

The Honorable Delores Kelley Chair, Senate Finance Committee Miller Senate Office Building, 3 East Wing 11 Bladen St., Annapolis, MD 21401

Senate Bill 110 – Maryland Medical Assistance Program – Doulas

Testimony in Support with Amendment

January 30, 2020

Dear Chairwoman Kelley and Members of the Senate Finance Committee:

Maryland Families for Safe Birth is a grassroots, consumer based organization dedicated to improving maternity care in the state of Maryland. We represent all families in Maryland, with the support of over 1500 active members. We write in general support of Senate Bill 110 and its objective, but have concerns about unintended limitations including in the legislation, as drafted.

We would like to start by saying that we are absolutely thrilled with the concept of this bill and are pleased that Senator Ellis is attempting to address such a significant issue for families in Maryland. Studies have shown over and over again that having a doula present at births improves outcomes. Specifically, having a doula on the birth team reduces the overall cesarean rate by 50%, the length of labor by 25%, augmentation of labor by 40% and requests for epidural pain management by 60%. There can be no doubt that doulas are an important component of the birth team that all women should be able to access.

Currently, while some private health insurers do cover doulas, Maryland Medicaid does not. We would love to see doula coverage expanded so that low-income families using state insurance would have access to a doula. However, we are concerned that Senate Bill 110 will not accomplish this goal, as it is written.

SB 110 limits Medicaid coverage to doulas certified through four of the doula training organizations. In reality, there are over twenty doula-certifying agencies nationwide, and the four agencies mentioned in the bill are among the most expensive doula certifying agencies. MFSB is concerned that limiting coverage in this way will unintentionally exclude

doulas who have chosen to certify through a different agency, a population that includes significant numbers of doulas from minority groups and certain geographic regions of the State.

We also have concerns about what type of precedent will be set for private health insurers, and hospitals (who might choose to now only allow doulas from these four certifying groups), among other concerns.

While we do have concerns about SB 110, as introduced, we are excited about the concept of expanding coverage in this way and would welcome a stakeholder workgroup to address this issue. We truly believe that all families should be able to have a doula present at their birth. Unfortunately, while well intended, SB 110 will not achieve this outcome.

Sincerely,

Dr. Kirra L Brandon President, Maryland Families for Safe Birth