Prince George's County Executive _ SUPPORT_SB110
Uploaded by: Alsobrooks, Prince George's County Executive
Position: FAV

THE PRINCE GEORGE'S COUNTY GOVERNMENT

OFFICE OF THE COUNTY EXECUTIVE

BILL:	**Senate Bill 110 – Maryland Medical Assistance Program – Doulas**
SPONSOR:	**Senator Ellis**
HEARING DATE:	**January 30, 2020**
COMMITTEE:	**Finance**
CONTACT:	**Intergovernmental Affairs Office, 301-780-8411**
POSITION:	**SUPPORT**

The Office of the Prince George's County Executive **SUPPORTS Senate Bill 110**, which authorizes Medicaid, subject to the limitations of the State budget and as permitted by federal law, to provide certified doula services, including childbirth education and support services and emotional and physical support during pregnancy, labor, birth, and postpartum.

The positive impact of doula services on birth outcomes is well documented. As stated in a 2019 position statement from the March of Dimes: "Studies suggest that increased access to doula care, especially in under-resourced communities, can improve a range of health outcomes for mothers and babies, lower healthcare costs, reduce c-sections (cesarean sections), decrease maternal anxiety and depression, and health improve communication between low-income, racially/ethnically diverse pregnant women and their healthcare providers."[1]

Despite the documented positive impact of doula support, most insurance carriers do not cover these services. Allowing reimbursement for doula services under Medicaid would provide high-risk women access to an evidence-based method for improving health outcomes. Covering doula services may also reduce disparities in birth outcomes between women of varying racial/ethnic backgrounds and socioeconomic statuses.

For the reasons stated above, the Office of the Prince George's County Executive **SUPPORTS Senate Bill 110** and asks for a **FAVORABLE** report.

[1] March of Dimes, *March of Dimes Position Statement Doulas and Birth Outcomes*, (Jan. 30, 2019), https://www.marchofdimes.org/materials/Doulas and birth outcomes position statement final January 30 PM.pdf.

BaltimoreCounty_FAV_SB0110
Uploaded by: Byrne, Julia
Position: FAV

JOHN A. OLSZEWSKI, JR.
County Executive

CHARLES R. CONNER III, ESQ.
Chief Legislative Officer

KIMBERLY S. ROUTSON
Deputy Legislative Officer

JOEL N. BELLER
Assistant Legislative Officer

BILL NO.: **SB 110**

TITLE: Maryland Medical Assistance Program - Doulas

SPONSOR: Senator Ellis

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: January 30, 2020

Baltimore County **SUPPORTS** Senate Bill 110 – Maryland Medical Assistance Program – Doulas. This bill requires the Maryland Medical Assistance Program to provide certified doula services including childbirth, education, support services, and emotional and physical support during pregnancy, labor, birth, and postpartum.

Currently, low-income mothers rank the highest in infant mortality rates when compared to middle and high-income mothers. Without the ability to afford essential childcare services, low-income women are placed at the mercy of their own health and environment. Baltimore County strongly believes that no one's economic status should determine whether their child lives or dies.

SB 110 would relieve fiscal and health-related burdens on low-income women by allocating State funding for doula services. Doulas offer a wide range of important services such as educating mothers on self-care and care for the baby, as well as emotional and physical support for women who are expecting. Certified doulas provide a level of emotional and physical support for pregnant women that is not currently available without extra and at times significant costs. This funding levels the playing field in situations when prenatal and postpartum services can mean the difference between life and death.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 110. For more information, please contact Chuck Conner, Chief Legislative Officer, at 443-900-6582.

MarySchwalm_FAV_SB110
Uploaded by: Schwalm, Mary
Position: FAV

Maryland SB-110 /Sponsor Senator Arthur Ellis

My name is Mary J. Schwalm and my husband and I have three sons. Two of our sons were adopted from the same birthparents, with whom we have an open adoption. Our oldest son was born in 2000 in Cambridge, Massachusetts at the healthy size of 10lbs 2oz. Laura, our birthmother, is a ward of the state of Massachusetts and on Medicaid. She did not have a doula at that birth and the labor was long and hard, but she was able to deliver naturally despite the large size of our son, but it was very difficult.

Over five years later I gave birth to our second son. It was my first full term birth and the delivery was traumatic. I was 42 and the doctor suggested a C-section, since I was dilating slowly after my water broke. The nurse suggested Pitocin and the doctor agreed and disappeared. One hour late I was pushing. Everything went perfect up until the tardy doctor literally ran in and cut me at the moment of delivery in a swift motion. My son's head, thankfully, missed her scalpel, but the severing of all my lower pelvic muscles set me on a course of deteriorating health problems and 13 years of pain. This past summer I had major abdominal surgery to correct some problems. My highly-sought abdominal surgeon told me that 75% of his patients are women needing corrective surgery because they have had bad childbirth deliveries.

