSE TEEPE-FRYREAR		PHONE NUMBE	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: twothewoods@hotmail.com	ATTENDANCE: Written	SUBMIT DA 4/22/202	TE: 3 5:37 PM

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Insurance should cover all of the train birth providers. Women should have a choice in the method and setting for giving birth. Childbirth is not a disease or an ailment and when it is a normal pregnancy a home birth should be a normal, acceptable and insurance covered choice. From personal experience of two home births I can confidently say a home birth is preferable to a hospital setting and should be encouraged and supported by insurance companies. Insurance companies should not dictate where your baby is born! Please support HB 900!



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BILL NUMBER: HB 900			ATE: /26/2023
COMMITTEE: Healthcare Reform		·	
TESTIFYING: ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMAT	IONAL PURPOSES
	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

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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 proccess. I urge popicy makers like yourself to work alongside midwives and doulas to inform this process. 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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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ERIN PAIGE			PHONE NUM	MBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: empaige063@gma	ail.com	ATTENDANCE: Written	SUBMIT 4/26/2	DATE: 2 023 4:24 PM
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BILL NUMBER: HB 900				DATE: 4/26/2023
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: HEIDI LUCAS			PHONE NUME	BER:
REPRESENTING: MISSOURI NURSE	S ASSOCIATION		TITLE: EXECUTIV	/E DIRECTOR
ADDRESS: 3340 AMERICAN AVE SUITE F				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL: director@missour	inurses.org	ATTENDANCE: Written	SUBMIT 0 4/26/20	DATE: 123 1:08 PM
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The Missouri Nurses Association supports this bill



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JANET AKREMI B	SM CPM		PHONE NUMB 660-422-12	
BUSINESS/ORGANIZATIO MISSOURI MIDWIV	ON NAME: /ES ASSOCIATION			SIDENT AND IVE REP- MISSOURI
ADDRESS: 14402 HIGHWAY 1	35			
CITY: PILOT GROVE			STATE: MO	ZIP: 65276
EMAIL: jakremi123@gmail	l.com	ATTENDANCE: Written	SUBMIT D 4/25/20	DATE: 23 11:27 PM
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TESTIFYING : ☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES	
	WITNESS NAME			
INDIVIDUAL:				
WITNESS NAME: JASMINE RENEE WESTFALL PHONE NUMBER:				
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL: evolvingjourney.doula@gmail.com	ATTENDANCE: Written	SUBMIT DA 4/24/202	ATE: 23 11:53 AM	

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Hello, I'm writing this testimony to share that doulas and midwives are very important and necessary. Every family deserves one for more options and better pregnancy and birth outcomes. I truly believe that doulas and midwives (CPM, CNM, CM) should be covered under both state and private insurance. 2015. I was pregnant with my first child, in search of a homebirth midwife that was covered through my insurance. I settled for an OB/GYN who was covered and had an unfavorable experience. She told me that I would need a Cesarean Section before I was 4 months along in my pregnancy. I began searching for a doula. Both the searches were unsuccessful due to affordability and services not being available through insurance. I didn't feel I received the support I needed or deserved with this care provider and I strongly believe that if I had a midwife and doula. I would've had a more positive and favorable outcome. My second pregnancy in 2017, I attempted to go back to the same OB/GYN to request a VBAC. She did not support my request, so I transferred my care to the midwives at a birthing center. Throughout my second pregnancy I had the support of a team of midwives and two birth doulas. They taught me everything I needed to know through childbirth education and providing me with breastfeeding tips, exercises, nutrition support and supplements, resources, support groups, and so much more. This was a much better experience with better personal care that benefited the health and well-being of both my baby, family, and I. My son was born a successful VBAC with the midwives. My third pregnancy was during the COVID-19 Pandemic. I was able to hire a homebirth midwife, a birth, and a postpartum doula. The care that I received in my last two pregnancies, is a necessity if you want care that is specific to the birthing woman/person, the infant and her family. I had someone speaking up for me, encouraging me, teaching me, and becoming someone who will always remain close to my family and I. Two years later in 2022, I have now began my journey to becoming a Midwife by enrolling in Midwifery school. Birthing women and their families deserve access to doula and midwifery care through insurance.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JAY-MARIE			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: jay.mariehill@gma	ail.com	ATTENDANCE: Written	SUBMIT D 4/26/20	ATE: 23 6:22 PM
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BILL NUMBER: HB 900				ATE: 1/26/2023
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMAT	IONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JOE GOULD			PHONE NUMBER	:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: josiahgould@gma	il.com	ATTENDANCE: Written	SUBMIT DAT 4/22/2023	E: 12:39 PM

