

Testimony as Submitted in Support of HB24-1262: Maternal Health Midwives by Hunter Nelson, Political Chair at Colorado Black Women for Political Action

House Health & Human Services Committee

Mar. 12, 2024, Upon Adjournment

HCR 0112

Dear Madam Chair and Members of the Committee,

My name is Hunter Nelson, and I am the Political Chair for Colorado Black Women for Political Action (CBWPA). CBWPA is a nonpartisan membership-based organization dedicated since 1977 to engaging Black women in Colorado in policy and politics. Beginning as the brainchild of former Colorado Senator Gloria Tanner, CBWPA was founded by 13 Black women who wanted to encourage Black participation in the political process and serve as a political advocate for Colorado's Black community. Today, we provide programs and services to help Black women make informed political decisions and grow their policy engagement skills. **We are in strong support of HB24-1262: Maternal Health Midwives, and ask that you vote yes for this legislation.**

Giving birth in Colorado and nationwide continues to have an increased risk for Black women. According to the Colorado Department of Public Health & Environment, between 2016 and 2020, Black birthing people in Colorado were nearly twice as likely to die during pregnancy or within one year postpartum than their white counterparts.¹ Among Black women in the United States, the increased maternal mortality rates persist despite socioeconomic and educational attainment level.² Also, in 2021, the infant mortality rate for Black infants in Colorado was more than twice as high as the rate for white infants.³ Bias and discrimination within the health care system and in society have created these increased maternal mortality rates for Black women, as well as the increased infant mortality rates for Black babies.⁴

Differences in the quality of care received by Black women have been well-documented, with Black women reporting poorer quality and management of care when seeking perinatal health services.⁵ This includes not having their concerns taken seriously by their maternal health provider, not having their birthing choices and autonomy respected, and being disrespected by maternal care providers during pregnancy, birth and postpartum, especially in hospital settings.

In Colorado, birth centers, including freestanding birth centers not affiliated with a hospital system, have been closing at an increased rate.⁶ These birthing centers, which rely on midwifery care, have lower preterm birth rates, lower rates of low birth weight babies and lower rates of women transferred to hospitals for cesarean sections. Most birth centers also focus on

¹ [FINAL 2023 MMPP Legislative Report.pdf - Google Drive](#)

² [2023-KC-Book-proof-8.23.23a.pdf \(coloradokids.org\)](#)

³ Ibid.

⁴ [Working Together to Reduce Black Maternal Mortality | Health Equity Features | CDC](#)

⁵ [Racism and Bias in Maternity Care Settings - Nursing for Women's Health \(nwhjournal.org\)](#)

⁶ [Community brings back Colorado birth center closed by private equity \(coloradosun.com\)](#)

administering culturally-sensitive and competent care to the birthing person.⁷ Midwifery care has also been associated with positive maternal health outcomes, especially for Black birthing people who share a racial background with their midwife.⁸ With more of these centers closing, it limits care options for Black birthing women, continuing to exacerbate maternal mortality and morbidity rates for Black women.

HB24-1262 includes several provisions to better integrate certified professional midwives into Colorado's maternal health care landscape. Certified professional midwives (CPMs) are trained and credentialed to offer care to perinatal people, specializing in community birth and home birth. Referred to as "direct-entry midwives (DEMs)" in Colorado state statute, CPMs already meet and have to abide by the requirements for licensure by the Colorado Department of Regulatory Affairs (DORA), yet are not referred to in statute as such.⁹ The bill would change how CPMs are referred to in statute to CPM from DEM, clarify that CPMs are "licensed" rather than "registered," and create incentives to support CPMs to train and care for underserved communities. These changes would allow CPMs in Colorado to practice their full scope, and elevate their ability to provide expert, culturally competent care to Black birthing women.

HB24-1262 also improves pathways to allow birthing people in Colorado to report discrimination they may face during the perinatal period, including in health care settings. This would better allow Black pregnant women who face discrimination in maternal care settings to report this discrimination, potentially leading to an investigation, retribution and preventing further harm to others.

HB24-1262 would also require a study to be conducted on the cause of perinatal health gaps across the state, including birth center closures, and recommend best practices to protect communities from new or growing maternal deserts. It would also require a 90 days' notice to the state and community before a maternal care facility closes. Currently, 40% of Colorado counties are considered maternity care deserts.¹⁰ Studying the reasons for maternity care gaps and maternal health care facility closures would better equip state departments and advocates with the data needed to prevent these closures, and help fill needed maternity care gaps so that all perinatal people can easily access maternity care in their community.