Thirteen months later, Laura, our birthmother, was pregnant again at age 42. At 38 weeks Laura was induced to avoid having another 10lb baby because she is so petite. My husband, children and I drove up to Massachusetts and arrived shortly after Laura began receiving Pitocin in the hospital. To my surprise there was a doula attending Laura. I had heard of them but wasn't quite sure of their function. This is an option open to mothers in the Medicaid system in Massachusetts. Although Laura had been through birth before, the doula explained the processes that her body was going through and encouraged Laura as she fulfilled the milestones of her birth plan. The nurses came and went as both mother and baby's vitals were monitored. The doula kept reminding Laura to be patient as her natural birth rhythms took over from the inducement. Through the night the doula calmly encouraged Laura and advocated for her to the nurses and doctors. She was very experienced and gave us direction in how we could make Laura more comfortable during the labor pains, massaging her and finding better positions. The doula quietly sat back while we reminisced about the years, told stories, and sang songs through the night to entertain and comfort Laura through the long hours.

Finally as Laura began pushing, the birthfather, Ronnie, and I assisted her. The nurses came in and encouraged Laura while they prepared the room and called the doctor. We were unaware of the medical personnel through the night as we focused on Laura and mostly heard the voice

of the doula, who constantly encouraged us all. Laura asked the doctor to please let me catch the baby and the doctor agreed with him aiding as the third hand. With the doctor by my side in the room, I joyfully received our healthy 8.5lb son, Charlie, at his moment of birth. It was one of the best experiences of my life. After his vitals were checked and he was cleaned up a bit, the nurses laid him on Laura's chest with the birthfather and I by her sides. There wasn't a dry eye in the room. The doula stayed with Laura until we got her to a room where she could sleep, and she even checked on Laura the next day to see how she was doing.

I believe that the doula was a vital part of Laura's current good health and Charlie's great start in life. The more time that a mother has to naturally deliver a baby, the better her health will be in the long run and the less trauma for the baby. I wished that I could have had a doula to advocate for me during the birth of our second son. The doula was instrumental in allowing Laura to feel safe and in control of this birth. She was attentive to Laura and agreed to Laura's wishes that were within reason. The doula always explained what was happening and encouraged Laura to keep to her birth plan. The doula allowed this incredible event to be a special memory that Laura, Ronnie and I will always share.

I believe every mother going through birth should have a doula. A woman who is on Medicaid is especially at risk for negligent healthcare and often doesn't have the community to encourage her in the birth process. Birth is the most natural thing in the world but they need someone to advocate for them so they can focus on the baby. Women should not be forced into a C-section or a rushed birth needlessly in the interest of saving time for the doctor or hospital, which could easily lead to long term health problems. I believe that the expense of a doula during birth will save the healthcare system money later, if a mother is allowed to slowly and safely deliver naturally.

MFSB_FWA_SB110
Uploaded by: McDonough, Caitlin
Position: FWA

Maryland Families for Safe Birth, Inc.

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

PO Box 203
Boonsboro, MD 21713

408-MYBIRTH
408-692-4784

info@marylandfamiliesforsafebirth.org

www.marylandfamiliesforsafebirth.org
www.MFSB.me

MDRTL-Laura Bogley_Oppose_SB110
Uploaded by: Bogley, Laura
Position: UNF

Opposition Statement SB110 –
Maryland Medical Assistance Program - Doulas

By Laura Bogley-Knickman, JD
Director of Legislation, Maryland Right to Life

We Strongly Oppose SB110 – Maryland Medical Assistance Program – Doulas

On behalf of our thousands of followers across the state of Maryland, we respectfully yet strongly object to SB110 as written, to the extent that it creates an organizational structure and alternate public funding stream to enrich the abortion industry. The bill deceptively speaks to pregnancy without disclosing that it can be used to further the abortion industry's expansion into the area of abortion "doula's" or abortion coaches. The abortion industry has labeled the term "full spectrum doula services" to include abortion and mislabels this practice as related to pregnancy, when it in fact is related to abortion – or the *termination of pregnancy*.

No public funding for abortions

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions performed in Maryland. State funding for abortion on demand with taxpayer funds is in direct conflict with the will of the people and violates our religious freedoms. A 2019 Marist poll showed that 54% of Americans, both "pro-life" and "pro-choice" oppose the use of tax dollars to pay for a woman's abortion. Never has more than 40% of the American public supported taxpayer funding of abortion.

Love them both

This bill can be exploited to prioritize funding for abortion over prenatal care and childbirth. 83% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund health and family planning services, included traditional pregnancy doula programs, which have the objective of saving the lives of both mother and children.

Funding restrictions are constitutional

The Supreme Court has held that the alleged constitutional "right" to an abortion "implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds." When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "no other procedure involves the purposeful termination of a potential life" -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government entitlement.