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I'm a father of five, and a midwife saved our child even though she was not the one delivering the baby. We delivered our first two with our midwife, and older woman who had been taught by her mother, who had been taught by her mother - going back generations. As the father I was encouraged to participate in the labor and birthing process and learned skills that allowed me to quickly and calmly address a sudden and very rapid delivery with one of our children. Our son had his cord wrapped around his neck. We lived in a rural area and the ambulance would not arrive. What we had been taught, and I put into action saved the life of our youngest son. Midwives and doulas are an essential part of low-income healthcare and natural non-traumatic birthing. They deserve to be compensated fairly and justly for the services they provide to our citizens. They saves lives.



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JUDITH LEONARD)		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: jmleonard3@juno.	.com	ATTENDANCE: Written	SUBMIT 0 4/23/20	DATE: 123 2:51 AM
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	WITNESS NAME				
INDIVIDUAL:					
WITNESS NAME: PHONE NUMBER: KARLYNNE PINDER					
BUSINESS/ORGANIZATION NAME:		TITLE:			
ADDRESS:					
CITY:		STATE:	ZIP:		
EMAIL: karliepinder@gmail.com	ATTENDANCE: Written	SUBMIT DA 4/25/202	TE: 3 8:26 PM		

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I have had doulas for both of my two children's births. I believe they made both of my dream births possible. Without the help of a doula helping and coaching me through contractions, I'm not sure I would have made it through two all natural un-medicated births. Being able to give birth naturally with the help of a doula would not have been possible if it wasn't for their heartfelt donation. I was lucky in this case. Not everyone can afford a doula out of pocket and not everyone can find a doula who is willing to donate their time. Everyone should have the right to have a doula should they want one to assist with their birth. I believe having a doula creates a much safer and calmer birth experience for both mom and baby and provides great assistance to the birth partner as well resulting in less need for medical intervention or potential complications.



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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: KATE HELLMAN			PHONE NU	IMBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: katherine.e.hellma	an@gmail.com	ATTENDANCE: Written		T DATE: 2023 8	:43 PM
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	WITNESS	NAME		
BUSINESS/ORGANIZATION	۱:			
WITNESS NAME: KATE KASPER			HONE NUMBER: 14-446-6455	
BUSINESS/ORGANIZATION NAME: ST. LOUIS REGIONAL HEALTH COMMISSION TITLE: POLICY AND ADVOCACY DIRECTOR				DVOCACY
ADDRESS: 1 CAMPBELL PLAZA SUITE 2A				
CITY: SAINT LOUIS			TATE:	ZIP: 63139
EMAIL: kkasper@stlrhc.org	ATTENDANCI Written	E:	SUBMIT DATE: 4/26/2023 1:	45 PM

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

Date: April 26, 2023To: Chairman Haden and Members of the House Committee on Healthcare ReformFrom: Angela Brown, CEO, St. Louis Regional Health Commission RE: In Support of HB 1148 and HB 900Dear 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 ratrate 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 doulas 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, CEOSt. Louis Regional Health Commission



MISSOURI HOUSE OF REPRESENTATIVES

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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: KATIE BAYLIE			PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME: PLANNED PARENTHOOD GREAT PLAINS VOTES DIRECTOR OF LEGISLATIVE AFFAIRS				R OF LEGISLATIVE
ADDRESS:				
CITY: KANSAS CITY			STATE: MO	ZIP: 66614
EMAIL: katie.baylie@ppgr	eatplains.org	ATTENDANCE: Written	SUBMIT 0 4/26/20	DATE: 23 7:18 PM

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

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 900.



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INDIVIDUAL:				
WITNESS NAME: KRISTI KARPINSK	1		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: kristinjohnsson@y	yahoo.com	ATTENDANCE: Written	SUBMIT 0 4/22/20	DATE: 123 7:08 PM
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As a Registered Nurse who has worked with pregnant women for over 40 years, I can attest that midwife care and doula support not only provide personalized more satisfying birth experiences, but also better health outcomes for moms and babies.I urge you to support this bill.



