

Testimony before the Finance Committee
In OPPOSITION of
FINANCE- Maryland Medical Assistance Program – Doulas

Senate Bill SB# 110

Andrea Williams- Muhammad
Nzuri Malkia Birth Collective

January 30, 2019

The Nzuri Malkia Birth Collective is a new organization serving Baltimore City and the surrounding areas, and formerly supported families as the Baltimore Community Doula Program. While we support, uplift and are humbled by the work of DOULAS and PERINATAL COMMUNITY HEALTH WORKERS, the bill before this Committee and the Maryland General Assembly is one we cannot support unless significant changes are made to the present legislation and the inclusion of a diverse and experienced certification process.

Media coverage of the experiences of [Serena Williams](#), [Beyonce](#), [Kira Johnson](#), and [Dr. Shalong Irving](#), has brought national attention to the harsh reality, Black women are 4-5 times more to die as a direct result of childbirth than their White counterparts. While this disparity has existed for decades, only recently has the discussion centered on race, institutional racism, and implicit-bias as the key factors contributing to this disparity. National organizations such as the Black Women's Health Imperative, Black Women for Wellness, SisterSong, AncientSong, and Black Mamas Matter Alliance have been examining and instituting programming and policies to address the implications of race on reproductive health and birth outcomes for decades. One of the primary interventions many of these organizations highlight is the utilization of community-based doulas.

Doulas, as defined by the [‘Moving Forward’](#) and the [‘Southern Birth Justice Network’](#):

“...are non-medical professionals trained to give physical and emotional support in childbirth. Doulas offer constant, uninterrupted attention and encouragement to the birthing person. They are skilled in comfort and relaxation techniques for labor (like position changes, breathing exercises, massage) and experienced in giving non-judgmental emotional support. Additionally, doulas can provide extended support during pregnancy and after giving birth.”

While the utilization of doulas has been proven to reduce the rate of Cesareans, low-birth weight, preterm births as well as increasing positive provider interactions between providers and

the birthing person; distinction must be made in the model of care being employed, especially in addressing racial disparities within a specific target group.

While doula access for Medicaid recipients would allow access to this support service for families who would otherwise not have access; simply offering these services without the consideration of the major differences between the scope of practice offered by the traditional doula organizations listed in SB#110 and community-based doula models. The key difference between the two models is the nature and amount of the interaction between the doula and the birthing person. Community-based models offer one-on-one interaction over the course of the pregnancy, with not determinant limitation on the number of interactions. Also, doulas using the community-based model also support the birthing person in addressing other factors that could impact their pregnancy or the stability of the family as a whole. Traditional doulas, by practice, may interact only with a birthing person 1-2 times prior to the birth; attend the birth and postpartum visit. Little to no support is given for other aspects of the birthing person's life experience. The social determinants of health, which have been documented to have a significant impact on maternal health and positive birth outcomes all most never factor into the care and support of the birthing person; especially during the postpartum period. This is a significant factor, especially in Maryland with the expansion of Medicaid and the changing demographics of those now eligible and the need to connect them with other support services.

With the given level of interaction, the rate of reimbursement falls well below the prevailing rate many doulas charge for birth support and other postpartum services. [The International Doula Institute](#) places the pay range of \$1200- \$1600 for neighboring Washington, DC. By not offering a comparative rate of reimbursement, few doulas currently serving in Maryland will opt to participate in a Medicaid reimbursement program, simply because the rates offered would not cover basic expenses or the fees associated with the program. While the amount of doulas actually states in the 'Fiscal Note' at 70, this is a grossly underestimated number is probably reflective of doulas registered with a specific organization, which is problematic because of several of these organizations do not have a significant presence in Maryland, especially in areas such as Baltimore City.

While we see other problematic aspects of this bill and the developing reimbursement program, the factors of the reimbursement rate and the scope of practice are the key factors why we stand in opposition to this bill.