Abortion is not health care

Abortion is not health care. It is a brutal procedure that ends the lives of unborn children through suction, dismemberment or chemical poisoning and poses significant physical and mental health risks to women and girls, including loss of future fertility. Abortion creates a culture of violence and abuse. Abortion is the leading cause of death of Black Americans, more than all other causes combined. Planned Parenthood provides little to no prenatal services or well-woman health care services. Women have better options for comprehensive health care. There are 9 federally qualifying health care centers for every Planned Parenthood in Maryland. Maryland women and families deserve better than abortion.

The Advent of the Abortion Doula - Daily Citizen https://dailycitizen.focusonthefamily.com/the-advent-of-the-abortion-doula/

The Advent of the Abortion Doula - Daily Citizen

Have you heard about abortion doulas? It sounds strange, but it has actually become the latest trend in the abortion business. The use of abortion doulas is an attempt by the abortion business to acknowledge that women do experience a level of emotional and physical distress during an abortion. Of course, an abortion doula's job isn't to counsel a woman on the ethical implications of her decision or to assist her in managing the emotional fallout. No, the sole job of the abortion doula is to act as an advocate for abortion and the abortion business.

What are Doulas?

Childbirth is an intense and often overwhelming experience. To help women manage the pain and the stress of birth, some families choose to hire a doula to act as an additional support system for the mother and father. Doulas are "trained professionals who provide continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible."

According to DONA International, the world's largest doula certifying organization, the doula is supposed to help the patient express her desires, concerns and help facilitate communication with medical professionals. In essence, doulas act as an advocate for the patient and her family. Despite a similar description, an abortion doula has little in common with their counterpart.

What is an Abortion Doula?

The first abortion doula program was started by a group of New York City women in 2007, and its success has led to the establishment of similar programs throughout the country. According to Self.com, an "abortion doula is someone who is trained to provide emotional, physical, and informational support during and after a surgical abortion procedure." However, it quickly becomes apparent in articles and testimonials describing the practice that abortion doulas don't really fulfill any of these requirements.

What Do Abortion Doulas Do?

Most abortion doulas are volunteers who act as a pseudo support system for women who were denied the opportunity to bring their own. They act as distractors, engaging clients in meaningless conversations and holding their hand before, during and immediately after an abortion. For example, they talk with their clients about television series, Netflix and their other children. Discussing the abortion doesn't occur unless the client initiates the conversation.

One of the founders of the original abortion doula program described her work as mirroring. If the client is sad, she'll empathize with her. If the client is worried about the pain, she'll focus on that. The use of mirroring describes the emptiness of the interaction. Mirrors are superficial and only reflect the original image. They don't provide the deeper emotional or psychological support a woman might need before or after an abortion.

Why do Women Need an Abortion Doula?

In most abortion offices, the woman's chosen support system is not allowed to accompany her at any point during the abortion appointment. That includes the child's father, a friend, or a family member. Although there are some smaller offices that do allow women to bring support during the abortion, places like Planned Parenthood do not.

One woman, who did not have the option to use an abortion doula, described her disappointment that her boyfriend was forced to stay in the waiting room during her abortion at Planned Parenthood. She

stated, “I wish he could have been there for the process; it’s hard to explain to him what I’ve just been through.” She rationalizes that it is to protect women against outside pressure, but that’s only part of the reason.

Abortionists want women to have abortions, and they don’t want women or their partners to change their minds about having an abortion. The easiest way to do that is to isolate the patient so that there are no possible alternatives and no outside voices that could raise objections about the abortion. That also means that there is no one to witness the brutality of how an abortion is actually performed. The public’s knowledge of how an abortion is actually done is surprisingly limited, and abortion businesses like Planned Parenthood exploit that ignorance to continue the murder of preborn babies.

Testimonies of Abortion Doulas

The stories of women who work as abortion doulas are often disturbing. They describe seeing baby parts in buckets, conflicted and distressed mothers, serious abortion complications and forcing themselves to see an intact aborted preborn as not human, but as an alien. It is a strange world, but also demonstrates something incredibly important. Despite claims to the contrary, abortion doulas don’t help or support women. They placate them and advocate more for the abortionist than for their client.

For example, an abortion doula shared one heartbreaking moment when a patient asked if she was right to abort her child. It was a moment of questioning and doubt where the patient may have been reconsidering her choice, but the abortion doula responded, “No one’s going to make you do anything you don’t want to do.” It’s an empty platitude that deflects the opportunity to truly discuss what options might be available for the preborn child and invest in what is actually occurring in the woman’s life that led her to consider abortion in the first place.

Another woman expressed how she felt “so f—ed up about (her abortion),” but of course she received no counseling or support. The abortion doula merely replied, “That’s okay, that’s normal.” There is no attempt by the abortion doula to address the complex emotions that the patient was having, just the hollow reassurance that her feelings were okay and normal despite the abnormal situation.

Perhaps one of the most disturbing stories is the one about Stephanie.* The abortion doula shares how this young woman revealed to her that she was in an abusive relationship with an older man. Her parents didn’t know about the pregnancy or the boyfriend. After the abortion, Stephanie asks her abortion doula, “Do you think I’m too young for an abortion?” The abortion doula tells her no and that she made the responsible choice. Then Stephanie confides that she’s actually only 14-years old. There is no evidence that the abortion doula contacted the police about a possible case of statutory rape.