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: LAURA NEY			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: lauraney235@gma	ail.com	ATTENDANCE: Written	SUBMIT D 4/26/20	ATE: 23 6:23 PM
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Midwives save lives



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: LORA GULLEY			PHONE NUME 314-565-2	
BUSINESS/ORGANIZATION MISSOURI MOMNI			TITLE: COORDIN	ATOR
ADDRESS: 5501 DELMAR				
CITY: ST. LOUIS			STATE: MO	ZIP: 63112
EMAIL:		ATTENDANCE:	SUBMIT 0 4/26/20	DATE: 123 12:00 AM
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BILL NUMBER: HB 900				DAT 4/2	TE: 26/2023
COMMITTEE: Healthcare Reform	n			·	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFO	RMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: LOVE HOLT			PHONE N	JMBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:		ZIP:
EMAIL:		ATTENDANCE:		IIT DATE: /2023 1	2:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CH	IAPTE	R 610. RSMo.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: LYNN HUGHES			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: lyngerhug@sbcgl	obal.net	ATTENDANCE: Written	SUBMIT 0 4/26/20	DATE: 123 7:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610, RSMo				

As an OB nurse who has seen doulas and midwives at work, I can testify to the incredible benefits they bring to childbirth and women's care.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	n		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: MAGGIE EDMOND	OSON		PHONE NUMB	ER:
REPRESENTING: PRO CHOICE MIS	SOURI		TITLE:	
ADDRESS: 1210 SOUTH VAN	DEVENTER AVENUE			
CITY: ST. LOUIS			STATE: MO	ZIP: 63110
EMAIL:		ATTENDANCE:	SUBMIT D 4/26/20	OATE: 23 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: MAGGIE TOIGO			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: maggietoigo@gma	ail.com	ATTENDANCE: Written	SUBMIT D 4/26/20	DATE: 23 8:27 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CHA	PTER 610 RSMo

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.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	l		•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	BBYIST:			
WITNESS NAME: MANDY HAGSETH			PHONE NUMB 573-636-4 (
REPRESENTING: MISSOURI FAMILY	HEALTH COUNCIL, IN	C.		R OF POLICY AND L AFFAIRS
ADDRESS: 1909 SOUTHRIDGE	DRIVE			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65110
EMAIL: mhagseth@mfhc.o	org	ATTENDANCE: Written	SUBMIT D 4/26/20	ATE: 23 10:44 AM
THE INFORMAT	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 900				DATE: 4/26/2023	
COMMITTEE: Healthcare Reform	1				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: MARK GRAMLICH			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		_
ADDRESS:					_
CITY:			STATE:	ZIP:	
EMAIL: 90gramlichm@gm	ail.com	ATTENDANCE: Written	SUBMIT D 4/22/20	DATE: 123 11:57 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					

I am in support of this bill.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	n		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: MARSHA LERENE	BERG		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: marsha.lerenberg	@gmail.com	ATTENDANCE: Written	SUBMIT D 4/24/20	OATE: 23 12:20 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I urge you to vote yes on HB 900 to require private insurance companies in Missouri to cover midwife and doula services in their health plans. Missouri is 49th in the nation in health outcomes for pregnant people and this bill would provide additional resources for improving pregnancy health outcomes and maternal mortality.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: MURIEL SMITH			PHONE NUME	BER:
BUSINESS/ORGANIZATION ST LOUIS AREA D			TITLE: EXECUTIV	/E DIRECTOR
ADDRESS:				
CITY: ST LOUIS			STATE: MO	ZIP: 63133
EMAIL: msmith@stldiaper	bank.org	ATTENDANCE: Written	SUBMIT D 4/23/20	OATE: 23 3:55 PM

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

Midwives and doulas provide much needed support to pregnant individuals. In addition to having a physician, there support is both personal and professional and they help with pre-birth and post birth support that many doctors cannot provide. I support this bill which will allow families to have insurance cover this services.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 900			ATE: 1/26/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING: ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMAT	IONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: RANDI MCCALLIAN		PHONE NUMBER	:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: randaljackelyn@gmail.com	ATTENDANCE: Written	SUBMIT DAT 4/24/2023	5:53 PM