Black women deserve to give birth safely in the settings and with the providers of their choice, including from CPMs in birth centers. Black women's maternal health needs to be prioritized - when Black women thrive, everyone benefits. **Please vote yes on HB24-1262.**

Thank you,
Hunter Nelson, MSW
Political Chair, Colorado Black Women for Political Action

⁷ [BC Experience - American Association Of Birth Centers](#)

⁸ [This Black Maternal Health Week. Let's Expand Access to Midwifery Care \(tcf.org\)](#)

⁹ Elephant Circle (n.d.). *Implications of Being Licensed*.

¹⁰ [Maternity Care Deserts Report | March of Dimes](#)

Testimony as Submitted in Support of HB24-1262: Maternal Health Midwives by Toni Sarge, Director of Child and Family Health at the Colorado Children's Campaign

House Health & Human Services Committee
March 12, 2024
Upon Adjournment
HCR 0112

Madam Chair and Members of the Committee,

My name is Toni Sarge, and I am the Director of Child and Family Health at the Colorado Children's Campaign. **I am writing today in strong support of HB24-1262: Maternal Health Midwives.**

The Children's Campaign is a non-profit, non-partisan, policy and advocacy organization committed to securing every chance for every child in Colorado since 1985. Together with partners and community members across the state, we advocate for the development and implementation of data-driven public policy that centers children and families most impacted by barriers to health and well-being.

In Colorado, Indigenous and Black birthing people are two to three times more likely than the overall population to die during pregnancy or within the first year postpartum. Infant mortality rates for Black infants and infants of two or more races are more than twice as high as the rate for white infants. These disparities come from broad social inequities and from discrimination and biased treatment in the health care system and this crisis is not improving. Midwives play a unique role in providing comprehensive, patient-centered care, often outside of traditional hospital settings, that contribute to reducing maternal mortality and morbidity and infant mortality rates. By increasing access to a variety of high-quality health care professionals, including certified professional midwives, in our state, this legislation gives pregnant people and their new babies the best chance of a healthy life from the very beginning.

Additionally, in Colorado, 25 of 64 counties are considered maternity care deserts, defined as a county with no hospitals providing obstetric care, no birth centers, no OB/GYN, and no certified nurse midwives. As a data-driven organization, we are supportive of this legislation's effort to collect more information on a variety of data including, but not limited to:

- Improving the understanding of closures of perinatal healthcare facilities;
- Identifying recommendations during closures and resultant transfers of care, and;
- Creating a maternal health desert and asset map

As an organization dedicated to the well-being of Colorado's children and families, the Colorado Children's Campaign believes HB24-1262 is an essential, equity-focused step towards improving perinatal health outcomes and will positively influence the trajectory of children's lives starting from birth. **Please vote yes on HB24-1262.**

Sincerely,

Toni Sarge
Director, Child and Family Health
Colorado Children's Campaign
toni@coloradokids.org

Submitted on March 12, 2024.

Testimony on Bill #HB24-1262, MATERNAL HEALTH MIDWIVES Concerning maternal health.

on March 12, 2024, at 1:30 P.M. MT in front of the Health & Human Services

From: Ealasha Vaughner

Submitted on: March 12, 2024.

Testimony in support of HB24-1262, MATERNAL HEALTH MIDWIVES Concerning maternal health.

Submitted to: Health & Human Services

Dear Chair and members of the Committee

My name is Ealasha Vaughner, and I work as the Manager of Policy & Advocacy at Clayton Early Learning. I am here today on behalf of myself, Clayton's Parents, Clayton Community members, and Clayton Early Learning to request your support for HB24-1262. Clayton Early Learning is an innovation hub that partners with families to discover what works and advance systems change by developing a whole child, whole family approach to the early years. We serve over 500 families annually through school, home, and community-based programs, providing a multi-generational, holistic approach to care for young children and their families. We aim to cultivate equitable opportunities for children to thrive and support overall family well-being.

As one of the largest providers of Head Start services in Colorado, we are proud to serve families who have been or are being assisted by midwives and doulas during their pregnancy journeys, and we believe that this is one of the many reasons why we support this bill.

Midwives have a long history of providing high-quality care that addresses the physical and emotional needs of marginalized communities. Additionally, many Midwifery programs are established in resource-poor areas.

We believe that HB1262 is a vital bill that will allow us to establish a sustainable, diverse maternity care workforce and support opportunities for our families to have more equitable options for their birthing experience.

Providing midwives with the opportunity to receive Medicaid reimbursement can help improve care and outcomes for pregnant individuals who face adversities and inequalities while seeking a comprehensive birth experience outside of a hospital. Due to the frequency of structural racism in conventional healthcare settings, more and more individuals from the BIPOC community are

choosing to give birth at home or in birthing centers where midwives, who do not necessarily have a nursing degree, provide their services.

This approach also offers a promising solution for providing continuous care throughout preconception, postpartum, and interconception phases, while also addressing the issue of maternity care deserts in rural areas - a concern that many states are grappling with. According to recent studies, over half of the counties in the U.S. lack rural hospitals that offer obstetric services.[1] By increasing access to midwives, we can help bridge this gap and provide care to people living in remote areas with a single provider. Such efforts are particularly impactful for individuals facing persistent health disparities.

While I may not be an expert in this subject, I do recognize the importance of building midwifery capacity and integrating midwives into our maternity care system. From what I have observed and learned from the experiences of our community members and parents, I firmly believe that doing so is critical to addressing our maternal and reproductive health crisis and our provider workforce shortages.

So, I ask you today to support HB24-1262

Thank You,

Ealasha Vaughner

Citation: <https://www.sideeffectspublicmedia.org/rural-health/2024-02-26/report-finds-more-than-half-of-rural-hospitals-no-longer-deliver-babies>

March 12, 2024

House Health & Human Services Committee
Colorado General Assembly
200 E. Colfax Ave.
Denver, Colorado 80203

Re: HB24-1262 Maternal Health Midwives

Dear Madame Chair and Committee Members:

Thank you for the opportunity for the Colorado Center on Law and Policy (CCLP) to submit written testimony in strong support of House Bill 24-1262, Maternal Health Midwives. CCLP is an anti-poverty non-profit organization dedicated to the vision that every Coloradan should have what they need to experience good health, maintain a livable income, access nutritious food, and sustain stable housing. The endowed necessity to improve maternal and infant health outcomes has been an absent consistency for communities of color

As part of House Bill 24-1262, a proposed solution is to improve access to community birth options and promote better pathways for the midwifery workforce specializing in community birth in the maternal healthcare space. A recent study mapping integration of midwifery in the healthcare system across the US found that states with a greater density of midwives are linked to improved maternal and health outcomes, including higher rates of vaginal delivery, breastfeeding, lower rates of C-sections, lower pre-term births, fewer low birth weight infants, and the least number of infant deaths¹. States with the least number of midwives have the highest rate of infant mortality and share the highest rate of black births². This directly resulted from

¹ Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, et al. (2018) Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS ONE 13(2): e0192523. <https://doi.org/10.1371/journal.pone.0192523>

² Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, et al. (2018) Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS ONE 13(2): e0192523. <https://doi.org/10.1371/journal.pone.0192523>



the lack of healthcare options such as midwifery. The usage of midwifery choices has been understandably valuable to communities of color due to its central focus on relationship and trust building, shared decision-making, and, most of all, centering joy in one of the most memorable experiences of their lives.

Furthermore, there needs to be more choice and accountability as racism and discrimination occur in perinatal care. Per CDC, 1 in 3 (which is 30% Black, Hispanic, and Multiracial women) reported mistreatment during maternal care, and reports of discrimination were highest among Black, Multiracial, and Hispanics. The most common mistreatment types were lack of response to requests for help, being threatened to withhold treatment, being forced to accept unwanted treatment, or being shouted at or scolded³. Mistreatment and discrimination not only impact the subjective experiences of care but also create a breakdown of trust, open communication, and respect for the birthing person's values, needs, and desires. This bill will provide more direction in collecting valuable data related to such cases so better practices and accountability measures can be taken to prevent this from happening.

Finally, the overwhelming demand for community birth care from Communities of Color shows that increased accessibility needs to happen. Colorado must investigate the reasons for birth center closures and their impacts on communities and identify viable and preventative measures. More importantly, we must support childbearing mothers from sudden disruptions of care. Both initiatives can produce profound benefits to ensuring historically marginalized and low-income birthing people will have equitable access to quality health care options.

Every mother should be entitled to not experience these mitigating and devastating impacts on their life, their child's health, and their ability to provide for their growing family. The underserved community citizens know what is best for them and should prioritize House Bill 24-1262 to ensure everyone has viable and equitable options for safe and effective maternal healthcare outcomes.

CCLP strongly supports House Bill 24-1262's initiatives to expand access and equitable practices for maternal and infant health and encourages you to listen to the community's needs and desires by voting in support of HB 24- 1262.

Thank you for your time.

³ “Many Women Report Mistreatment during Pregnancy and Delivery,” Centers for Disease Control and Prevention, 2023, <https://www.cdc.gov/vitalsigns/respectful-maternity-care/index.html>.



Sincerely,

Karimah Sabree
Master of Social Work Intern
Colorado Center on Law and Policy

North American
Registry of Midwives

Providing Certification Standards
For Certified Professional Midwives

Ida Darragh, CPM-ret , LM
Executive Director
Credentialing Specialist
Ida@narm.org

March 11, 2024

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Colorado General Assembly
Written Testimony for HB24-1262 Maternal Health Midwives
Submitted by the North American Registry of Midwives (NARM)

Dear Colorado Legislators,

This letter is supportive testimony for HB 24-1262 which amends the Colorado licensure of Certified Professional Midwives.

