



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony prepared for the
Health and Government Operations Committee
on
Senate Bill 166
March 30, 2022
Position: **Favorable**

Chairman, and members of the Committee, thank you for the opportunity to support access to health care in our State. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America; a faith community with three synods in every part of the Maryland.

In a 2003 national assembly our community committed *to advocate that all people living in the United States of America, Puerto Rico, and U.S. territories have equitable access to a basic level of preventive, acute, and chronic physical and mental health care.*

Senate Bill 166 advances that goal by a Medicaid expansion to support Maryland mothers acquire sufficient pre-natal and post-partum care, with establishment of a Maryland Medical Assistance Doula Program. This almost certainly will improve maternal health outcomes in our State. My community's position is that access to adequate and appropriate health care is an effective way to manage health costs.

United States maternal health outcomes remain appalling poor compared to our economic peers. That demonstrates poor health care policy. In Maryland, which has done much to improve health outcomes by expanded access, similar patterns occur.

Maryland's African American mothers are more likely to have pregnancy and birth complications than their demographic peers. "Complications" include ICU admission and death. Most of it is preventable. Better, and more reliably available maternal care would doubtless improve outcomes and lower adjacent health costs in the bargain.

With other proponents we urge that the final legislation establish good certification requirements for doula services. This easily can be done since the doula vocation is well-organized nationally. We also encourage funding adequate to the professional service so that equity in access to affordable health care is sustained.

It's important to observe that doulas can serve maternal post-partum health. This is essential to good birth outcomes after mothers are discharged from the care of other providers. Post-partum care is regarded as natal care in national health services where maternal health and better birth outcomes are a standard.

The health and economic benefit of pre-natal and post-partum care is so well established in the literature, expanding access to them implies a win/win/win for mothers, infants, and the State. For these reasons, our community supports Senate Bill 166 and asks your favorable report.

Lee Hudson