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

I have served as a birth doula for over a decade: I gave birth to both my children under the care of midwives, at home; and I have a Master's Degree in Maternal and Child Health.I am excited to see this important bill and to speak in favor of legislation that will greatly improve maternal and infant outcomes and increase access to safe childbirth options. I became a Labor and Birth Doula when I learned two things. 1.) how bad our outcomes in the U.S. maternity care system are, and, 2.) that having a continuous support person (doula) at a birth improves maternal and infant outcomes, and improves the birth experience for the birthing family. I wanted to help, and becoming a doula was an evidence-backed way to do that.Both Midwives and Doulas lead to better health outcomes, better experiences, and lower costs of healthcare -- that statement alone should be reason enough to remove barriers to their care. For example, Doulas and Midwives decrease the need for cesarean sections, which is a major surgery with compounding risks for each subsequent c-section; this saves lives, improves short and long-term health outcomes, and saves money. I gave birth to both my children at home, and because private insurance did not cover our midwife, we had to pay out of pocket. For reference, my home-births with a certified professional midwife were \$6,000 and \$3,000 out-of-pocket ... my sister-in-law just gave birth in a hospital and the total was \$53,000; her birth had no complications and progressed normally. That cost is absurd. Midwives are a safe and effective way to improve our birth outcomes and drive down healthcare costs -- it's a no-brainer.My favorite quote on this topic comes from a researcher who spent decades studying the impact doulas have on birth outcomes, Dr. John Kennell said, "If a Doula were a drug, it'd be unethical not to use it". As a professional in the field of birth-work, I'd extend this quote to include the care that midwives provide -- it's unethical, at this point, to leave any barriers to Midwifery or Doula care in place when they can be removed. Please, I urge you to take this step forward in improving maternity care and infant outcomes in Missouri, and vote yes on HB900.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: RONDA SMITH BR	RANCH		PHONE NUME	BER:
BUSINESS/ORGANIZATION MISSOURI MOMNI			TITLE: ADVOCAT	ГЕ
ADDRESS: 5501 DELMAR				
CITY: ST. LOUIS			STATE: MO	ZIP: 63112
EMAIL:		ATTENDANCE:	SUBMIT 0 4/26/20	DATE: 123 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORMA	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SAMANTHA HAWI	ICKHORST		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: sam.hawickhorst@	@gmail.com	ATTENDANCE: Written	SUBMIT D 4/26/20	ATE: 23 3:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I support coverage for doula and midwife care



BILL NUMBER: HB 900		DAT 4/2	TE: 26/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMATION	NAL 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: 4/21/2023 8	:24 PM
THE INFORMATION ON THIS FORM	IS PUBLIC RECORD	UNDER CHAPTE	R 610, RSMo.



BILL NUMBER: HB 900				DATE: 4/26/2023	
COMMITTEE: Healthcare Reform	n			•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIONAL PU	RPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: TEEGAN H			PHONE NU	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: gteegan97@gmail	l.com	ATTENDANCE: Written		DATE: 2023 4:52 PM	
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CH	APTER 610.	RSMo.



BILL NUMBER: HB 900			DATE: 4/26/2023
COMMITTEE: Healthcare Reform		,	
TESTIFYING: ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMAT	TONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: TERESA MONTSENY		PHONE NUMBER	t:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: montsenyt@icloud.com	ATTENDANCE: Written	SUBMIT DAT 4/22/2023	E: 3 11:24 AM

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

I had my children using natural childbirth. No drugs, no spinal block. I would have loved to have my girls at home with the assistance of a certified midwife. My oldest daughter had a difficult time giving birth to her daughter. She would have had a much better experience with a midwife and told me she wanted to. Her Ob/Gyn refused to give her any help if she didn't have the baby in the hospital. Nothing happened to her or the baby. Not because a doctor was present...he showed up in time to claim he assisted! would be happy to testify virtually. I have many friends who lived elsewhere use a midwife and doula. They had nothing but great experiences!



BILL NUMBER: HB 900				DATE: 4/26/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: TRISH GUNBY			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		•
ADDRESS:			•		•
CITY:			STATE:	ZIP:	
EMAIL: gunbyfamily@cha	rter.net	ATTENDANCE: Written	SUBMIT I 4/26/20	DATE: 123 10:54 PM	
THE INFORMA	TION ON THIS FORM	MIS BURLIC PECOP	D LINDED CHA	DTED 610 PSMo	

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.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 900			DATE: 4/26/2023
COMMITTEE: Healthcare Reform			•
TESTIFYING: □IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATI	E PUBLIC ADVOCATE	PHONE NUM	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT 4/26/20	DATE: 023 11:26 PM

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

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 "Doulas" 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!