The Colorado Department of Regulatory Agencies has licensed direct-entry midwives since 1993 and has been using the NARM exam as the licensure exam since 2000. Under those regulations, these midwives were called “Registered Direct-Entry Midwives” under a program that functioned as a licensure program. The amendment currently under consideration requires the full credential as issued by NARM, “Certified Professional Midwife” and changes the title to Licensed Certified Professional Midwife. This brings the licensure standards up to the national standards.

NARM supports these legislative changes, but also points out that only NARM can issue the credential Certified Professional Midwife. When referencing Certified Professional Midwives in your regulation, it would be clearer to identify those covered by these regulations as Colorado Licensed Certified Professional Midwives.

I am always available to answer questions by email (ida@narm.org) or phone direct line 501-690-7734. Detailed information about the credential is available on our website at www.narm.org.

Sincerely,



Ida Darragh, Executive Director
North American Registry of Midwives



March 12th, 2024

SUPPORT for HB24-1262, Maternal Health Midwives

Dear Members of the Committee,

My name is Mar Galvez Seminario and I am the Legislative and Research Manager at the Colorado Organization for Latina Opportunity and Reproductive Rights. COLOR is a reproductive justice organization that works to engage and empower Latinas in the state to speak out about the policies that impact our daily lives.

I am testifying in support of HB1262 that would facilitate the study of perinatal health gaps, ensure that there are accountability reports for maternal mortality and collect data on perinatal discrimination, and increase access to community birth by decreasing midwife certification barriers.

The first tenet of reproductive justice is the right to have children, and that perinatal care is not always safe, much less a protected right for women and other people of color. We know each tenet can only be achieved when everyone has the complete economic, social, and political power and resources to make those decisions. As a Latine-led reproductive justice organization, we know that our community's rich and diverse history and culture is full of varied relationships to birth and pregnancy. The demand for community birth has skyrocketed over the last several years, jumping 30% from 2019 to 2020, driven largely by Black and Latinx people. We know it is in part due to the pandemic, but that experiences of discrimination and racism in MD-care-led contexts is common, and that community birth is an appealing alternative for many.

More than that, the birthing experience is a sacred one, and I know, for example, having grown up in Peru, that my mother's birth of my brother was the first time anyone in our family had given birth in a cold, sterile, echoey hospital environment. It was off putting and not the joyous experience we'd been used to for generations. I'm not saying giving birth in a hospital is a bad thing, but if someone believes community birth is the best decision for them and their families, they should have access to those options. If they believe that birth setting is what feels the safest and most comfortable, in a country where the mortality rate for women of color, and especially Black women, is so high—it is our duty as advocates to fight for that right.

Our communities deserve the right to have children, and this is an important step towards ensuring that right. I ask you to vote yes.



INTERFAITH ALLIANCE OF COLORADO

PROTECTING FAITH AND FREEDOM

Subject: Testimony in Support of House Bill 1262 - Maternal Health Midwives

February 28, 2024

Dear Rep. Daugherty and members of the House Health & Human Services Committee,

I am reaching out today to express the Interfaith Alliance of Colorado's support for HB24-1262, "Maternal Health Midwives." The Interfaith Alliance of Colorado promotes justice, religious liberty, and interfaith understanding through building relationships in order to educate, advocate, and catalyze social change. We have over 400 congregations in our statewide network, representing more than two dozen faith traditions.

As an interfaith organization that has ties with so many different faith traditions, we know the importance of pregnancy and birth for all peoples. We also know the vast variety of ways that families choose to experience pregnancy and birth. There is not one size that fits all, and childbearing people should have the right to navigate this journey the way that is best for their situation. This bill embodies our understanding of reproductive justice - protecting reproductive rights and health care options for all Coloradans.

House Bill 1262 is a step towards ensuring that pregnant persons across Colorado have access to the best delivery options for their own situation. Black and Latinx people who are pregnant are more likely to face discrimination and complications in clinical hospital settings. Black maternal mortality rates are the highest in the country.

Since COVID, many pregnant people have begun leaning more into giving birth at home or in birthing centers. The only licensed practitioners that have knowledge of home birth are Certified Professional Midwives. Giving people the freedom to find the best birthing

options for themselves is critical to safe, healthy, and comfortable birthing experiences. At a time when pregnancy and birth are ever in the spotlight, it is important to protect the options available for pregnant people.

House Bill 1262 will be instrumental in furthering equity in reproductive healthcare for all Coloradans, bringing diverse options to birthing people, and creating inclusive legislation for CPMs in Colorado.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Shara Smith". The signature is fluid and cursive, with the first name "Shara" written in a larger, more prominent script than the last name "Smith".

Shara Smith, CEO
Interfaith Alliance of CO