



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](https://doi.org/10.2105/AJPH.2012.301201). Am J Public Health 103, e113_e121, <https://doi.org/10.2105/AJPH.2012.301201>.