WITNESS APPEARANCE FORM

BILL NUMBER: HB 900			DATE: 4/26/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : □IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: GEORGE HUBBELL		PHONE NUMBER	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: wept.piccolo-0n@icloud.com	ATTENDANCE: Written	SUBMIT DA 4/26/2023	TE: 3 7:45 AM

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

I'm in strong opposition to both HB 900 and HB 1148 for the protection of patients in this state, I've been on the Pregnancy Associated Maternal Mortality review committee (PAMR) under the Department of Health and Senior Services (DHSS) in the state since it's inception. Maternal mortality is on an upswing in this country and embarrassingly Missouri's rates exceed the national average. I have reviewed every maternal mortality chart since 1999 and have painfully parsed through all the data. It has been well established with published literature that home birth is associated with 10-20 times the infant mortality as opposed to an inpatient setting in the state of Missouri. Further, I have parsed through all the maternal mortality cases, and in Missouri it is over 3 times more likely a woman will loose her life with an out of hospital birth. Both background rates are unacceptable when this state is making every effort to save the lives of mothers and their babies. Certified Nurse Midwives (CNMs) must be distinguished from Certified Professional Midwives or Professional Midwives as the latter have far fewer formal training. CPMs are RNs with advanced degrees and training commensurate with all the rest of the developed countries; to practice in any other country requires this type of formal training at a masters level. In contrast, CPMs and CMS are not recognized by licensing boards in this state and have no ability to be reviewed, censured or sanctioned for misadventures or malpractice, offering no patient protections. This continues to be a problem for the families that lose a baby or their mother. I don't think we should encourage or offer reimbursement for substandard delivery of services and the potential to further make Missouri an outlier with the rest of the country. Please have your committee do the full due diligence on such an important decision. I'm an active member of the American College of Obstetricians and Gynecologists (ACOG) and immediate past-president of the Missouri State Medical Association (MSMA) and know they share my opposition and concerns.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 900		DATE: 4/26/2023	
COMMITTEE: Healthcare Reform		•	
TESTIFYING: IN SUPPORT OF	F ☑IN OPPOSITION TO	FOR INFORMATIONAL PURPOSES	;
	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: ZIP: 63135	
EMAIL: okunsola@jamaabirthvillage.org	ATTENDANCE: Written	SUBMIT DATE: 4/26/2023 12:12 PM	

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

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 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.



BILL NUMBER: HB 900			DATE: 4/26/2023
COMMITTEE: Healthcare Reform			
TESTIFYING: IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMAT	TIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: JEFFREY HOWELL		PHONE NUMBER 573-645-763	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATIO	N	TITLE: EVP	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: jhowell@msma.org	ATTENDANCE: Written	SUBMIT DAT 4/26/2023	TE: 3 9:27 AM
THE INFORMATION ON THIS FORM	I IS PUBLIC RECORD U	NDER CHAP	TER 610, RSMo.

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



WITNESS APPEARANCE FORM

BILL NUMBER: HB 900			ATE: 26/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : □IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMATION	ONAL PURPOSES
	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

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

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.



BILL NUMBER: HB 900				DATE: 4/26/2023	
COMMITTEE: Healthcare Reform	1		•		
TESTIFYING:	☐IN SUPPORT OF	☑ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SANDRA THORNH	IILL		PHONE NUMB	ER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL:	Damail com	ATTENDANCE: Written	SUBMIT D 4/26/20	OATE: 23 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).



WITNESS APPEARANCE FORM

BILL NUMBER: HB 900			DATE: 4/26/	2023
COMMITTEE: Healthcare Reform			•	
TESTIFYING: IN SUPPORT	OF IN OPPOSITION	ON TO FOR IN	NFORMATION	AL PURPOSES
	WITNESS NAM	IE		
BUSINESS/ORGANIZATION:				
WITNESS NAME: JENNIFER CARTER DOCHLER			ONE NUMBER: 3-356-4109	
BUSINESS/ORGANIZATION NAME: MISSOURI FOUNDATION FOR HEAL	LTH			OVERNMENT
ADDRESS: 4254 VISTA AVE.				
CITY: ST. LOUIS		STA MC		ZIP: 63110
EMAIL: jdochler@mffh.org	ATTENDANCE: Written		SUBMIT DATE: 4/26/2023 1:0	1 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-nationaldocumentary or RagTag's website: https://ragtagcinema.org/film-series/birthing-justice.