Women who express their internal turmoil about their abortion have the right to have their struggles recognized by the one person who is supposedly there for her, but that doesn’t fit with the general narrative most abortion advocates want to push. For the abortion business, aborting a preborn child should be considered a “normal” and responsible decision.

Conclusion

The original purpose of a doula was to help life enter this world by serving women and newborns in the midst of pregnancy and childbirth. But abortion doulas do not serve women or children, they serve the abortion industry. Abortion doulas are there to distract women from the ethical, emotional and spiritual implications of having an abortion. An abortion doula’s only job is to encourage abortion, deflect the client’s emotions, and hold her hand while the abortionist ends the life of her preborn child.

Abortion Support — Baltimore Doula Project

Baltimore Doulas Project is committed to providing empowering, nonjudgemental and client-centered physical and emotional support to people before, during and after their abortion. We recognize that every person's abortion experience is unique and we believe that all people should have access to the information, support, and resources necessary to make informed decisions.

Currently, BDP is providing abortion doula support to clients at three clinics in the Baltimore area. We also partner with the Baltimore Abortion Fund to meet the needs of those seeking practical support such as childcare and transportation during their abortion procedure.

We seek to recognize the obstacles that people of all backgrounds face in reaching reproductive health services, but particularly low-income people, LGBTQI-identified people, youth, and people of color. We believe that people of all genders deserve care and respect when accessing abortion.

We have been providing abortion doula services since July 2014, originally under the name Baltimore Doulas for Choice and with the mentorship of the DC Doulas for Choice Collective and The Doula Project in NYC. We host annual abortion doula trainings for those in the Baltimore area with the interest and capacity to volunteer with us. Please refer to the Training page for up to date information on any upcoming opportunities

BirthingCircle_UNF_SB110
Uploaded by: Kent, Jessica
Position: UNF

To our respected Delegates and Senators for the State of Maryland:

My name is Jessica Kent, and I am the President and Executive Director for The Birthing Circle (TBC), one of Maryland's largest pregnancy, birth, and postpartum nonprofits. One of the cornerstone programs for TBC is our Doula Project, a community doula program supporting low income, marginalized, and high risk families through their birthing journeys. We have approximately 20 doulas on our team, provide services to hundreds of families each year, and serve a majority of the geographic area of Maryland.

As well as running TBC, I am also a doula who has been working full time with these families for four and a half years. I have formal undergraduate education in Politics and Gender Studies, I am a trained Crisis Counselor, a certified labor doula, and a trained postpartum doula and infant care specialist. I have a specialty in Trauma Informed Care, and train other doulas in specialty topics such as the intersections of trauma and birth, cultural competency, and LGBTQ inclusive healthcare. I am also currently writing a full curriculum for Perinatal Community Health Workers and training CHWs in Frederick and Washington County to have this Perinatal specialty.

I am writing today to oppose SB110 as it is currently written.

For two years, I have been working on public health policy research with the goal of having Medicaid reimburse doulas. I have spoken to every state that has currently legislation to this end, and have a workforce group of 15 people, including midwives, nurses, and doulas, and that is majority women of color.

In this research, we have clearly identified that when other states have put forward legislation that is flawed, it is not simply a slower process, but it actually causes outright damage to doulas as a profession, and to birth outcomes as a whole, especially among marginalized groups. I do see similar flaws in SB110, and I hope Maryland legislators may avoid making these same mistakes.

First, to only have listed the handful of accepted certifying agencies is a serious flaw. Under this bill, I personally would not be eligible for reimbursement, despite the fact that I do have a certification as well as years of specific experience, higher level trainings, and that I even train other doulas to serve this population. When other states have attempted to add in more options after the fact, it has not been successful. TBC's Doula Project has reduced cesarean rates for our clients by 50%; this is a massive impact, but this bill would not include the majority of our doulas or clients.

Second, this failure to build in a system where other certifying agencies and work experience and trainings may be "grandfathered in" as eligible will be particularly limiting access to doulas of color, and doulas representing other marginalized groups. If the intent behind this bill is in part to reduce the drastic racial disparities that we see in birth outcomes, we must examine how implementation will affect those demographics. The World Health Organization lists representative perinatal care (being able to choose a provider who is from a similar demographic as you) as a critical recommended step in improving birth outcomes all over the world. We know that the best public health policy experts in the

world recommend this; may our state not take steps that specifically work against that recommendation.

Third, the fiscal note offering $600 as a reimbursement price is, frankly, insulting. This devalues the work that doulas do, and disincentivizes doulas from serving Medicaid clients, paying $300+ for a certification, or even being able to do doula work at all and make a living wage. If you are offering less than half of what is the standard rate of doula care in Maryland, how does that send a message to doulas that you support them, or to families that you believe they are worth the care?

