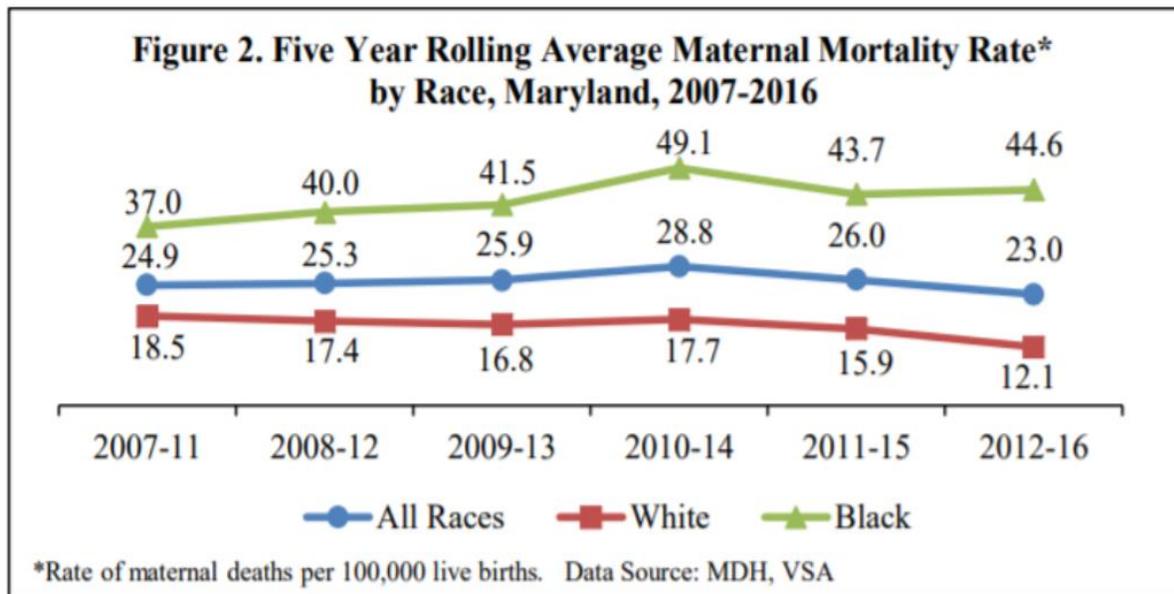




To: The Honorable Senator Delores Kelley, Finance Committee Chair
 From: Melissa S. Rock, Birth to Three Strategic Initiative Director
 Re: **SB 110—Maryland Medical Assistance Program - Doulas**
 Date: January 30, 2020
 Position: **Letter of Information**

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

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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, Astair, 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>