

February 25, 2021

**Support for HB 2388: Expanded health coverage for pregnancy and childbirth**

Chair Prusak, Vice Chairs Salinas & Hayden, members of the House Committee on Health Care,

I'm writing in **strong support of [HB 2388](#)**, which would expand health coverage benefits for pregnancy and childbirth-related expenses to ensure that all women have access to the full range of patient-centered, cost-effective quality care.

**Brief history:**

Licensed Direct Entry Midwives (LDMs), who provide pre- and post-natal care and deliver in birth centers and at home, have been licensed and reimbursed by Medicaid and private insurance in Oregon since 1993: first through voluntary licensure, and then through mandatory licensure required by [HB 2997](#) in 2013.

[HB 2997](#) resulted from a 2012 midwifery workgroup created by former Health Care Committee Chair Greenlick and co-chaired by former Rep. Parrish and me. In addition to mandating licensure, [HB 2997](#) increased education, reporting requirements and data collection, and it addressed *some* of the financial barriers facing LDMs. It passed unanimously in the House, and with 29 votes in the Senate.

Following the bill's passage, I worked for years with OHA, the Health Licensing Office, and stakeholders to ensure support for high quality, accessible midwifery services. We advanced the practices for both Certified Nurse Midwives (CNMs) and LDMs. However, the reimbursement for birth centers and for LDM services remained dismally low, making those choices out of reach for nearly all families other than those who can pay out-of-pocket. **This is not the Oregon we envision.**

In 2017 and 2018, I held multiple meetings in an effort to expand access to home and birth center births and pre- and post-natal care. I engaged many stakeholders from the 2012 workgroup, such as Dr. Duncan Nielson (OB/GYN, Chief of Legacy Emanuel Women's Health Services), CNMs, LDMs, as well as birth center operators, OHA, CCOs, and private insurers.

Sadly, the resulting [HB 2845](#) in 2019 did not make it over the finish line. While insurers will often resist any legislative directive, sometimes it's needed to ensure access to legitimate, licensed, regulated health care. [HB 2388](#) does not mandate insurers to include any specific provider in their "in-network;" it simply **prevents insurers from discriminating against a whole class of licensed providers**, denying access to the type of state-sanctioned care mothers seek.

**I urge your support HB 2388 to ensure that mothers receive the quality, patient-centered care that they feel best fits their needs during such an intensely personal experience of carrying, delivering, and caring for a newborn.**

Sincerely,



Alissa Keny-Guyer, former State Representative HD 46