As I mentioned above, simply having me in the room at a birth reduces the cesarean rate by 50%. This, at a minimum, saves that family (or the state) over $3,000 PER BIRTH. I would actually contend that doula care saves even more money, if we also account for the cost of pregnancy, birth, and postpartum complications that doulas affect, as well as reducing emotional trauma during birth and the incurred mental health costs postpartum. I have intervened with families in a way that has literally resulted in saving their babies' lives; yet the value that is given to this invaluable skillset and devoted profession is simply $600?

Fourth, I do believe that good public health policy should be done well. This bill was not put forth with major Maryland stakeholders included in the writing of the bill. I believe in the power of our legislators enough that I hold you to a higher standard of research and planned implementation, especially when the impact is something that affects birth – it will impact life and death scenarios; may we take care as we wield law making power that affects something as important as this.

Fifth, I do advise that birth healthcare policy be inclusive in its language. I have many clients who are LGBTQ, and do not identify as women. Trans men and nonbinary people give birth. Especially with the success of Maryland's new driver's licenses changes, and the option of official forms being updated to be trans inclusive, it is specifically Exclusive to write a bill that only lists women as possible clients eligible for reimbursed care. All birthing people deserve the same access to healthcare, and our legal wording is often the determining factor for whether care may be received or not. Write it well.

I am so appreciative that doulas are being discussed and given this time and attention by our legislators. However, because I know just how big of a difference a doula can make, and I know how important the birthing period is, I must request that the profession be honored, and that legislation supporting Medicaid reimbursement be held to a higher standard than we see in SB110.

Many thanks for your work and your time,

Jessica Kent

Executive Director, Doula, Mom

NZB_Unfavorable_SB110
Uploaded by: Williams, Andrea
Position: UNF

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 te 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 examing 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.

RHEAM_INFO_SB 110
Uploaded by: Black, Ashley
Position: INFO

Reproductive Health Equity Alliance of Maryland

Ashley Black, Esq.
410-625-9409, ext. 224
blacka@publicjustice.org

Isabel Blalock, MPH
443-869-2970
isabel@prochoicemd.org

SB 110

Maryland Medical Assistance Program - Doulas
Hearing of the Senate Finance Committee
January 30, 2020

Position: LETTER OF INFORMATION

The Reproductive Health Equity Alliance of Maryland is a cohort of community-based birth workers, policy and legal advocates and organizations focusing on reproductive justice, pregnancy and infant health. We aim to reduce pregnancy and infant health disparities in Maryland's Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand access to quality reproductive, pregnancy and infant health options designed to build healthy and stable families of color. Among our advocacy priorities is expanding access to community-based doulas for low-income families and people of color in Maryland. We submit this Letter of Information regarding SB 110, which would require the Maryland Medical Assistance Program to cover doula services and defines "certified doula."

- **There is a significant distinction between the traditional doula model and community-based doula model.** The Fiscal Note for SB 110 indicates that the state would implement a traditional doula care model for Medicaid reimbursement. Traditional doulas, by practice, may interact only with a birthing person 1-2 times prior to the birth and attend the birth. Under this model, postpartum visits are typically provided by the doula for an additional fee. Little to no support is given for other aspects of the birthing person's life experience. Therefore, the traditional doula model does not address social determinants of health, which have been documented to have a significant impact on maternal health and positive birth outcomes. By contrast, community-based doulas provide intensive, 24/7 care to clients during pregnancy, birth, and postpartum. Research supports that the community-based doula model has positive impact on birth outcomes and reduces maternal/infant mortality and morbidity. This type of care also has the potential to reduce racial disparities between Black and Brown birthing persons.

- **There are numerous doula certification programs with varying curriculums.** SB 110 defines a "certified doula" as one who has received certification from The Doulas of North America, The International Childbirth Education Association, The Association of Labor Assistants and Childbirth Educators, or The Childbirth and Postpartum Professional Association. There is no one national doula certification program, and therefore, the curriculums among the existing programs vary greatly. Additionally, some programs include education on cultural competency and racial and implicit bias, while others do not. In particular, the cultural competency training within the organizations listed in SB 110 do not speak specifically to implicit bias. There are also doulas in

Maryland that provide local doula training programs designed to train doulas on the unique needs of pregnant individuals in Maryland, but SB 110 does not account for these existing local trainings.

- **The cost of doula certification programs vary and are a barrier for low-income doulas.** The costs associated with doula certification programs vary greatly and can range from $700 to $1,000. Our coalition has reached out to doulas providing care in Maryland, and we have found that many doulas are not certified and would not be eligible for reimbursement under the structure proposed by SB 110. Some doulas choose not to obtain certification due to the financial barriers but may have more experience providing doula care than a doula that has obtained certification.

