



April 25, 2025

Senator John Marty
Finance Committee
Minnesota Senate Building, 1200
SF 2669 - Health & Human Services Omnibus Bill

Dear Chair Marty and Members of the Finance Committee,

The Birth Justice Collaborative is writing to express our gratitude for your decision to invest in strategies that will improve birth and health outcomes for babies, their mothers, caregivers, and families in African American and American Indian communities in Minnesota. Improving access to healthcare and community support allows for more people to have healthy pregnancies and provides newborns with stability needed to develop strong relationships with their caregivers and to grow up healthy.

Please support and advocate for the following provisions in the SF2669 omnibus bill:

MA Coverage for Birth Services Provided at Home (HF96 / SF1113)

Access to labor and delivery hospitals has decreased significantly across Minnesota, but the demand hasn't changed. The cost of care is too high to maintain in less populated regions of the state. In Greater Minnesota, where access to perinatal care is limited and inconsistent, home birth providers offer critical prenatal and postpartum care to their private-paying clients. This provision will allow home birth providers to serve more Medicaid clients who choose to give birth in their homes, by increasing the reimbursement amount of their supplies to 70% of a hospital's facility fee for an uncomplicated vaginal delivery.

Grant to Birth Justice Collaborative for African American Focused Homeplace Program (HF1777 / SF1691)

The Homeplace model works to improve maternal and child health outcomes through culturally centered community-based healing and care. Homeplace stands as a beacon of what is possible when policy centers community voice, dignity, and culturally rooted approaches to health and well-being. This \$500 thousand investment represents more than funding—it is a commitment to addressing racial disparities in maternal health and affirming the importance of culturally specific models of care. Homeplace will continue to drive meaningful impact for Black mothers, birthing people, and families in our state.

Certified Midwife Licensure Established (HF1010 / SF832)

Midwives are proven to improve access to perinatal care and reduce infant mortality rates, preterm births, and the need for cesarean births in African American, American Indian, and rural communities, but Minnesota's aging Certified Nurse Midwives (CMN) workforce means families in this state will soon lose access to this lifesaving care. CMs and CNMs differ in how they entered their midwifery educational programs, but not in their scope of work or ability to provide care for pregnant people and their newborns. By providing an alternative pathway to become a full-scope midwife, more candidates from

diverse backgrounds and professions will be better positioned to access training and complete the certification process to enter the workforce.

Clarifies Requirements for Maternal Death Studies (HF1105 / SF1167)

Maternal mortality is an important health indicator because it is a reflection of the quality and accessibility of the overall healthcare system. Minnesota's disparate health outcomes¹ for birthing people in the African American, American Indian community, and in Greater Minnesota highlights long-standing barriers to affordable, culturally and regionally responsive maternal healthcare. The data underscores the need for greater investment in the research and assessment of maternal mortality data and the development of targeted strategies and intervention. Findings from these studies will help healthcare providers and policymakers improve maternal health outcomes by developing targeted strategies to improve access to lifesaving perinatal care and to meet the cultural and regional needs of all pregnant people in Minnesota.

Birth Center Facility Fee Reimbursement (HF1793 / SF2109)

Birth centers use a midwifery model of care to provide services during the perinatal health period, many of the same prenatal and postpartum services offered in hospital settings are also provided by freestanding birth centers. The high-quality care provided at birth centers improves health outcomes for pregnant people and their babies--saving taxpayers money in the reduction of cesarean births and long-term care. Despite evidence that shows birth centers produce better outcomes for birthing people with low-risk pregnancies, birth centers are paid considerably less than hospitals. This provision creates parity between the facility rates of birth centers and hospitals.

Family Supportive Housing Grant Program (HF1644 / SF1732)

Stable housing is critical for the healthy growth, development, and well-being of young children. Research shows that experiencing homelessness as a child is disruptive to critical early brain development and can lead to negative health, education, and behavioral outcomes. Supportive housing allows families to stay together and provides children with a secure environment to build healthy relationships with their parents and caregivers--the foundation that all future learning is built upon. Please join the Birth Justice Collaborative in continuing to advocate for these provisions as a strategy to improve health outcomes and support healthy births in African American and American Indian communities, across the state of Minnesota.

Sincerely,

The Birth Justice Collaborative

Akhmiri Sekhr-Ra, Cultural Wellness Center,
Louise Matson, Division of Indian Work,
Rev. Dr. Alike Galloway, Liberty Northside Healing Space,
Ruth Buffalo, Minnesota Indian Women's Resource Center,
Dr. Antony Stately, Native American Community Clinic,
Makeda Zulu, Urban Research & Outreach-Engagement Center, University of Minnesota