



Testimony in Strong Support SB21-194

My name is Katherine Riley and I am the Policy Manager for the Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR). COLOR works to engage and empower the Latinx community to speak out about the policies that impact our daily lives.

We are testifying in support of Senate Bill 194, which takes bold steps towards addressing perinatal inequities in Colorado.

The fact is that social determinants of health like a significant racial wealth gap are impacting Colorado families and the pandemic is worsening these disparities. Women of color face higher rates of pregnancy complications and Black women are facing a maternal mortality crisis.

We are especially passionate about requiring all providers to accept transfers. There is an incredible need for interprofessional collaboration with community birth providers and that includes holding the hospital system and providers accountable for their part of this working relationship. Best practice guidelines have been developed for exactly these situations and according to the National Academies of Sciences, Engineering and Medicine, "Evidence shows that a lack of integration and unreliable collaboration across birth settings and maternity care providers is associated with poor birth outcomes for pregnant people and infants in the U.S."

We also feel strongly about the push to extend benefits for postpartum care.

Identifying the causes of maternal mortality and morbidity is complex, but research makes it very clear that ensuring longer coverage and affordable access is essential for prevention, early detection, and treatment of many of the conditions that place marginalized women at higher risk for pregnancy-related complications and other challenges including mental health, intimate partner violence, and substance use.

Black moms are dying. Women of color deal with coverage disruptions or forego critical care. Low-income families get pushed even further into the cycle of poverty when care is taken away right after birth. We are ignoring the needs of perinatal care and it is not only bad health policy and costlier to individuals and our state, but it is wrong and against the commitment we have made in Colorado to address gaps in care and to expand access to services.

We owe it to the families who have lost loved ones to do all we can to address the issue of maternal mortality and perinatal care and create effective strategies to deal with this critical public health issue. SB194 is a common-sense step to take on the very real

health challenges people are facing and support our families and communities. We urge you to pass this important legislation. Thank you.

Submitted by: Katherine Riley, Policy Manager, Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), 303-393-0382

Testimony of LaDonna (Jeannie) Dixon
Senior Prevention, Education and Outreach Coordinator and
Manager for the Black Health Initiative
Children's Hospital Colorado

Good afternoon, Madam Chair and members of the committee. Thank you for allowing me this opportunity to speak before you today.

My name is LaDonna (Jeannie) Dixon and I'm a Senior Prevention, Education and Outreach Coordinator and the Manager for the Black Health Initiative at Children's Hospital Colorado. I am here today to speak in support of Senate Bill 194 on behalf of Children's Colorado. I'd like to sincerely thank Representative Herod and Elephant Circle for championing this critical effort and for their ongoing partnership and collaboration.

The Black Health Initiative was launched in October 2019 because we knew that Colorado's African American infant mortality rate is more than two times the mortality rate for White non-Hispanic infants, and that this disparity is even more elevated in areas like Denver and the surrounding metro area.

The Black Health Initiative mission is to promote quality health care and mental well-being by increasing positive patient experiences and empowerment for Black mothers, and babies through improved access to services, support, advocacy, and education at Children's Hospital Colorado.

The Black Health Initiative convened listening sessions and conversations with the community, asking members to provide insights into their healthcare experiences, their support needs during medical care and treatment of their children, as well as need for increased access to mental health support.

The community vocalized specific needs in the areas of: navigating the healthcare system; accessing safe and supportive mental healthcare; culturally responsive care; and access to providers.

That's why we're supportive of Senate Bill 194, which has goals very much aligned with our vision in the Black Health Initiative and which will help address and improve the inequities and disparities women and infants of color in Colorado face.

Children's Colorado is greatly enthused that Senate Bill 194 would extend Medicaid coverage postpartum to up to one year, improving access to coverage for new moms, including for behavioral health, which we know is a key need. The bill will also improve the collection and study of maternal health data in our state, as well as data on race and ethnicity, which are all critical elements of improving infant and maternal health equity in Colorado.

Thank you for the opportunity to speak today. I urge you to vote "yes" on Senate Bill 194.

Soul 2 Soul Sisters Testimony | [Maternal Health Providers](#)

Committee: Senate Health & Human Services

Sponsors: Senator Buckner and Representative Herod

Bill number: SB21-194

Thank you Madame Chair and members of the committee. My name is Briana Simmons, and I'm the Black Womxn's Health, Healing, & Joy Coordinator for Soul 2 Soul Sisters where we organize for Black Womxn's Healing and Liberation here in Denver. I'm testifying on behalf of Soul 2 Soul Sisters to urge you to support Senate Bill 194.

There's ample research - both data and narrative-based analysis of Black, Indigenous and Latinx women's experiences within health care systems as we know it - that indicate limitations, dissatisfaction, and outright fear.