- **Number of active doulas in Maryland.** Based on our research on doula care in Maryland, the Fiscal Note for SB 110 underestimates the number of active doulas practicing in the state. There currently is no Maryland registry for doulas. Doulas may work individually or as part of a collective or organization. In Maryland, there are community-based birth workers who provide doula care but identify as "perinatal community health workers." It is unclear from the fiscal note whether individuals who provide doula care, but do not use the traditional title of "doula" are included in the Fiscal Note's estimate. It is also unclear whether doulas who work individually are included in the estimate. Underestimating the number of doulas who would be eligible for Medical Assistance reimbursement greatly impacts the potential cost for SB 110.

- **Racial inequity in New York's doula Medicaid reimbursement rollout**. SB 110 is modeled after New York's doula Medicaid legislation, which created a pilot program for specific counties, including Erie, Kings, and Onondaga counties. The pilot allows for up to 4 prenatal visits ($30 per visit), intrapartum care ($360) and 4 postpartum visits ($30 per visit) for a total of $600 for all services rendered by the doula.[1] The rate in New York is not a livable wage for community-based doulas. Further, low reimbursement rate is the most cited reason for lack of participation of doulas in states with doula Medicaid reimbursement (Minnesota, Oregon and New York). These rates do not account for the level of intensive services that community-based doulas provide and the amount of time that they spend with clients. In their report on New York's doula Medicaid pilot program, Bey et. al. write "the amount of time doulas spend with clients and performing unbillable responsibilities, as well as their expenses and unpredictable work hours must be taken into consideration when setting reimbursement amounts, if Medicaid doula coverage is to succeed."[2]

Studying the doula landscape in Maryland is essential to determining how the state can design an equitable system for doula Medicaid reimbursement to ensure that pregnant individuals who are the most at risk for adverse birth outcomes are provided access to doulas. We appreciate the opportunity to submit this Letter of Information on SB 110 and look forward to working with the legislature to best determine how to expand access to doula care in Maryland. Please do not hesitate to contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org or Isabel Blalock at 443-869-2970 or isabel@prochoicemd.org if you have any questions about this Letter of Information.

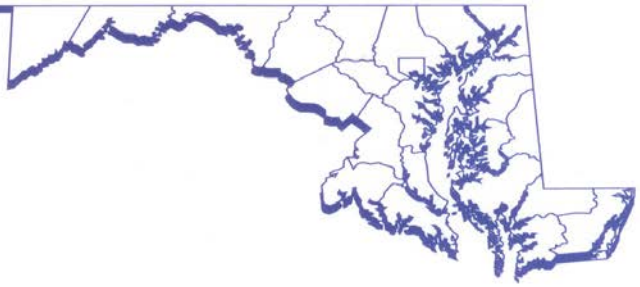
---

[1] Bey et. al, Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities (2019), https://b5c19f22-2ef4-49b4-94b0-7621fdb5dbba.filesusr.com/ugd/f36f23_7d936f97617a4e34aaddd8a052ac1de6.pdf.

[2] *Id.*

MDH_INFO_SB0110
Uploaded by: Maiorana, Ruth
Position: INFO

Maryland Association of
COUNTY HEALTH OFFICERS
an affiliate of Maryland Association of Counties, Inc.



2020 SESSION
POSITION PAPER

BILL:	**SB 110 – Maryland Medical Assistance Program - Doulas**
COMMITTEE:	**Finance Committee**
POSITION:	**Letter of Information**
BILL ANALYSIS:	**SB 110 would require Maryland Medicaid, if the state budget allows, to provide certified doula services, including childbirth education and support services from pregnancy through postpartum period, allows the Secretary of Health to contract with certified doulas for the provision of care in Medicaid, and aligns doulas with nurse midwives who are not under the supervision of a physician.**

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submit a **letter of information** for SB 110. The proposed bill would require the Maryland Medical Assistance Program to provide services by certified doulas during pregnancy, labor, birth and the postpartum period. The effort to provide support services to women enrolled in the Maryland Medical Assistance Program is laudable. Data on maternal mortality in Maryland suggest widening racial disparities, with a maternal mortality rate for African-American women that is 3.7 times the rate for white women in the state.[1] Similarly, infant mortality rates for non-Hispanic black infants (10.2 per 1,000 live births) is more than double the rate of infant mortality among non-Hispanic white (4.1 per 1,000 live births) and Hispanic women (3.8 per 1,000 live births).[2]

Doulas can provide critical emotional and physical support to expectant mothers. Several studies have demonstrated benefits of doula services including improved maternal satisfaction with the birth experience, increased rates of breastfeeding and improved maternal outcomes. A 2013 study comparing outcomes between Medicaid recipients who did and did not receive support from trained doulas found significantly lower rates of cesarean delivery and preterm birth for doula-supported births.[3]

While MACHO is supportive of the effort to improve health outcomes for women enrolled in Medicaid, we are concerned that the bill does not contain enough regulatory oversight or quality assurance measures. The proposed legislation defines "certified doula" as an individual who has received certification from one of several named doula certification organizations. A certification process is an important first step in ensuring that the services provided meet a minimum level of competence and quality. The legislation does not, however, establish a regulatory body to provide oversight of certified doulas operating in the state or establish any means of ensuring the quality of doula services. Such an oversight body will be essential to ensuring that women receive high-quality services and the beneficial impact of doula care.