BILL NUMBER: HB 900				DATE: 4/26/2023
COMMITTEE: Healthcare Reform				
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		WITNESS NAME		
REGISTERED LO	BBYIST:			
WITNESS NAME: MICHAEL J. HENDI	ERSON		PHONE NUMI 573-893-4	
REPRESENTING: MISSOURI INSURA	NCE COALITION			L COUNSEL & MENT AFFAIRS R
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CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: mike@moinsurance	ecoalition.com	ATTENDANCE: In-Person	SUBMIT I 4/26/20	DATE: D 23 9:27 AM
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The Missouri Insurance Coalition will testify on this legislation for informational purposes.



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BUSINESS/ORGANIZA	TION:				
WITNESS NAME: MISSOURI KANSAS BIPO	C REPRODUCT	IVE JUSTICE COALITI		IE NUMBER: 458-1904	
BUSINESS/ORGANIZATION NAME: REALE JUSTICE NETWOR	RK		ORG	SANIZER	
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EMAIL: rj4usbyus@gmail.com		ATTENDANCE: Written		UBMIT DATE: 126/2023 1	2:33 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 reparationsGrounded 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 tohealth 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 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 GatsonSandra ThornhillImije NinazM'Vyonne PayneBeyond GatsonAnd sibling organizations across the state of Missouri



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: SARAH ANDERSO	N		PHONE NUME 573-340-9	
BUSINESS/ORGANIZATION NAME: MOST POLICY INITIATIVE HUMAN SE SAFETY FE		ERVICES PUBLIC		
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WITNESS NAME: SARAH ANDERSO	N		PHONE NUME 573-340-9	
BUSINESS/ORGANIZATION NAME: MOST POLICY INITIATIVE		HUMAN SERVICES AND PUBLIC SAFETY FELLOW		
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	WITNESS NAME			
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WITNESS NAME: SARAH SCHLEMEIER		PHONE NUMBE 573-826-127		
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	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUMBI 660-890-14	
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	WITNES	S NAME		
BUSINESS/ORGANIZATIO	ON:			
WITNESS NAME: VANESSA WELLBERY			HONE NUMBER: 14-531-7526	
BUSINESS/ORGANIZATION NAME: ADVOCATES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION & SOUTHWEST MISSOURI			VICE PRESIDENT OF POLICY & ADVOCACY	
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Doulas provide continuous emotional, physical, and informational support and quidance in different aspects of reproductive health, including support for pregnant, birthing, and postpartum people. Doulas serve as patient advocates, filling a critical gap in the health care system. 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. The data supporting doula and pregnancy support care is substantial, and growing. Continuous presence of a doula or support personnel is one of the most effective tools to improve labor and delivery outcomes-a Cochrane meta-analysis of 12 trials and more than 15,000 women demonstrated that the presence of continuous one-on-one support during labor and delivery was associated with improved patient satisfaction and a statistically significant reduction in the rate of cesarean delivery. Further, Doula assistance reduces the likelihood of low birthweights and maternal and infant complications and increases the likelihood of initiating breastfeeding significantly. In addition to firsthand accounts from Black maternal health advocates and storytellers, including members and leaders of the Missouri Momnibus collective, studies have documented differential mistreatment of Black women during childbirth. The National Health Law Project highlights several of these studies, and again, findings underscore that access to full spectrum doula care is one way to address and mitigate these harmful experiences. Planned Parenthood Advocates supports policies that expand accessibility, availability, and affordability of doula care and pregnancy support personnel. We underscore to this committee that the work ahead should continue to ensure doulas have robust input on policy development and implementation, and come from a broad variety of training backgrounds and care models. It is also critical that policies quarantee reimbursement that amounts to a sustainable living wage. We are grateful to Rep. Johnson for seeking the input and feedback from communities most impacted by Maternal Mortality, and organizations and coalitions representing and led by these communities, including the Missouri Black Maternal Health Momnibus Collective. We look forward to ongoing work to expand meaningful access to doula care and pregnancy support for all people in Missouri and the consistent and meaningful input of doula and pregnancy support experts, as well as their patients, as these policies are shaped.