Even though Colorado ranks mid- to average- in safe birthing indicators (21st in midwifery integration, 8 in cesarean surgery rate), social determinants, like a significant racial wealth gap, are impacting Colorado's families. ***To be frank, average is not good enough for me. It is not good enough for Soul 2 Soul Sisters and the families we work alongside, and it shouldn't meet your standards either. We can do better.***

Less than 20% of births in Colorado are attended by midwives who are shown to provide skilled optimal care. Lack of willing integration/coordination and genuine collaboration across birth settings, mostly from those in the dominant group, are one of the leading causes of poor birth outcomes.

The healthcare system is vast and we all play a role. We need to hold hospital systems and providers accountable to their part in establishing, maintaining, and whole-heartedly fulfilling the need for interprofessional integration.

Transfer best practices are evidence-based information gathering tools for setting a common ground and defining the relationship between providers across birth settings. It is truly that simple.

As we continue to face an unprecedented healthcare pandemic, let us not forget the public health crisis of maternal and infant mortality for Black birthing people in this country. ***It is our collective responsibility to be bold, responsive and adaptable to the needs of these constituents. We need birth justice now, and we urge you to support Senate Bill 194 as a way to protect the health of Colorado's birthing communities.*** Thank you for your time.

Hello, I'm Pia Long of Denver County. Wife, Mother of 2 adult daughters, labor Doula, part of the Elephant Circle leadership team and Program Manager of the Volunteer Doula Program at Denver Health. I support SB21-194 for many reasons. First, I support equitable reimbursement and no discrimination in order to insure that we grow more Midwives and births attended by Midwives. Less than 20% is not an acceptable statistic when we know: According to the World Health Organization...

The case for midwifery: the potential of midwives for improving quality of care:

- is associated with reduced maternal and neonatal morbidity, reduced interventions in labour, improved psycho-social outcomes amongst other improvements...;⁴
- Community based midwives have been found to rank positively for economy, efficiency and effectiveness;⁴
- should be considered a core part of universal health coverage. Quality midwifery care is central to achieving national and global priorities and securing the rights of women and newborn infants;⁴

⁴ Sandall J, Soltani H, Gates S, Shennan A, Devane D. *"Midwife-led continuity models versus other models of care for childbearing women"*. Cochrane Database of Systematic Reviews 2016, Issue 4

Again, the Inequities and poor outcomes result from a multi-faceted array of issues such as poor data collection that does not clearly show the disproportionate access to quality midwifery care in black and indigenous communities although small, yet existing here in Colorado. We would need to address economic dynamics, increase accountability and balance the distribution of power. Lastly, and sadly in order to improve the quality of care we must institutionalize the respect for human rights. Addressing issues like racism is imperative to achieve these goals. The Volunteer Doulas at DH with guidance from EC make this a regular practice as should every Coloradan who works with pregnant and birthing individuals.

Section 3 of SB21-194 addresses the data collected for Birth Certificates. A revision to include the intended place of birth at onset of labor would give us additional data about transfers to hospitals from Community birth sites and improve this process which is not always smooth. As a Doula, I have witnessed non collaborative transfers to hospital settings. Integration of community birth would mean the transfers are seamless, without shame and risk. Providers giving quality care without bias or prejudice of community Midwife, and patient choice of birth setting. One of my private clients who planned a birth center birth at 24 weeks had Shingles and transferred to a local hospital, ultimately losing her baby. She received medical care. However, quickly postpartum was accused of drug use as cause of loss. This black family was profiled. More data collection speaks to higher accountability.

It's exciting to see the ambitious Federal Omnibus 12 bill package taking a multi-pronged approach to improve birth outcomes. SB21 194 seeks to build on the momentum the Omnibus will create practically and financially. 77% of these Maternal deaths in CO are preventable. Requiring the department of health care policy and financing to seek an amendment to the state and medical assistance plan to provide 12 months of postpartum medical benefits to persons who qualified for benefits while pregnant will allow families to seek the postpartum mental and physical help to grow stronger CO communities. **I urge you to vote YES on SB21-194.** Thank you so much for your dedication to our Colorado families.



May 28, 202

Madame Chair, Committee members.

My name is Demetra Seriki, I am a practicing Certified Professional Midwife (CPM) in Colorado Springs. I am the owner and operator of A Mothers Choice Midwifery. I am also an active board member of Elephant Circle. My education consists of a bachelor's degree in Midwifery specifically serving as a community midwife. Currently, I am the only registered Black home birth midwife in the state of Colorado.

