



March 17, 2026

Dear Chair White,

In 2018, I found out I was pregnant with my first child. I had read about how birth centers were a great option for mothers who did not want unnecessary interventions and that in a more home-like comfortable setting, the outcomes were very positive and mothers were better able to manage pain. With this in mind, I set out to find a birth center, only to find that there were none close by and even if there were, we wouldn't have been able to afford it without insurance coverage. Disappointed, I found a practice that had several midwives, hired a doula and went on to have a great hospital birth. I had minimal interventions, but likely would have had more if it weren't for my doula (who was also trained as a home-birth midwife).

My daughter was born a year before covid changed everything. And I watched sadly as friends went to hospitals stressed about laboring in a mask and giving birth in an environment where they worried their newborns risked infection.

I also watched several friends have traumatic hospital births resulting in c-sections that likely could have been avoided with midwifery care. Many of these mothers had sought out care outside hospitals but were unable to do so because of lack of options and insurance coverage.

When I was pregnant again, I was excited that Cincinnati Birth Center intended to be open by my delivery date. I wasn't quite sure I was comfortable with a homebirth, but knew that as long as I continued to have healthy pregnancies, I did not desire another hospital birth. I received wonderful prenatal care and knew that my baby and I were getting better, personalized care than if I had gone to a more traditional practice. Due to some unforeseen challenges, they were not able to open the birthing center at that time, so we had a wonderful, complication free homebirth. And I was hooked. I was able to labor in the comfort of my home. My first born did not have to be away from me for several nights. My baby and I were safe and I labored in the best way for me. This was only possible because we were in a financial position where we were able to pay without insurance coverage.

When I was pregnant with my third child, my husband and I didn't even consider other options, however this time, the cost (without insurance coverage) would have been prohibitive for us. We were delighted to learn that Cincinnati Birth Center was in network. Again, I had a wonderful, complication free pregnancy and birth. Several months after the birth of our third child, we were incredibly frustrated to learn that our claim had been denied and that the birth center was no longer covered because of a change in staff. This was definitely not in our budget this year and caused unnecessary financial burden in our family.

Passing HB 537 is so important because it gives access to more people who would benefit from this type of care. There is no denying that hospitals are a safe and necessary option for many mothers. But it's also time to recognize that birth centers, home births and midwifery care are also great options with a proven record of safety for many mothers who desire less interventions.

Sincerely,

Sarah Higgins



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Nicole Turner and I am writing this testimony in support of HB 537. First off, thank you for taking the time to read my testimony. This issue is important to not only myself, but to all birthing persons.

I birthed my daughter via homebirth using the fantastic midwives through the Cincinnati birth center. It was the most amazing experience and everyone was safe, healthy, and in the comfort of home. Once I got pregnant with my son it was so important to me to be able to use the midwives again as we had such a positive and healthy experience with my daughter's pregnancy/labor/delivery. Unfortunately, we were unable to afford it. This caused us to have to go to a hospital to birth instead of the comfort and safety of our own home. The closest hospital was 45min away and I almost didn't make it to the hospital in time- I was birthing in the lobby of the hospital because of this long drive. It was scary hectic and such an uneasy feeling having to labor the entire drive not sure of what would happen. Had we been able to use the midwives or been able to birth in the birth center, it would have been a much closer commute and we would have been able to focus on having the baby in a safe, calm, peaceful environment.

If the HB 537 gets passed, this would allow midwives to be approved by Medicaid helping not only myself but so many other women afford the midwifery care. Using midwifery care has been shown to reduce infant mortality rates significantly. There is also always going to be a concern or worry if there is a complication, we may need to birth in a hospital. Passing HB 537 allows us to have that relationship between midwives and hospital care so we are able to get what's necessary in any type of emergency.

It is time to adjust and adapt to the changes in the world in the year 2026 and prioritize women and infants coming into this world in the best way. Supporting birthing humans from the time of conception to postpartum from the midwives would bring so many positives to Ohio and help bring healthy loved babies into the world which is what is most important. I really appreciate you taking the time to understand all the good that would come from this bill and moving forward supporting not only myself but so many that would benefit from HB 537.

Sincerely,

Nicole Turner



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

I am the mother of seven children, awaiting the birth of my eighth in about 4 weeks. I have been fortunate enough to have three home births and I am planning a home birth for my next baby, due at the end of March.

Home birth was something that my husband and I stumbled into accidentally, when our fifth baby was born so quickly we did not have enough time to get to the hospital. That first experience changed the way we viewed giving birth. After having had four hospital births, where we had to wait to be told when we could leave, my sleep being regularly interrupted by nurse visits in the middle of the night, and other interventions that were unnecessary for the health of me and my baby, having a home birth was so peaceful! We realized giving birth is a natural event that does not always require the intervention of a hospital.

When it came time to give birth to my sixth baby, my husband and I both knew we wanted to experience another home birth, this time under the care and medical expertise of a midwife. I was so grateful to have the peace of mind, knowing my highly trained midwife could handle any unexpected situation, including knowing when to transfer to a hospital, if the need arose.

Of course I understand there will always be exceptions and I am so grateful for local hospitals to assist women and babies who need hospital level care. But, I do not believe that every birth requires hospital level care. It is a naturally occurring event that most women's bodies know naturally how to handle. Having the expertise and care of a midwife made my home births feel that much more peaceful. If anything, I felt more cared for in my home birth experiences than I did in the 4 hospital deliveries I had prior to my first home birth.

I am a vocal proponent for women to have the opportunity to choose which birthing environment they prefer— be that a hospital, a home birth, or a birth center. Because of the freedom we experience in our country, I also believe that insurance companies should allow the mother to choose for herself what works best for her care. Therefore, insurance companies should cover the cost of home births, just as they cover hospital births. It seems like a simple conclusion when we give the mother the power to choose what is best for her and the health of her baby, just as we give her the power to choose in other health care scenarios.

