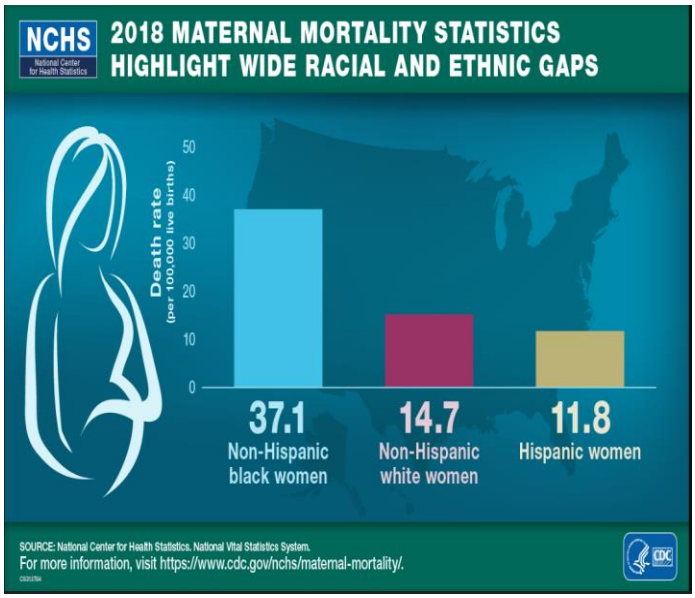
SB 914 – Doulas – Doula Technical Assistance Advisory Group and Certification

Presented to the Honorable Dolores Kelley and Members of the Senate Finance Committee
March 10, 2020 | 1:00 p.m.

POSITION: SUPPORT

The Reproductive Health Equity Alliance of Maryland (RHEAM) is proud to support SB 914, sponsored by Senator Clarence Lam. Led by women of color, RHEAM is a coalition made up of community-based birth workers, policy and legal advocates, and organizations that focus on reproductive justice, and maternal and infant health. Our coalition's mission is 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 care options designed to build healthy and stable families of color.



Why is this bill important?

RHEAM believes that the state should convene a "technical advisory group" to explore increasing access to doula care because there are a number of issues that must be assessed before we simply begin "reimbursing" doulas. Responsibilities of the technical advisory group would include (but are not limited to): assessing how many doulas currently work in Maryland (there is no "doula registry"); gauging doulas' interest in participating in all forms of insurance reimbursement; exploring the creation of a voluntary, statewide doula certification program (as one currently does not exist); and, researching the creation of equitable reimbursement rates that do not perpetuate poverty. The "technical advisory group" would bring together key stakeholders from across the state to offer their expertise (due to lived experiences or professional accomplishments) in an attempt to bring down our atrocious maternal mortality rate for Black women.

The Center for Disease Control National Center for Health Statistics' 2018 report shows an average of 17.4 deaths per 100,000 women in the United States.[1] Unfortunately, unlike the rest of the world[2], the U.S. maternal mortality ratio has increased in recent decades[3]—and this is largely due to increased maternal mortality for Black women. Compared to their non-Hispanic white counterparts, Black women are three to four times as likely to die from pregnancy and childbirth.[4] Black expectant and new mothers in the U.S. die at the same rate as women in Mexico and Uzbekistan.[5] Furthermore, higher income Black women are not necessarily better off when it comes to maternal mortality; Black women have higher rates of maternal mortality across all socioeconomic and educational backgrounds. Research by the Black Mamas Matter Alliance (as well as many others) suggests that racism, racial discrimination, systemic inequities, and social determinants of health that contribute to poor maternal health outcomes for the Black community.[6]

The term "doula" comes from Greek and is often translated as "one who serves." As a profession, the scope and practice of doulas has been that of a supportive role for birthing persons during all phases of their pregnancy.[1] While there are a number of organizations which offer doula certification, their typical business model is based on minimal contact: one to two face-to-face visits prior to birth, support during birth and one to two postpartum visits. In contrast, the holistic, community-based model has been shown to have the greatest impact on health and well-being; in this model, a doula provides support from the first contact with the pregnant person throughout the duration of the pregnancy and birth, as well as provides postpartum and breastfeeding support.[7] Community-based doulas also support pregnant people in navigating and accessing housing, transportation, healthy food, and emotional support, since all of these significantly contribute to maternal and child health and well-being. The community-based model of care has been shown to address challenges concerning race, implicit bias, and institutional racism, and is particularly important when supporting underserved communities. Unfortunately, because doula care is not covered by most heath

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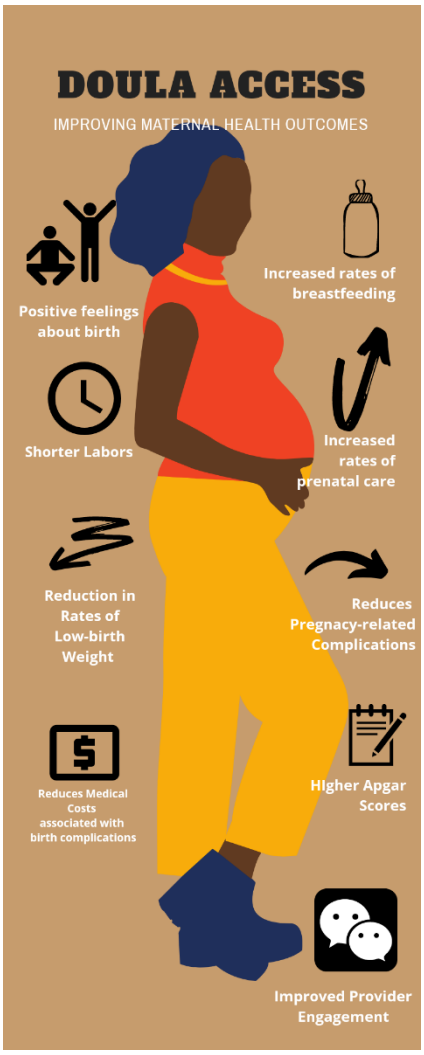
[1] Centers for Disease Control & Prevention, Maternal Mortality, https://www.cdc.gov/nchs/maternal-mortality/index.htm (last accessed March 5, 2020).
[2] Marian F. MacDorman, et. al., *Is the US Maternal Mortality Rate Increasing?*, (2016), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5001799/pdf/nihms810951.pdf.
[3] Centers for Disease Control & Prevention, Pregnancy Mortality Surveillance System, https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm (last access March 5, 2020).
[4] *Id.*
[5] Nina Martin, et. al., *Black Mothers Keep Dying After Giving Birth* (December 7, 2017), https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why.
[6] Black Mamas Matter Alliance, *Setting the Standard for Holistic Care of and For Black Women* (2018), http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf.
[7] *Id.*

insurances, including Medicaid, this form of doula care is largely inaccessible to those who need it most.

While a handful of states across the country have attempted to create pathways and programs to utilize doulas and provide Medicaid reimbursement as a means to address maternal mortality and morbidity, most have failed to create equitable programs that will get doulas to women of color and lower income people. In New York, for example, community-based groups who had long been working with and supporting these key populations were not eligible to participate in the program because of the certification process.[8] Minnesota and Oregon are two other states that have begun using state Medicaid funds to reimburse doulas, but the reimbursement rates were set so low that lower- and middle-income doulas could simply not afford to take on Medicaid beneficiaries.[9]



The need to explore doulas as a viable option to improve birth outcomes and address maternal health disparities is needed and welcomed in Maryland. Yet, it must be developed in a manner that neither excludes current professional doula agencies and perinatal community support programs from operating, nor perpetuates economic disparities. The technical advisory group proposed in SB 914 would do just that. Our state cannot afford to wait any longer – now is the time to take action to reduce negative health outcomes for Black women, and evidence shows that we can do that by expanding access to doula care.

For all of these reasons, we urge a **favorable** committee report on **SB 914**. If you have any questions, please don't hesitate to reach out to RHEAM's Co-Chairs:

- Ashley Black, Attorney at Public Justice Center (BlackA@publicjustice.org)
- Ana Rodney, Doula and Executive Director of MOMCares (momcaresbaltimore@gmail.com)
- Andrea Williams-Muhammad, Doula with the Nzuri Malkia Birth Collective (andnic.williams@gmail.com)

[8] Collier Meyerson, *Every Black Woman Deserves a Doula* (Mar. 5, 2019), https://nymag.com/intelligencer/2019/03/new-yorks-medicaid-reimbursement-plan-for-doulas.html.
[9] Alexis Robles, *Issue Brief: A Guide to Proposed and Enacted Legislation for Medicaid Coverage of Doula Care* (2019), https://healthlaw.org/resource/issue-brief-a-guide-to-proposed-and-enacted-legislation-for-medicaid-coverage-for-doula-care/.

Thank you for your time and consideration.

Sincerely,
Members of RHEAM

NARAL Pro-Choice Maryland

Family League of Baltimore

The RISING Mama

Advocates for Children and Youth

Andrea Williams-Muhammad, Doula & Reproductive Justice advocate

Jay Hutchins, Planned Parenthood of Maryland

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Patricia Liggins,
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Christine Galarza,
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Dr. Serena Ogunwole,
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Alexis Covington,
Reproductive Justice advocate