For these reasons, the Maryland Association of County Health Officers submits this **letter of information for SB 110**. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-614-6891**.** *This communication reflects the position of MACHO.*

---

[1] Maryland Department of Health. 2018 Annual Report, Maryland Maternal Mortality Review. Available at: https://phpa.health.maryland.gov/documents/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf

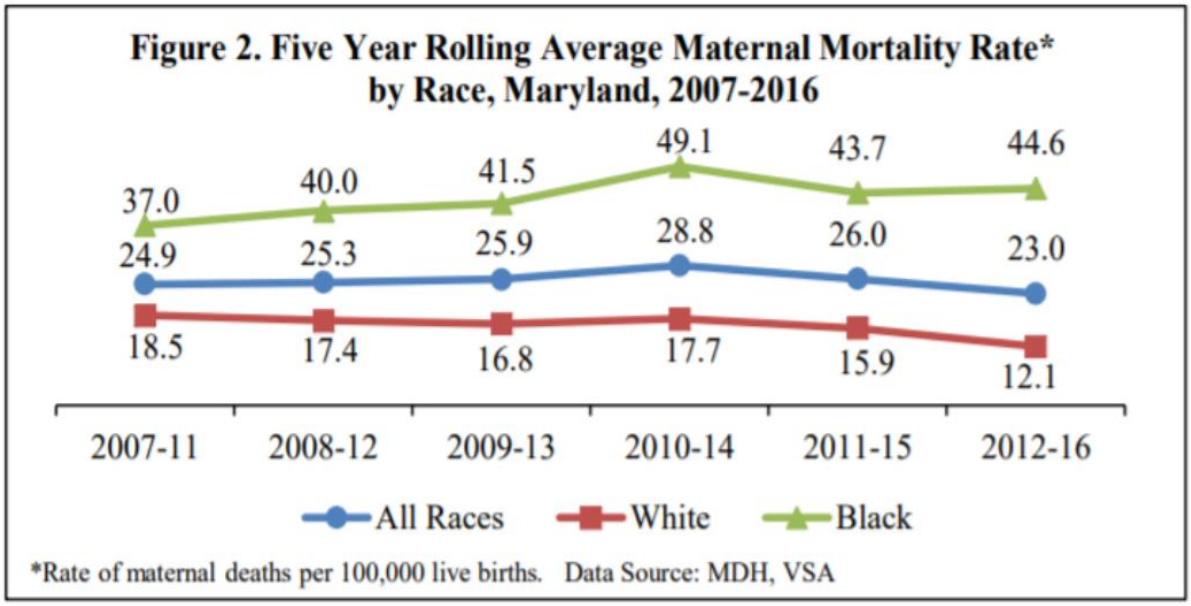
[2] Maryland Department of Health, Maryland Vital Statistics, Infant Mortality in Maryland, 2018. Available at: https://health.maryland.gov/vsa/Documents/Infant_Mortality_Report_2018.pdf

[3] Katy Backes Kozhimannil, Rachel R. Hardeman, Laura B. Attanasio, Cori Blauer-Peterson, and Michelle O'Brien, 2013: Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries. Am J Public Health 103, e113_e121, https://doi.org/10.2105/AJPH.2012.301201.

ACY_INFO_SB 110
Uploaded by: Rock, Melissa
Position: INFO

To: The Honorable Senator Delores Kelley, Finance Committee Chair
From: Melissa S. Rock, Birth to Three Strategic Initiative Director
Re: **SB 110—Maryland Medical Assistance Program - Doulas**
Date: January 30, 2020
Position: **Letter of Information**

There are significant racial disparities in birth outcomes for Black women and Black babies. Black women in Maryland are 3-4 times more likely to die after childbirth than White women. According to the State's Maternal Mortality Review Program, "compared to 2007- 2011, the 2012-2016 White MMR in Maryland **decreased 34.6 percent** and the Black MMR **increased 20.5 percent**, increasing the racial difference. The 2012-2016 Black MMR is 3.7 times the White MMR."[i] (Emphasis Added.)



Having a doula to work with pregnant individuals throughout their pregnancies and after delivery is one of the few ways to improve birth outcomes for Black people giving birth and black babies. Studies have shown that people who work with doulas are less likely to give birth to low birth weight babies (a leading cause of infant mortality), less likely to have complications with their delivery, and more likely to initiate breast feeding.[ii] Unfortunately, while we know the intention of SB 110 "Maryland Medical Assistance Program—Doulas" is to increase access to doulas for low income women, we do not think passing SB 110 will have that impact. In fact, we worry that without thoughtful planning SB 110 could have the unintended impact of making it more difficult for low income Black women to become doulas.