Sincerely,

Katie Read

8570 Gwilada Dr
Cincinnati, OH 45236



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Mariana Boylson and I had a home birth on May 17, 2025. My journey with Cincinnati Birth Center didn't actually start when I went in for my first prenatal appointment, it actually started a month prior when I was experiencing a miscarriage. I had been bleeding all day and, while I had a tour of the birth center planned for the next day, I had never actually been there or made any commitments. I tried calling local hospitals asking them what I should do but was on hold for over 20mins just crying my eyes out.

I hung up and decided to call Midwife Meghan Nowland. She didn't answer and I left a voicemail in tears saying that I thought I was having a miscarriage and I didn't know who to call or what to do. Within minutes she called me back and walked through it with me. She had never even met me before and I was never a client of hers, but her support is such a sad time meant the world to me. A month later I conceived my son and knew I wanted to go with the birth center. I started my appointments and felt very comfortable in the home environment compared to the hospital. When I had anxiety over hearing my babies heartbeat, because of my past miscarriage, one of the midwives gave me facts and tools to ground myself. They gave me in depth nutritional advice. I struggle with high blood sugar and they continuously monitored me and helped me lower it. I truly felt as though my pregnancy was a natural thing and not a scary disease to be treated. As the time for my birth drew near, my midwife kept on telling me how excited she was, which made me excited. I was always able to text both of them and get a response quickly. It felt like a very personal relationship.

On May 17, 2025 I welcomed my rainbow baby boy in my own bedroom with the utmost support. When I said that I couldn't do it, they reminded me that I could. They explained everything that I was feeling and said my body was doing a good job, which it was. We felt safe the entire time, with continuous heartbeat monitoring for baby and all the supplies we could ever need. What I remember the most is that the second my baby was born and placed on my chest by my husband, the room went quiet. I wasn't expecting this because every birth video I ever watched had doctors and nurses rushing around in a loud room. But not with my birth. It was silent. They were holding silence for the precious first moments of my babies life earth side, so that my baby and I could bond and so that he could be welcomed into a warm quiet environment.

That meant a lot to me.

Before they left, they cleaned everything up, started a load of laundry, checked me for stitches, helped baby latch, gave us all the information we needed and set an appointment to come back and visit in 3 days. What a relief to not have to leave my home immediately.

Every step of the way I felt cared for. If there was ever something that was concerning during my parental visits (like a thyroid problem) they would refer me to someone else who could help better. They aren't prideful, they know their limits. I truly could not have imagined a better birth experience and recommend it to everyone.

Sincerely,

Mariana Boylson



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for taking the time to consider House Bill 537.

My name is Natalee, and I am an Ohio mother and a postpartum care professional who works directly with families during the weeks after birth. I am writing to express my strong support for HB 537 and the expansion of access to licensed midwifery care in our state.

Ohio continues to face serious maternal health challenges. Expanding access to midwifery care is one evidence-based way to improve maternal and infant outcomes while giving families access to the type of care that best meets their needs. Research has consistently shown that midwifery-led care is associated with lower rates of unnecessary medical intervention, improved maternal satisfaction, and strong outcomes for healthy pregnancies.

Despite this, Ohio families currently have limited access to licensed midwives and freestanding birth centers. The lack of a clear licensure pathway means many families must either travel out of state, pay fully out of pocket, or simply go without the option of midwifery care altogether.

HB 537 would help address these barriers by establishing state licensure for midwives, creating a pathway for insurance coverage for midwifery services, and allowing freestanding birth centers to operate in Ohio. These changes would expand access while maintaining accountability, professional standards, and safe systems of care.

Through my work supporting families after birth, I regularly see how the type of care people receive during pregnancy and birth shapes their recovery, confidence, and long-term health. Families who feel informed, respected, and supported during the birth process tend to enter the postpartum period with better physical and emotional outcomes. Expanding access to midwifery care would allow more Ohio families to receive this type of individualized support.

HB 537 represents an important step toward improving maternal health options, increasing access to qualified providers, and supporting family-centered care across our state.

For these reasons, I respectfully urge the committee to support HB 537.

Thank you for your time and consideration.

Sincerely,

Natalee Matthews
Tender Seasons Postpartum



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Shanna Alexander. I live in Adams County and work in healthcare in neighboring Clermont County. Through my work and education in the medical field, I care deeply about improving access to healthcare in rural communities like mine.

Living in Adams County means that many essential healthcare services require significant travel, and maternity care is no exception. For women in rural counties like mine, access to prenatal care, labor support, and safe delivery options can already be limited. Expanding access to licensed birth centers and midwifery care would help close these gaps and provide families with safe, evidence-based options closer to home.

Knowing that Ohio families could have greater access to birth centers would mean having more choices for safe, supportive, and personalized maternity care. Birth centers and midwives play an important role in strengthening maternal health outcomes, especially in areas where hospital-based maternity services are increasingly difficult to access.

Supporting this bill would help expand access to maternity care, improve options for families, and bring much-needed healthcare resources to underserved rural communities like Adams County.

I respectfully urge you to support this legislation and help ensure that women and families across Ohio have access to safe, high-quality maternity care options.

Thank you for your time and consideration.

Sincerely,

Shanna Alexander



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Jessika Pownall, and I am a resident of Adams County. I am not part of the medical profession, or a mother, but as someone who lives in a rural community and cares deeply about women's health, I have seen how difficult it can be for mothers here to access the care they need.

In rural counties like mine, pregnancy often comes with an added layer of stress that many families in more populated areas never have to think about. Doctor appointments can require long drives, limited provider options, and careful coordination around work, childcare, and transportation. When it comes time to give birth, some families are forced to travel far from home simply because there are so few maternity care options nearby.