Maternal equity in Colorado is not equal. By design pregnant families are segregated by classism, race, and access. To simply put it, constituents who are not classified as marginalized or vulnerable receive accessible and equitable maternity care during their pregnancies, thereby improving their birth outcomes exponentially. Current research demonstrates this fact; however, Colorado willfully reviews cases through the lens of the provider and not the birthing person as demonstrated in the Maternal Mortality Report Committee (MMRC). The MMRC used language throughout the report which devalued the lives lost of Black mothers. Specifically, it stated, "Because the number of maternal deaths is low (only 94 in a three-year period), just one or two deaths can change the apparent disparity outcomes." In my opinion, 94 deaths are not insignificant considering Colorado demographic make-up. Furthermore, using the word "only" suggest there was not enough maternal deaths to meet criteria. It is through this framework maternity care is centered in Colorado. My question to you all today is, "what is the magic number?" When will one Black maternal death be one to many? Lastly, the MMRC report pointed out, Colorado data demonstrated pregnant and postpartum people had an increased risk of mortality of 2.8% through the first year. Furthermore, the report risk assessment directly linked the 2.8% increase in mortality to being insured under Medicaid. This statement highlights and emphasizes the necessary extension of Medicaid services as stated in SB21-194.

Birth equity bill SB21-194 is the pathway to accountability, perinatal social justice, civil rights, and human rights. SB21-194 aligns with multiple perinatal health recommendations made by the MMRC such as improving care coordination, improving access to maternity and postpartum care, redesigning postpartum care to include extended timeframes, and Community-led solutions. It is evident to me, the ideas presented in SB21-194 are not radical they are practical. SB21-194 takes the necessary steps to move recommendations and theories presented in the MMRC to action.

I am asking for your solidarity and unwavering support of SB21-194. Thank you for your time

Sincerely,

Demetra Seriki BSM., CPM., RM



illuminate
Building Brighter Childhoods

Madame Chair and Members of the Committee,

My name is Jillian Fabricius, Director of Strategic Initiatives with Illuminate Colorado, a statewide nonprofit working to strengthen families, organizations, and communities to prevent child maltreatment. I am writing **in support of SB21-194 Maternal Health Providers** on behalf of Illuminate, the Colorado Chapter of Prevent Child Abuse America.

Simply put, children do well when their parents and caregivers do well, and ensuring pregnant and postpartum people have accessible and responsive maternal health care is crucial for family well-being. Complementing the federal Omnibus bill package, SB21-194 includes numerous provisions to enhance Colorado's infrastructure to support all families to thrive during the perinatal period by addressing racial inequities and other disparities in infant and maternal care directly.

In particular, **we enthusiastically support an extension of Medicaid coverage to 12 months postpartum to ensure that even more postpartum Coloradans have access to health care during a formative time for families.** The American Recovery Plan provides funding for states to opt-in and extend Medicaid coverage to one year postpartum, and Colorado can take advantage of the 100% match and extend postpartum coverage. **Access to concrete supports in times of need—including health care throughout the perinatal period—is a research-based protective factor that lowers the risk of child abuse and neglect,** and a key way to offer families a strong start by ensuring they receive the basic necessities everyone deserves in order to grow.ⁱ

Other sections of this bill and the birth equity bill package work in tandem with this extension in order to ensure pregnant and postpartum people have pathways for and recourse around the quality of service delivery and coordination they receive—which strengthens our systems so that care is designed both to preserve the dignity of pregnant and parenting people and to promote their and their family's healthy development, resilience and ability to advocate for and receive the resources they need.ⁱⁱ

We also have an opportunity to align our data and systems towards equity by improving our use of implementation science for perinatal policy development and ensuring CDPHE and the Colorado Maternal Mortality Review Committee (MMRC) can review existing maternal health data collection processes and quality measures and make recommendations accordingly - with particular attention to race/ethnicity and other birth outcome data. As a MMRC member and a maternal behavioral health advocate, I know all too well the importance of perinatal supports, especially in the postpartum period, and the key role our data can play to inform prevention efforts. Of the 94 maternal deaths reviewed by the MMRC during 2014–2016, the majority (76.6%) were preventable—meaning we can change the course of peoples' lives by investing in prevention.ⁱⁱⁱ

By strengthening our infrastructure for all families to thrive during the perinatal period, especially for families of color, Indigenous families, undocumented families, people who are low-income, and people with disabilities, we can keep the wellbeing of our state's children and families an urgent and high priority. In short, **SB21-194 would ensure that more pregnant and parenting people have what they need to support their health and wellbeing--and ultimately will lead to more safe, healthy, and thriving families.**

Sincerely,
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ⁱ Center for the Study of Social Policy. *Protective Factor Framework*. <https://cssp.org/our-work/projects/protective-factors-framework/>

ⁱⁱ Ibid.

ⁱⁱⁱ Colorado Department of Public Health and Environment (2020). *Colorado Maternal Mortality Prevention Program Legislative Report 2014–2016*.