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**Support SB 914:**

**Doula - Doula Technical Assistance Advisory Group and Certification**

**Background Information:**

- The term “doula” comes from Greek and is often translated as “one who serves.”
- A doula is an individual who provides emotional, physical, and educational support and advocacy in the non-clinical aspects of childbirth.
- Doula care plays an important role in improving both the pregnancy and birthing experience, while improving maternal and child health outcomes.
- Community-based doulas provide consistent, on-call support throughout the pregnancy, birth, and postpartum periods. They have also been found to reduce the impact of racism and implicit bias in health care for pregnant individuals of color by providing culturally competent, patient centered care and advocacy.

**The Issue:**

- Women of color are at greater risk of delivery-related complications and have higher rates of adverse birth outcomes than white women.
- Regardless of socioeconomic status or education attainment, Black women are three to four times more likely to die during childbirth compared to their white counterparts.
- Unlike with other types of maternal and child health specialists, such as midwives and nurse midwives, there is no national certifying body for doulas.
- Maryland Medicaid and other health insurance entities have made it clear that reimbursement for doulas will not be possible until a well-researched certification system has been established.
- In order to meet the complex social, economic, and environmental needs of women and children, it is necessary to research and develop a new model for community-based prenatal, delivery, and postpartum that includes doula care.

**What Does SB 914 Do?**

- The purpose of SB 914 is to create a technical assistance advisory group to study and make recommendations on expanding access to doula services for women, including Medicaid reimbursement for doula services.
- Under this bill, a Doula Technical Advisory Group is established to research and make recommendations to the Secretary of Health on a voluntary doula certification program.

- The Advisory Group must:
  - Study Medicaid programs in other states that reimburse doulas;
  - Review studies and reports on the implementation of programs that reimburse for doula services in other jurisdictions and review specified reports;
  - Invite stakeholders to meetings and consider public testimony from stakeholders; and
  - Make recommendations regarding: 1) workforce development for doulas; 2) whether a voluntary State doula certification program should be established by MDH and, if so, the training and credentialing that should be required of doulas for certification as nonclinical health care providers; (3) Medicaid reimbursement for doula services; and (4) expansion of doula care to low-income individuals and families.

### **How Does SB 791 Help?**

- Research indicates that doula care is associated with a:
  - 28% reduction in the number of Cesarean births;
  - 9% reduction in the use of pain medications;
  - 31% reduction in use of synthetic oxytocin to increase the speed of labor;
  - 12% increase in the likelihood of having a spontaneous vaginal birth; and
  - 34% reduction in reporting a “negative birth experience.”
- Expanding access to community-based doula care could provide quality, culturally appropriate, affordable care and lead to more equitable outcomes for women and children.
- A number of issues must be assessed before it can be determined that certification of doulas is appropriate; and if it is appropriate, how best to implement this process.
- A Technical Advisory Group is needed to explore and assess the conditions in Maryland and make thoughtful and appropriate recommendations.

### **Sponsor Amendment:**

- Requires the Advisory Group to also study all current state regulated insurance program reimbursements and payment policies for doulas.
- Section 2 (g) - add “Reimbursement and payment policies for doulas through all state regulated insurance programs.”

### **What have other states done?**

- Minnesota and Oregon provide Medicaid coverage of doula services.
- In 2019, New York began a Medicaid Doula Pilot Program currently limited to Erie County.
- Indiana and New Jersey passed legislation relating to doula services in 2019.
  - Indiana’s law permits pregnancy services provided to Medicaid recipients to include reimbursement for doula services.
  - New Jersey’s law expanded Medicaid to include coverage for doula care.
- Legislation to require Medicaid coverage of doula services has also been introduced in Arizona, Illinois, Massachusetts, Rhode Island, Texas, Vermont, Washington, Wisconsin, and the District of Columbia, as well as the U.S. House of Representatives.

# Widespread Insurance Coverage of Doula Care Would Reduce Costs, Improve Maternal and Infant Health

[nationalpartnership.org/our-impact/news-room/press-statements/widespread-insurance-coverage-of-doula-care-would-reduce-costs-improve-maternal-and-infant-health.html](https://nationalpartnership.org/our-impact/news-room/press-statements/widespread-insurance-coverage-of-doula-care-would-reduce-costs-improve-maternal-and-infant-health.html)

## Leading Maternity Care Experts Release Issue Brief Encouraging Medicaid and Private Insurers to Cover Doula Care

At this time when most experts agree that not nearly enough women in this country receive high-quality maternity care, federal and state government agencies and health insurers should make doula care an option for more women by covering doula services. An issue brief released today by two leading maternity care advocates makes a powerful case for the health benefits of doula care for women and babies and the significant cost reductions that would result if more women used doulas — trained professionals who provide non-clinical emotional, physical and informational support before, during and after childbirth. The brief, *Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health*, is co-authored by Choices in Childbirth and Childbirth Connection, a program of the National Partnership for Women & Families.

In the brief, the authors summarize research showing that doula care reduces the likelihood of interventions such as cesarean birth and epidural while supporting shorter labor, spontaneous vaginal birth and other benefits to mom and baby. As the use of interventions decreases, so do associated costs, making coverage of doula care a cost-effective strategy for public and private insurers alike. The authors estimate that the reduction in cesarean births from the use of doula care could save Medicaid at least \$646 million per year, and private insurers around \$1.73 billion annually.

“Widespread coverage of doula care is overdue,” said Michele Giordano, executive director of Choices in Childbirth. “Overwhelming evidence shows that giving women access to doula care improves their health, their infants’ health, and their satisfaction with and experience of care. Women of color and low-income women stand to benefit even more from access to doula care because they are at increased risk for poor maternal and infant outcomes. Now is the time to take concrete steps to ensure that all women can experience the benefits of doula care.”

“Doula care is exactly the kind of value-based, patient-centered care we need to support as we transform our health care system into one that delivers better care and better outcomes at lower cost,” said Debra L. Ness, president of the National Partnership. “By expanding coverage for doula care, decision-makers at all levels and across sectors — federal and state, public and private — have an opportunity to improve maternal and infant health while reducing health care costs.”

The brief provides key recommendations to expand insurance coverage for doula care across the country:

- Congress should designate birth doula services as a mandated Medicaid benefit for pregnant women based on evidence that doula support is a cost-effective strategy to improve birth outcomes for women and babies and reduce health disparities, with no known harms.

- The Centers for Medicare & Medicaid Services (CMS) should develop a clear, standardized pathway for establishing reimbursement for doula services, including prenatal and postpartum visits and continuous labor support, in all state Medicaid agencies and Medicaid managed care plans. CMS should provide guidance and technical assistance to states to facilitate this coverage.
- State Medicaid agencies should take advantage of the recent revision of the Preventive Services Rule, 42 CFR §440.130(c), to amend their state plans to cover doula support. States should also include access to doula support in new and existing Delivery System Reform Incentive Payment (DSRIP) waiver programs.
- The U.S. Preventive Services Task Force should determine whether continuous labor support by a trained doula falls within the scope of its work and, if so, should determine whether labor support by a trained doula meets its criteria for recommended preventive services.
- Managed care organizations and other private insurance plans as well as relevant innovative payment and delivery systems with options for enhanced benefits should include support by a trained doula as a covered service.
- State legislatures should mandate private insurance coverage of doula services.

The issue brief and a new infographic illustrating the importance of coverage for doula care are available at <http://Transform.ChildbirthConnection.org/Reports/Doula> and [www.choicesinchildbirth.org/our-work/advocacy-policy/doulacoverage](http://www.choicesinchildbirth.org/our-work/advocacy-policy/doulacoverage).

## About the National Partnership

*The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at [NationalPartnership.org](http://NationalPartnership.org).*

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