For women who already face these barriers, having more safe and regulated options would make a meaningful difference. Licensed birth centers and midwifery care can help fill the gaps that rural communities experience by providing high-quality maternity services closer to where families live. Expanding these choices would not replace hospital care, but it would give women additional, evidence-based options that are already working successfully in many other states.

Every mother deserves access to safe care and the ability to make informed decisions about how and where she gives birth. For families in rural Ohio, expanding access to birth centers is not just about preference, it is about fairness and access to care that many communities currently lack.

Supporting this legislation would be a practical step toward improving maternal health in underserved areas and ensuring that women in rural counties are not left behind when it comes to pregnancy and childbirth services.

I strongly encourage you to support this bill and help ensure that families across Ohio have access to safe, accessible maternity care options.

Thank you for your time and for considering the needs of rural communities like mine.

Sincerely,

Jessika Pownall



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for your time and for considering the future of maternal health in our state. My name is Chelsea Davis, and I am a Certified Childbirth Educator and Doula practicing in Ohio. In my work with expectant families, I see firsthand the growing demand for safe, personalized, and accessible birth options.

I am writing to express my strong support for HB 537.

Currently, many Ohio families face significant barriers to the care they desire. This bill addresses these gaps by:

- Licensing Midwives: Providing a clear, professional framework for midwifery care.
- Improving Affordability: Opening the door for essential insurance coverage.
- Expanding Options: Allowing for the operation of freestanding birth centers.

I believe that every Ohioan deserves access to high-quality, family-centered care. HB 537 is a vital step toward improving outcomes and expanding autonomy for birthing women across our state. I also urge the committee to pass this bill as currently written to ensure its intended impact remains intact.

I respectfully ask for your "yes" vote on HB 537.

Sincerely,

Chelsea Davis
Certified Childbirth Educator, Certified Doula
Hope in Bloom - Birth Services
Springfield, OH



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for taking the time to review my testimony regarding HB 537.

My name is Melissa Hamman Long, and I am an Ohio resident writing in support of HB 537 because access to midwifery care deeply matters to families like mine.

My support for this bill comes from my own birth experiences. My first birth in a hospital involved what is often called the “cascade of interventions.” What began as a normal labor quickly became a series of medical interventions that left me feeling overwhelmed and traumatized during what should have been one of the most meaningful moments of my life.

When I became pregnant again, I wanted a different experience—one that prioritized informed consent, physiologic birth, and continuous, supportive care. I chose to have a homebirth with a midwife, and it was a healing and empowering experience for my family. I felt respected, supported, and actively involved in decisions about my care.

Unfortunately, families in Ohio have limited access to licensed midwives and freestanding birth centers. Many parents who want this type of care face barriers, including lack of insurance coverage and a shortage of regulated providers.

HB 537 would help address these issues by creating state licensure for midwives, opening the door for insurance coverage of midwifery care, and allowing freestanding birth centers to operate in Ohio. These changes would expand access to safe, family-centered maternity care and give families more choices in how and where they give birth.

Every family deserves access to the type of care that best supports their health, safety, and dignity. HB 537 is an important step toward making that possible in Ohio.

For these reasons, I respectfully urge the committee to support HB 537.

Thank you for your time and consideration.

Sincerely,

Melissa Hamman Long
Ohio Resident, RN, IBCLC
Home Birth Mom



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Betty Cole, and I have lived in Adams and Brown County, Ohio my entire life. Over the years I have watched healthcare access become increasingly limited in our rural communities, especially for women and families. I am writing today to express my strong support for House Bill 537 as it is currently written.

As a mother who has experienced pregnancy nine times and raised four children, I know firsthand how important it is for women to have access to knowledgeable, supportive care during pregnancy and birth. Looking back, I wish I had been given more choices and more access to different models of maternity care. Many families in rural Ohio simply do not have those options.

In my work at a local community college, I recruit and support students entering nursing programs and help them succeed through completion. Every day I see how much our communities need compassionate, well-trained healthcare professionals. Midwives are an important part of that workforce. They bring knowledge, skill, and protection to women and families, particularly in underserved rural areas where maternity care can be difficult to access.

House Bill 537 would help strengthen access to midwifery care in Ohio by creating a pathway for licensure, improving collaboration, and allowing the development of birth centers. This bill supports the important role midwives play in caring for families while also helping protect and sustain the profession.

Women in rural communities deserve safe, knowledgeable care and real choices for their births. Supporting midwives helps make that possible.

I respectfully urge you to support House Bill 537 as it is currently written.

Thank you for your time and consideration.

Sincerely,

Betty Cole
Adams County, Ohio



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for the opportunity to submit written testimony regarding this bill.

My name is Claire Reed, and I hold a bachelor's degree in Health Services from the University of Southern Indiana, with a background in public health and health administration. I currently work in home health, where our primary objective is to care for clients in their own homes for as long as possible to avoid institutionalization. In my experience, patients overwhelmingly desire to remain in their own homes.

This desire is not limited to the elderly or disabled; laboring mothers feel this pull as well. I recently had a home water birth with the Cincinnati Birth Center, which was a vastly superior experience compared to my hospital birth seven years prior. The personalized care allowed me to move freely, choose my own birthing position, and have the full support system I desired. My recovery was significantly better, with shorter pushing time and less physical trauma.

The expertise of the midwife team was exceptional. My prenatal care was far more comprehensive than what I experienced with an OBGYN during my first pregnancy. While my previous providers struggled to coordinate care for my existing GI condition, my midwives treated me as a whole person, spending hours discussing nutrition and holistic support.

One critical aspect of this bill is increasing the number of licensed midwives and freestanding birth centers. Greater provider availability ensures that mothers have access to closer care and that midwives can maintain manageable client loads.