Doula Certification is Costly

The National Health Law Program indicates that "for doulas to be effective in providing culturally appropriate and patient-centered care for Medicaid enrollees, they must be recruited and trained in greater numbers from the same communities in which their services are most urgently needed."[iii] Unfortunately, the requirements of SB 110 might be too expensive for doulas in poverty ridden areas to utilize. For doulas to receive Medicaid reimbursement under SB 110, they need to be certified through one of the four organizations listed in the bill. According to their respective websites, International Childbirth Education Association charges over $1,000 for

their certification and Childbirth and Postpartum Professional Association charges over $700, not including books and supplies. None of the websites indicate any opportunities for scholarships or any sliding scales for these fees. It is also not clear from the Fiscal Note what costs and fees would be associated with (1) registering as a doula with the Department of Health and (2) enrolling as a Medicaid provider. In Minnesota, where their State Plan to add doulas as Medicaid providers was approved in 2013, as of 2018, there were only 60 licensed doulas in the Medicaid registry across the entire state.[iv] "Certification and registration costs have been cited as hurdles that deter Medicaid-serving doula workforce growth in Minnesota."[v] All these costs will likely make becoming a doula who is eligible to accept Medical Assistance cost prohibitive. We should seize the opportunity to learn from states such as Minnesota and Oregon that have already implemented Medicaid reimbursement for doulas.

Another financial barrier for all doulas is the reimbursement rate described in the Fiscal Note. For a doula to only receive $360 for a delivery and $30 per appointment, it is questionable whether any doulas could afford to serve Medicaid recipients. Another barrier to doulas being able to utilize Medicaid reimbursement is how cumbersome and time consuming the actual paperwork to bill Medicaid is. For many Medicaid providers, it is only financially feasible to do so when you are serving significant numbers of patients. It is unlikely a single doula could reach that threshold.

Recommendations to Ensure Doula Expansion Reduces Racial Disparities

In response to New York's pilot project around expanding access to doulas, Ancient Song Doula Services, Village Birth International, and Every Mother Counts published "Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities."[vi] Maryland would be well served by heeding the recommendations included in that report for how to ensure that the expansion of doula programs actually reduces racial disparities:

- **Adjust reimbursement rates** to ensure that doulas have the opportunity to earn a living wage
- **Collaborate with and invest in community-based doula programs** to ensure that doulas enrolled in Medicaid reimbursement programs are equipped to serve communities of color and low-income communities
- **Support best practices through the pilot design**, including ensuring adequate training, certification, supervision, mentorship and peer support to appropriately serve communities of color and low-income communities
- **Develop a comprehensive approach to wellness and support by ensuring organizations or agencies** are equipped with the structure, relationships, and processes in place to provide a coordinated network of referrals
- **Provide funds to train and certify a diverse doula workforce**, specifically from underserved rural and urban low-income communities, communities of color, and communities facing linguistic or cultural barriers.
- **Incorporate community engagement as an essential component to improve health equity.**
- **Take active steps to raise awareness about the benefits and availability of community-based doulas.**

Advocates for Children and Youth applauds the intentions behind SB 110, and wanted to ensure the Finance Committee considered these additional issues to prevent any unintended consequences as we work to expand access to doulas and reduce racial disparities in birth outcomes for Black Marylanders.

---

[i] "Maryland Maternal Mortality Review 2018 Annual Report," Health –General Article § 13-207 at p. 6. https://phpa.health.maryland.gov/documents/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf

[ii] Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. *J Perinat Educ*. 2013;22(1):49–58. doi:10.1891/1058-1243.22.1.49

[iii] Chen, Amy, National Health Law Program and California Preterm Birth Initiative, "Routes to Success for Medicaid Coverage for Doula Care," at p. 8 (December 2018). https://healthlaw.org/resource/routes-to-success-for-medicaid-coverage-of-doula-care/

[iv] Id. at p. 9.

[v] Id.

[vi] Bey, Asteir, Brill, Aimee, Porchia-Albert, Chanel, Gradilla, Melissa, and Strauss, Nan, "Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities," at p. 4 (March 25, 2019). https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf

MDH_INFO_ SB0110
Uploaded by: Ye, Webster
Position: INFO

Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

January 30, 2020

The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East - Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 110 – Maryland Medical Assistance Program – Doulas - Letter of Information

Dear Chair Kelley and committee members:

The Maryland Department of Health (Department) respectfully submits this letter of information for Senate Bill 110 – Maryland Medical Assistance Program – Doulas (SB110).

We suggest that the Committee consider questions raised by SB110 concerning:

1. Whether to require doula licensure or certification in Maryland;
2. If doula licensure or certification is required, how should it be implemented;
3. Whether it is appropriate for Medicaid to provide these non-clinical services; and
4. Whether the budget can pay for this new non-clinical benefit.

Additional clarification on these questions would give the Department the necessary operational guidance to implement SB110 should the bill be passed by the General Assembly.

If you would like to discuss this further, please contact the Director of Governmental Affairs, Webster Ye, at (410)-260-3190 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary