

Dear Chair Prusak and the Members of the House Health Committee,
Please support HB 2388 which values community midwifery care and opens access to home and birth center options to low-risk people, regardless of their economic status

Midwifery has been my career for nearly forty years, I'm grateful to be a trusted community midwife. I have "caught" a few thousand babies in homes and in birth centers. As the owner of a small female-owned birth center in Portland, I have struggled financially due to lack of fair compensation from insurance companies. Every week multiple pregnant people call to set up their first appointment, but we have to say we cannot bill their insurance company because their company does not pay community midwives. They have the option to pay out-of-pocket, but this is not realistic for many low to mid-income families.

I've also worked on multiple pro-community birth/midwifery legislative movements in three states. We came armed with excellent birth outcome facts/statistics, vocal support of consumers & many medical professionals alike, evidence of low cesarean birth rate and a growing number of studies showing the benefits of midwifery care in the reduction of poor outcomes for POC (lower rates of preterm labor for example). The goal of all the kitchen table planning, rallies, research, fundraising, lobbying was to broaden access of community birth to all low-risk people choosing to birth in their home or in a birth center. Much progress has occurred since the early 1980's (my first experience with the politics of midwifery). Community birth is now viewed as a safe and legitimate practice.

The legislative work that is still outstanding is addressed by HB 2388 as it holds insurance companies accountable to fairly compensate community midwives for the crucial service we provide. It has been a confusing "beat my head against the wall" experience, to see bill after bill that contains language about fair reimbursement fail. Why is this still so hard? There is so much excellent data about cost savings for insurance companies, safe outcomes and even the "soft" measurement of parent's satisfaction with community birth. The last time a similar Oregon bill died, it finally occurred to me that midwifery is not valued, because women's work is less valued.

Midwifery has a complex history in the USA, but midwifery has been primarily women's work. Midwifery means, "with women". Women's time is still of less value. Our title contains the word, "wife"...a wife does not get paid. Midwifery can be added to the long list of invisible work women do. This is an example of how we value (or rather devalue) time and care in this society. There is not a CPT code for holding a woman's hand as she learns she is having a miscarriage. There is not a CPT code for spending enough time with a pregnant person before they give birth, to build familiarity and trust. There is not a CPT code for providing extra home visits to support a new Mom with postpartum blues or breastfeeding issues. There is a CPT code for routine prenatal care, birth and postpartum care! Midwives deserve to be paid fairly by all private insurance companies and state based health plans!

It is time to value a traditionally female profession with fair compensation for equal work. It is time to trust pregnant families to choose their birth professionals based upon their own instinct and desires VS where their insurance dictates they must deliver. Thank you for your support of HB 2388 and your time in reading my letter.

In appreciation,
Laura Erickson
Owner Alma Midwifery
Portland, OR

Note-although there are a few men or male-identifying people in midwifery, the majority of practicing midwives continue to be female