Furthermore, I strongly support the requirement for Medicaid to cover licensed midwives. My family was fortunately able to use an HSA to pay for midwifery services, but many families—particularly single mothers—cannot afford these out-of-pocket costs. Expanding Medicaid coverage would remove a significant barrier to care. Additionally, increasing access to low-intervention births would likely result in substantial cost savings for the state.

I urge you to do what is best for the people of Ohio by passing this bill. By supporting this model of care, you will help ensure that mothers and babies are safer and healthier.

Sincerely,

Claire Reed



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for taking the time to consider House Bill 537. My name is Ashley Stanford, and I am an Ohio mother of two young children writing in strong support of HB 537 and expanded access to licensed midwifery care in our state.

For one of my pregnancies, I chose to work with midwife Wantina Brooks-Roach of Mama's Midwife LLC. Being able to give birth in my own home under the care of a skilled midwife was one of the most incredible experiences of my life. The care I received was attentive, personal, and centered on supporting the natural process of birth while carefully monitoring the safety of both mother and baby.

One moment that stands out to me most was immediately after my baby was born. I was able to stay with my baby the entire time in a calm and quiet environment. While my midwife completed the necessary checks, I had uninterrupted skin-to-skin time with my baby and my husband while resting together in my own bed. That peaceful bonding time as a family is something I will always be grateful for.

Hospitals absolutely play an essential role in caring for high-risk pregnancies and medical emergencies. However, for healthy, low-risk pregnancies, many families desire a more personalized model of care. Midwives are highly trained in supporting normal birth and often help mothers avoid unnecessary medical interventions while still prioritizing safety.

Unfortunately, families in Ohio currently face limited access to midwifery care due to the lack of clear licensing pathways for midwives and restrictions on freestanding birth centers. Many families who want midwifery care must pay entirely out of pocket or travel out of state to access these services.

HB 537 would help address this by allowing midwives to be licensed by the state, opening the door for insurance coverage of midwifery services, and permitting freestanding birth centers in Ohio. Expanding access to midwifery care can also help reduce healthcare costs and improve access to maternity care, especially as many communities face growing shortages of maternity providers.

I hope families across Ohio will have the same opportunity to access safe midwifery care that my family did. For these reasons, I respectfully urge the committee to support HB 537. Thank you for your time and consideration.

Sincerely,

Ashley Stanford
Ohio Resident



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for the opportunity to provide written testimony in support of HB 537.

My name is Courtney Allen, and I am an Ohio resident, a mother, a professional working in the behavioral health field and Board of Nursing Licensed Doula. I am writing in strong support of HB 537 because expanding access to licensed midwifery care is an important step toward improving maternal health outcomes and increasing safe birth options for families across our state.

Ohio currently has limited access to midwifery care compared to many other states. Licensing midwives, including Certified Midwives (CMs) educated at the master's level, would allow highly trained professionals to practice legally within a regulated framework. This helps ensure safety, accountability, and collaboration within the healthcare system while expanding access to care for families who want midwifery support.

HB 537 also has the potential to improve healthcare access by allowing midwifery services to be integrated into insurance systems, including Medicaid. Many families who would benefit most from personalized prenatal and postpartum care cannot currently access it due to cost or provider shortages. By allowing licensed midwives to participate in Medicaid programs, Ohio can help expand the maternity care workforce and improve continuity of care for mothers and babies.

It is also important that Certified Midwives (CMs) and other licensed midwives are able to enroll as independent healthcare providers eligible to bill Medicaid for their services. Allowing licensed midwives to participate directly as Medicaid providers would significantly expand access to prenatal, birth, and postpartum care for families across Ohio, particularly those who rely on Medicaid for maternity coverage.

Ohio has already taken an important step in expanding maternal health support by allowing doulas to become independent Medicaid providers through the Ohio Board of Nursing in October 2024. This policy change recognized the value of community-based maternal care providers and expanded support for families during pregnancy and birth. Licensing midwives would be a natural next step in continuing this progress and strengthening the maternal health workforce in our state.

In addition, allowing freestanding birth centers in Ohio would give families access to safe, evidence-based birth settings that are widely used across the country and associated with positive outcomes for low-risk pregnancies.

HB 537 supports family choice, improves access to care, and helps build a more comprehensive maternal health system in Ohio.

For these reasons, I respectfully urge the committee to support HB 537.

Thank you for your time and consideration.

Sincerely,

Courtney Allen, DOU
Ohio Resident
Ohio Board of Nursing Certified Doula



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

I'd like to first thank you for your time and commitment to furthering legislature that will directly impact health care availability and access for women—and in particular mothers—in our state. I am a mother of 2 (and God-willing one day more) children, and resident of the Kennedy Heights community in Cincinnati. I am a member of the advisory board at a local pregnancy resource center and have served as a client advocate for 8 years, working directly with women experiencing crisis pregnancies.

I have witnessed first-hand the difficulties some members of our community face accessing options for comprehensive and compassionate care during pregnancy. I have been blessed to have birthed both of my children naturally in a hospital setting with the support of the wonderful nurse midwife practice at Seven Hills Women's Health. I am a proponent for increased access to midwifery care for all expecting mothers because of the profound differences in care I've seen between traditional obstetric practices and the midwife practice where I am a patient.

While I am grateful for life-saving medical advancements in the field of obstetrics especially in complex and high-risk situations, I recognize the value of wholistic midwifery care for low-risk pregnancies like my own. I dream of delivering a third baby in a freestanding birth center, but I understand there are currently restrictions that make it nearly impossible for a birth center to open and remain open in our state.

Increasing access to midwifery care and offering incentives for midwives to operate out of freestanding birth centers would greatly improve birthing conditions for all constituents, but most notably for those residing in rural communities. I had to ride 30 minutes in the car to deliver my first baby at the hospital where my midwives practice, and I cannot possibly imagine driving any further than that. If I had drive any further, my second baby would have been born in the car. I read recently that nearly 15% of the counties in Ohio have zero obstetrical providers or birthing facilities in the entire county, and I found this statistic appalling.

There is a reason that families have historically relied on midwives for prenatal, labor and delivery, and postnatal support. Midwives have excellent outcomes. Studies have shown that improving integration of midwives reduces infant mortality rates by nearly 12%.

For these reasons, I urge you to cast your vote in support of HB 537 which would license certain additional categories of midwives in Ohio. Passage of this bill would also allow the Cincinnati Birth Center to open up fully as a freestanding birth center, a place I would love to consider as an option for my family in the future.

Thank you again for your service to our state.

Sincerely,

Rachel Weidner



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Giving birth at home was one of the most powerful and sacred experiences of my life. It was calm, intentional, and deeply affirming. I chose to birth at home without a medical provider present—not because I reject care, but because the system made the kind of care I wanted inaccessible. I had spent months learning about birth, listening to the stories of other women, and becoming aware of the realities that many mothers—especially Black mothers—face in hospital settings. The statistics around Black maternal mortality are not abstract to me; they are sobering, and they shape how many of us think about our safety during birth. At the same time, I do not believe hospitals are inherently bad or that they do not serve an important role. But for me, the safest place to welcome my child into the world was the quiet, familiar space of my own home. My birth was beautiful, peaceful, and deeply empowering. I do not regret that decision.

What I do regret is that the choice was not truly supported by the system around me. If affordable, accessible midwifery care had been available to me, I may have chosen to have a midwife present during my home birth. Midwives provide invaluable knowledge, experience, and support, and their work deserves both respect and fair compensation. Yet the current legal and insurance structures make their care financially out of reach for many families. As a result, women who want to birth at home are often forced to navigate that path alone, not because they want to, but because the support they deserve is not accessible.

Every woman deserves the ability to make informed decisions about how and where she brings life into the world. For Black women especially, expanding access to midwifery care is not just about preference—it is about safety, dignity, and trust. I want more women who look like me to have the option to birth at home with qualified, well-supported midwives without worrying about whether they can afford that care. Expanding insurance coverage and reforming restrictive laws would allow midwives to be properly compensated while ensuring that families have access to the support they need. My birth showed me what is possible. Now I hope our policies can evolve so that more women can experience birth in ways that feel safe, supported, and truly their own. I stand with the United Birth Coalition's efforts to make with midwifery, free care, more accessible to all mothers in the regions that we serve, and I ask that my testimony will be considered amongst many in our efforts.

Thank you,

Stella Udeozor



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for the opportunity to provide written testimony in support of House Bill 537.

My name is Emily Miller, and I serve as a board member of the United Birth Coalition. I respectfully urge the committee to support HB 537 because it expands safe maternity care access, strengthens oversight and collaboration between providers, and ensures that Ohio families have meaningful options for pregnancy and birth care.

Ohio is currently facing significant challenges in maternal health and access to care. According to data from the March of Dimes, 13 of Ohio's 88 counties are classified as maternity care deserts, meaning they lack a hospital with obstetric services, a birth center, or obstetric providers such as OB-GYNs or midwives. As a result, approximately 97,000 women in Ohio have been impacted by reduced access to maternity care, often requiring travel of 30 to 50 minutes or more to receive prenatal care or give birth. Expanding access to midwives and freestanding birth centers can help address these gaps, particularly in rural communities where hospital obstetric units have closed in recent years.

At the same time, Ohio continues to face serious maternal health challenges. Recent data estimates that Ohio's maternal mortality rate is approximately 24.5 deaths per 100,000 births, slightly higher than the national average. Improving access to prenatal care, expanding the maternity care workforce, and ensuring coordinated systems of care are all key strategies recommended by maternal health experts to address this problem.

HB 537 takes a balanced, responsible approach to expanding maternity care options. The legislation establishes a clear licensure framework for midwives, creates standards for freestanding birth centers, and strengthens coordination between birth centers and hospitals through transfer agreements. These provisions help ensure that when higher-level medical care is needed, mothers and babies can be transferred quickly and safely.

In addition to improving access and safety, expanding midwifery care also makes fiscal sense. Research consistently shows that midwife-led care for low-risk pregnancies is associated with fewer cesarean deliveries and other costly medical interventions, while maintaining excellent safety outcomes. Studies estimate that broader use of midwifery care could save hundreds of millions of dollars annually in healthcare costs across the United States. Additionally, birth center deliveries and midwife-attended births can cost thousands of dollars less per birth than hospital deliveries, offering a more cost-effective option for families and for public programs such as Medicaid.

For policymakers focused on improving public health, this legislation helps expand access to prenatal and maternity care. For those focused on fiscal responsibility, it promotes models of care that can reduce unnecessary interventions and healthcare costs. And for those focused on family autonomy, it protects the ability of parents to choose the maternity care model that best meets their needs.

Ultimately, HB 537 recognizes that Ohio families deserve access to safe, qualified maternity care options while maintaining strong standards for oversight and collaboration within our healthcare system. For these reasons, I respectfully urge the committee to support House Bill 537. Thank you for your time and consideration.

Sincerely,

Emily Miller
Board Member, United Birth Coalition



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Caylee Mullins, and I greatly appreciate your time hearing my testimony in support of House Bill 537. I believe this bill, if passed, would widen the opportunity not only for certified, licensed, and traditional midwives to provide excellent maternity, postpartum, and newborn care, but also increase the confidence of mothers and families who are making decisions about which type of care provider enters into such a precious and sensitive phase of life with them.

Meghan Nowland, Midwife, attended the births of my two children at home in 2022 and 2024. Without having transferred to her care from the office of an OBGYN halfway through my first pregnancy, I cannot confidently say that I would have received such holistic support, education, and care for the remainder of that pregnancy and birth. The reason I chose to look for a different care provider is because of the serious lack of engagement and education I was receiving in the office of my OB. The appointments were very short, and my questions were dismissed. I struggled with anxiety about the new stage of life I was entering and the lack of experience I had. Fortunately, though, the standard of care that Meghan offered went far beyond expectation. I was counseled in nutrition, lifestyle, physiology of pregnancy and birth, breastfeeding, preventative approaches to common complications of pregnancy and birth, parenting and much more. I am extremely thankful that I have had two very straightforward pregnancies and births, and I attribute that to the exceptional care and guidance of my midwife.

Upon entering into Meghan's care, I learned that Ohio has no licensure for midwives. I also noticed the lack of options in my area for homebirth midwives. Recently, it has come to my attention that Cincinnati Birth Center is unable to open as a freestanding birth center due to lack of transfer agreements from local hospitals. House Bill 537 is the solution. Not only will the bill clarify regulation on midwives of all types, but increase the reliable midwifery options for the general population in Ohio. Without the clarity this bill offers, unregulated practice of midwifery harms not only those practicing, but the growing families they serve. The lack of options for care providers also forces vulnerable women and their children into standards of care that are statistically inferior to those of midwives.

With respect, I urge the committee to support House Bill 537 as a means of protecting women, babies, and practicing midwives and looking forward to a future of improved outcomes in the maternity sphere. I look forward to the first officially designated Day of the Midwife in Ohio.

Thank you,

Caylee Mullins



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Miranda Preston, I am a former patient of the Cincinnati Birth Center, and a licensed RN. I am writing to support HB 537, regarding midwifery standards of practice and freestanding birth centers.

As a former patient of Meghan Nowland, CPM, and founder of the Cincinnati Birth Center, I stand in support of this bill because I know the irrevocable impact that a caring midwifery team has on a mother's journey- and the new baby, too. I had the privilege of experiencing competent, gentle, safe, and genuine care twice as a patient of Meghan's. I chose to receive care from the Cincinnati Birth Center after a conversation with an OBGYN that left me feeling untrustworthy that they would advocate for me and my unborn child. The care from Meghan and her team was so powerful in such a vulnerable season of life, I chose to return as a patient with my subsequent pregnancy- and should I be graced with any more children I will return, again. This bill allows more women to explore healthcare options and to receive care which meets their needs safely, and from a holistic perspective.

As an RN, I understand and value the clarity of a written scope of practice to guide me in my profession. I believe that all who provide care in our healthcare system benefit from the specificity of legislation regarding their practices. Above all else, a higher volume of mothers and their infants would receive a higher quality care with parameters in place. Therefore, from a professional perspective, adopting this bill for higher access to care and clarifying the role of the midwife would be a fulfillment of civic duty.

In summation, I believe it is the sensible and ethical choice to pass this legislation. I am grateful for the opportunity to have shared my story, and I am grateful for the time taken to consider my story and this bill.

Respectfully,

Miranda Preston



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for taking the time to consider House Bill 537.

My name is Mandy Gloyeske. I am an Ohio community midwife and a home birth mother. I support HB 537 because I believe families in our state deserve safe, accessible, and family-centered maternity care options.

Through my work as a midwife, I walk alongside families during pregnancy, birth, and the postpartum period. I see every day how valuable personalized, relationship-based care can be. As a mother who has experienced home birth myself, I also understand the importance of having access to providers and birth settings that align with a family's needs, values, and medical circumstances.

Unfortunately, Ohio families currently face significant barriers when seeking midwifery care. Our state lacks a clear licensure pathway for many qualified midwives, which limits transparency and integration within the healthcare system. Families who want midwifery care often must pay entirely out of pocket because insurance coverage is not available. In addition, Ohio remains one of the few states without freestanding birth centers, limiting safe options for low-risk pregnancies.

House Bill 537 offers a practical solution. By creating licensure for midwives, the state can establish professional standards and accountability while improving collaboration within the broader healthcare system. Licensure also opens the door for insurance reimbursement, making midwifery care more accessible to families across Ohio. Allowing freestanding birth centers would further expand safe, appropriate options for low-risk births.

Midwifery care has been shown to improve birth outcomes and when families have access to the type of care, they feel more supported and empowered throughout pregnancy and birth. For these reasons, I respectfully urge the committee to support House Bill 537 and help expand access to midwifery care for Ohio families.

Thank you for your time and consideration.

Respectfully,

Mandy Gloyeske, DC, CPM



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

I'm a mother and grandmother who strongly supports midwifery care. Skilled midwifery changed my life for the better, and I want this model of care to be widely available through freestanding birth centers and more midwives. I ask you to support HB 537 for passage.

My firstborn turned 34 last month, and I still lovingly recall the midwife in Cincinnati who cared for me through pregnancy, labor, birth, and postpartum. She brought warmth and nurturing to our encounters that I needed. She also brought skill at managing labor that ensured the well-being of my baby and me when he proved to be in malposition, which extended labor and made it more painful. Though she practiced in a hospital at that time, she had also attended women at home. CNMs could do that more easily then. This depth of experience made her a better midwife in any setting.

Birth is a life threshold as well as a health event, and birthing people need options that include homebirth and midwifery. I suggest that providers also benefit from an ecosystem where multiple perspectives and approaches are available, to enrich training, learning, and collegiality.

When my daughter had her first baby in 2023, it was dismaying to see the extent to which administrative and legal barriers had shrunk the options available since my childbearing era. Sadly, for some women this means no providers of any kind in their area, much less choices among doctors or midwives. Yet studies have consistently shown for decades that midwives and birth centers have positive outcomes. These approaches are also cost effective. All of us will benefit by expanding birth care.

Thank you for taking up this important issue.

Sincerely,

Margaret Conway



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Brienna Hammer and I am a Licensed Certified Professional Midwife in the state of Kentucky and a Certified Professional Midwife in the state of Ohio, practicing in the Greater Cincinnati area. I have been a practicing midwife in my community for the past 10 years and have sat at the Vice President of the National Association of Certified Professional Midwives during that time for 2 terms. I can tell you, without a doubt, we need licensed birth centers in my state. I have never worked at a birth center nor do I have ambition to do so, but I can tell you I see the dearth as a significant hinderance to positive birth outcomes for pregnant people in my state.

As had been discussed at length, you are aware midwives have better outcomes and far less maternal and neonatal mortality rates for low risk women having low risk babies. Access to midwifery care builds healthy families. This has been proven time and time again. A birth center is a bridge between home birth care and hospital care. In the past 10 years, I can't begin to describe how many inquiries I receive from women who have moved into our state, asking for a birth center. They only have 2 options, hospital or home. There has to be a middle ground and the only way for that to happen is for there to be a free-standing, licensed birth center.

At this point in our country, having a family is a political statement. You WANT to grow families. The best way to do that is from the beginning. Midwives keep pregnant women healthy. We focus on the whole woman and supporting the health of the family through the pregnancy. Why would you not want better outcomes? Why limit access to something that has so much evidence supporting its existence? Why prevent good birth outcomes? The monopolized hospitals are absolutely not getting the job done.

Thank you,

Brienna Hammer, LCPM, CPM, CST



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for your time today to hear my support of HB 537. My name is Katrina Hull.

When I was about 12 years at camp I had a counselor who said that she wished she could give birth to everyone's babies. It was not a painful and scary process for her but something empowering and extremely beautiful. That totally turned my world upside down! Fast forward 20 years when I found out I was pregnant. I went in search of a perfect experience like that of my camp counselor.

At the time, my husband and I were living in Oregon and we found a doula that fit our family values and were able to receive prenatal care with the Midwifery team at Oregon Health & Science University in Portland, Oregon. This team worked on the same floor as the OB team. Without complications, I stayed with the Midwives and was able to have a beautiful unmedicated hospital water birth.

When we found out we were pregnant with baby number two my husband and I decided to stick with the same team as before. When it was time for the baby to come out, a tree was on fire on the way to the hospital causing a bit of extra traffic; this baby came out in the car. Later my doctor suggested that if I was thinking about having any more babies, I should explore having a baby in a birth center or at home based on the speed of my previous birth.

Finding out we were pregnant with baby number three came with a lot of tears around finding similar care that felt as empowering as my prior two births. My family had moved from McMinnville, Oregon to Madison, Indiana. I appreciated the care that came with working with the Midwives in the past and wanted that approach to this birth. My births had all been very low risk in the; I was an ideal candidate for Midwifery care. I tried out multiple providers spanning Indiana, Kentucky and Ohio with varying distances from my home and ultimately landed on planning to deliver at home because the Midwifery care felt supportive and safe for me and my baby. It was shocking to see and feel firsthand the lack of birth options in this part of the country! My closest option for Midwifery care in a hospital setting was at a birth center in Louisville.

Women should be given the tools for safe and empowering birth stories rather than a traumatic birth story to share. I once again was gifted a lovely birth story through my home birth. Each birth should be a story of empowerment not of fear. I have seen first hand what giving Midwives the opportunity work within the healthcare system does for patients and birth outcomes. This bill would give Midwives a path toward licensure that would ultimately result in other options for high quality care in Ohio.

I urge you to support HB 537 to ensure that families have more safe options for birth in the state. Thank you again for your time.

Sincerely,

Katrina Hull



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Anna Malia Ticknor. I am the proud parent of Luci, Bear, and Frankie, and a voting resident of Saint Bernard, Ohio. I'm also a board member of the United Birth Coalition and a registered nurse. I am writing to ask for your support of House Bill 537.

For as long as I can remember, helping others has been part of my nature. From my early days as a mother's helper to earning a master's degree in nursing, I am passionate about being a helpful part of my community. Being a mother has only deepened this passion and my roots in my community. That's why I support licensed professional midwifery and community birth centers.

My youngest child was born at home with a midwife. Our neighbors cared for my other children and brought them back (casserole in hand) to meet her that evening. Our midwife came to visit in the days after her birth, allowing her siblings to participate in her care. She was born in her neighborhood, in her community, with all our people nearby to support us. She and I were safe. We trusted our care and were comfortable in our home.

I will also note that the total cost of my prenatal care and delivery was less than the out-of-pocket cost of my son's uncomplicated hospital birth. However, we paid out of pocket because Ohio does not have laws that support home birth or that allow for insurance reimbursement. 37 states have shown the way: professional midwives save lives, save money, and support stronger families and communities. Professional midwives and birth centers offer services in care deserts and decrease infant and maternal mortality. Midwives are members of communities and make them stronger by expanding options and access.

Please support Ohio families by moving this legislation forward and expanding access to birth centers and home birth in Ohio. Support life and choice for Ohio voters. I hope that we, the voters, and our children, the future voters of our state, can count on your support.

Best,

Anna Malia Ticknor

564 Rose Hill Ave
Saint Bernard, Ohio



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for your time in hearing my letter of proponent testimony. My name is Jamie Dellesky. I live in Columbus, Ohio, I am a Certified Professional Midwife with a midwifery License in New Mexico who has worked as a midwife in many areas of the world. I care about this issue of community midwives having licensure in Ohio because I believe it is one of the safest ways to ensure Ohio's mothers and babies and families have the best outcomes.

This bill matters because I believe families should have the choice of where and how they want to birth with the security of safety and compassionate care. Community Midwives offer a model of care that is proven to reduce maternal/ newborn mortality when integrated into the larger medical system. Licensing for community midwives offers us the ability to practice in the full scope of our training. It would give us access to life saving medications if needed. It offers the ability to have a smooth transfer of care should a mother or baby need to be in a higher level of care facility. It will give us access to ordering laboratory tests in order to ensure a woman who is giving birth outside of the hospital is safe to do so. This bill also speaks to your constituents that they matter in their choices of how to bring the next generation into the world.

I have the unique perspective of being licensed in a state where the integration of community midwives into the wider medical system benefits families and proves good outcomes for families.

As a midwife, working in Ohio, I have experienced the effects of not being integrated into the medical system because of lack of licensure and recognition. I have not been able to access the simple medicines, tests, and referrals that I have needed for families. I have had families feel the disappointment and confusion of their midwives not having access to these simple medical necessities and have still chosen to give birth out of the hospital. Women will choose to give birth where they want and with whom they feel cared for by. This bill would solve these issues. It is a generous bill that is focused on Ohio families and the midwives that have been and will continue to care for them.

I believe you work to make decisions for the best of your people, and I urge you to pass Bill HB 537. Ohio deserves to be the 38th state to license community midwives! Thank you for your time and your public service.

Sincerely,

Jamie Dellesky, CPM, LM



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

My name is Morgan Moore. I am a Black woman, a resident of Cincinnati, Ohio, a birth doula, and the mother of a little girl named Nyla White, who is almost two years old.

Becoming Nyla's mother changed my life. During my pregnancy, I trained to become a birth doula so that I could support primarily Black women and Black families as they navigate pregnancy and childbirth. I began this work while pregnant because the moment I learned I was expecting, I also knew that as a Black Woman, I could face barriers to receiving respectful and high-quality prenatal and birth care - and I wanted to help other Black Mothers on their journey.

As a doula, I support birthing people by helping them understand what is happening during pregnancy, what procedures may be suggested by their medical providers, and how to advocate for the birth outcomes they desire. Many of the Black women I serve have been pressured or fear-mongered into medical interventions they did not originally want. My role is to ensure they have the information and support they need to make informed decisions about their bodies and births.

As I write this testimony today, I am waiting for one of my clients to go into labor. During a prenatal visit, she asked me a question that many Black women quietly carry: "Where is the safest place for me to give birth?" I asked if she wanted my honest answer. She said yes.

For many low-risk pregnancies, including hers, my answer was: home or a birthing center can be a safe and supportive option.

This is not because hospitals cannot provide lifesaving care—they absolutely can. But many Black women fear that when they enter hospitals in their most vulnerable moment, they will not be listened to, their pain will be dismissed, or their concerns will be ignored. These fears are not abstract. They are rooted in lived experience and in well-documented disparities in maternal health outcomes.

When my clients prepare for birth, we talk openly about their fears. One of the most common fears Black women share is not simply the pain of labor—it is the fear that they may not survive childbirth.

I experienced this fear myself.

I was fortunate enough to give birth to my daughter safely in my home with the support of a midwife and a care team I trusted. I was able to labor naturally and peacefully, knowing that if complications arose, we had a clear plan for hospital transfer.

Every birthing person deserves access to safe, respectful, and supportive birth options. House Bill 537 is important because it strengthens and expands the infrastructure that allows midwives and freestanding birthing centers to operate safely and collaboratively within Ohio's healthcare system. This bill helps ensure that families who choose out-of-hospital birth options have access to qualified providers and clear systems of care, including transfer agreements when hospital care is needed.

For many families—especially Black families—these options can mean the difference between fear and empowerment during one of the most important moments of their lives. I urge you to support HB 537 so that more families in Ohio can give birth in environments where they feel safe, respected, and heard.

Thank you for your time and consideration.



March 17, 2026

Chair White, Vice Chair Salvo, Ranking Member Lett and Members of the House Children & Human Services Committee:

Thank you for taking the time to hear testimony today. My name is Karen Suriano, and I am an Ohio resident and an expecting mother who has chosen midwifery care during my pregnancy. I am writing to respectfully express my strong support for HB 537.

This bill matters deeply to families like mine. During my pregnancy, I chose to work with midwives because I value the personalized, attentive, and holistic care they provide. Midwives spend time educating mothers, monitoring our health carefully, and supporting natural birth when it is safe to do so. For many families, this model of care feels more supportive, empowering, and respectful of the mother's needs.

I also want to share my personal experience. I personally hired Meghan Nowland, as my midwife, and working with her has made a tremendous difference throughout my pregnancy journey. She has shown genuine care and dedication, always making sure that I receive the best support and guidance possible. She takes the time to answer questions, monitor my health closely, and ensure that both my baby and I are well cared for. Having that level of personal attention has been incredibly reassuring during pregnancy.

Unfortunately, the current system makes it difficult for midwives to practice independently or establish birth centers outside of hospital control. This limits options for families who would prefer a home birth or a freestanding birth center. It also places unnecessary barriers on highly trained professionals who are capable of safely caring for low-risk pregnancies.

HB 537 helps solve this problem by allowing midwives greater freedom to practice and establish birth centers that are not dependent on hospital systems. This would expand access to safe, community-based maternity care and give families more choices about where and how they give birth while still maintaining appropriate standards of safety and care.

For many mothers, including myself, having access to independent midwives and birth centers means receiving more continuous support, fewer unnecessary interventions, and a more positive birth experience. It also helps relieve pressure on hospitals by allowing low-risk births to occur in appropriate community settings.

Every family deserves the ability to choose the type of maternity care that best fits their values, needs, and health situation. HB 537 would move Ohio in the direction of greater access, greater choice, and stronger support for mothers and babies.

Thank you again for your time and for considering this important issue. I respectfully urge the committee to support HB 537.

Sincerely,

Karen Suriano