



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2371		DATE: 3/12/2026	
COMMITTEE: Health and Mental Health			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER: 314-440-9000	
BUSINESS/ORGANIZATION NAME: STATE PUBLIC ADVOCACY		TITLE: STATE PUBLIC ADVOCATE	
ADDRESS: P.O. BOX #1535			
CITY: O' FALLON		STATE: MO	ZIP: 63366
EMAIL: ArnieDienoff@Mail.Com	ATTENDANCE: In-Person	SUBMIT DATE: 3/12/2026 11:59 PM	

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I am in Support of this Bill. This a MUST and a prevention measure that will save Insurance Companies Money.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER:	
REPRESENTING: NURTURE KC		TITLE:	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2026 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ELIZABETH GRACE RILEY		PHONE NUMBER: 573-634-4876	
REPRESENTING: THE MISSOURI CHAPTER OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS		TITLE:	
ADDRESS: PO BOX 1865			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JESSICA NORTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/11/2026 9:23 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Dear Members of the Committee, my name is Dr. Jessica Norton. I am a generalist OB/GYN and the Assistant Medical Director of Reproductive Health at Affinia Healthcare in St. Louis. Since July 2024, we have been working to implement a remote blood pressure monitoring program for our pregnant and postpartum patients.

From a clinical standpoint, these programs work. Providing patients with home blood pressure cuffs during pregnancy and the postpartum period has meaningfully improved patient engagement, allowed us to identify hypertensive disorders of pregnancy earlier, and prevented complications that might otherwise lead to emergency department visits or hospital admissions.

For example, I cared for a patient M.W. – a 34 year old woman with a history of elevated blood pressures outside of pregnancy. She was enrolled in our remote blood pressure monitoring program at her first prenatal care visit, which allowed us to titrate anti-hypertensive medications outside of her routine office visits – thus eliminating the need for her to seek emergency care for high blood pressure throughout her pregnancy. She was very compliant with taking near daily blood pressure readings and engaging with our care managers. In her third trimester, she developed critically elevated blood pressures and was directed to labor and delivery where she delivered a healthy baby. Our ability to monitor her blood pressure at home allowed us to better control her hypertension, reduce her risk of early onset pre-eclampsia, and prevent severe complications for her and her infant.

However, maintaining these programs depends on reliable billing and reimbursement. Many of our patients are covered by Medicaid and while we appreciate the recent progress and support of MO HealthNet, we continue to face significant challenges with coverage and reimbursement. This is especially true for privately insured patients. Even when home blood pressure monitoring is listed as “covered” in policy, reimbursement is often delayed, denied, or requires repeated administrative follow-up. This creates uncertainty for providers and inequities for patients.

It is also important to note that effective home blood pressure monitoring is more than just providing a device. Proper care requires patient education and training on how to set up and use the device correctly, regular self-measured blood pressure readings including daily collection and transmission of readings by the patient or caregiver, review of those reports by the health care provider, and timely intervention or modification of treatment plans based on the submitted data. These additional services are essential to ensuring patient safety and meaningful clinical outcomes for these programs.

Two patients with the same clinical risk factors, receiving care at the same clinic, can face very

different access to remote blood pressure monitoring based solely on their insurance coverage. House Bill 2371 helps address this inconsistency by establishing clear, uniform private insurance coverage for both home blood pressure monitoring devices and the related clinical services that make them effective.

From an implementation perspective, consistent coverage across payors is essential. It allows health centers to maintain these programs, providers to focus on patient care rather than billing disputes, and patients to receive preventive care when it matters most.

I respectfully urge your support of House Bill 2371. Thank you for your time and consideration.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092
REPRESENTING: REACH HEALTHCARE FOUNDATION; BJC CHILDREN'S HOSPITAL		TITLE:
ADDRESS: PO BOX 1805		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL: jessica@wintonpolicygroup.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/12/2026 9:29 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MELISSA COBB		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/11/2026 12:49 AM	
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I think some can't afford the blood pressure machine and that lacks decline in their health or death!



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROBYN SCHELP		PHONE NUMBER: 660-441-3260	
REPRESENTING: KIDS WIN MISSOURI		TITLE: DIRECTOR OF POLICY AND ADVOCACY	
ADDRESS: 3909 SHERMAN CT			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL: rschelp@kidswinmissouri.org	ATTENDANCE: Written	SUBMIT DATE: 3/12/2026 12:01 PM	

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In the United States, high blood pressure complicates roughly one in every 12 to 17 pregnancies among women ages 20 to 44. Hypertensive disorders of pregnancy are a leading cause of maternal mortality and pose significant risks to both mother and baby, including life-threatening complications during pregnancy and the postpartum period. Kids Win Missouri supports this legislation.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RYLEA LUCKFIELD		PHONE NUMBER: 417-840-3667	
REPRESENTING: BEACON REPRODUCTIVE HEALTH NETWORK		TITLE: GOVERNMENT AFFAIRS MANAGER	
ADDRESS: 1909 SOUTHRIDGE DR.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: rluckfield@beaconreprohealth.org	ATTENDANCE: Written	SUBMIT DATE: 3/12/2026 6:22 PM	

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Beacon Reproductive Health Network, formerly known as Missouri Family Health Council, is a steadfast champion for accessible healthcare — working in partnership with providers and communities to remove barriers and expand access for all. For more than 40 years, we have served as Missouri’s sole Title X grantee, leading a statewide network of trusted health centers to ensure people across the state can access the high-quality, affordable sexual and reproductive healthcare they want and need.

At Beacon, we believe that Missourians deserve access to care without barriers, which is why we support requiring insurance coverage for home blood pressure monitoring devices for pregnant and postpartum women.

Home blood pressure monitoring is crucial for maternal health. High blood pressure, also referred to as hypertension, can lead to serious complications during and after pregnancy. Hypertension is responsible for approximately 15% of delivery hospitalizations and 7.4% of pregnancy-related deaths annually in the U.S. Missouri’s Pregnancy Associated Mortality Review Board (PAMR) report from 2025 found that cardiovascular disease, including hypertensive disorders, accounted for 25% of the state’s maternal mortality cases between 2018 and 2022. Insurance coverage for home monitoring equipment, such as blood pressure cuffs, was one of the report’s recommendations.

While blood pressure is monitored at each prenatal appointment, the American College of Obstetricians and Gynecologists (ACOG) recommends more frequent blood pressure monitoring for women with gestational hypertension (usually weekly during pregnancy) and within 10 days of delivery. Though these guidelines are designed to save lives, it can be difficult for individuals to attend frequent in-person appointments, particularly for those who live in rural areas, may not have access to transportation, or those with limited availability due to work or parenting obligations. Home blood pressure monitoring devices are a telemedicine solution that removes barriers to accessing care for pregnant and postpartum people. Additionally, these devices have been shown to reduce readmissions, the length of admissions, and the medications administered for treatment.

When Missouri continues to experience high rates of maternal and infant mortality, we must strive to remove barriers to care for pregnant and postpartum people. Insurance coverage for home blood pressure monitoring devices would allow these Missourians to access timely care, identifying potential health emergencies at home, even in the face of barriers to access to care. Please vote yes on HB 2371.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TRENT WATSON		PHONE NUMBER: 314-606-0141	
REPRESENTING: AMERICAN HEART ASSOCIATION		TITLE:	
ADDRESS: 112 E. HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: Trent@trentwatson.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/10/2026 8:50 PM	
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In support of providing blood pressure monitors for pregnant patients.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HAMPTON WILLIAMS		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220 EAST HIGH STREET, SUITE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65616
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2026 12:00 AM	
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