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**HB 1067**  
**Doulas – Doula Technical Assistance Advisory Group and Certification**  
**Hearing of the House Health & Government Operations Committee**  
**March 6, 2020**  
**1:00pm**

**SUPPORT**

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. PJC strongly supports HB 1067, which would establish the Doula Technical Assistance Advisory Group to study issues around doula care. It would also require the group to submit an interim and final report making recommendations on doula care coverage under the Maryland Medical Assistance (Medicaid) program and whether the state should develop a voluntary doula certification program.

**There are significant racial disparities in pregnancy outcomes in Maryland.** Maryland’s maternal mortality rate among Black women is 3.7 times higher than the rate among white women.<sup>1</sup> Black women are also more likely to experience maternal morbidity (“any physical or mental condition, illness, or disability associated directly with pregnancy and/or childbirth”), including preeclampsia, hemorrhage, and cardiovascular conditions, than white women.<sup>2</sup> For Black women, these disparities persist regardless of income, education or other factors that are traditionally protective.<sup>3</sup>

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<sup>1</sup> Maryland Department of Health, Annual Report Maryland Maternal Mortality Review (2018), <https://phpa.health.maryland.gov/documents/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf>.

<sup>2</sup> Black Mamas Matters Alliance, *Advancing Holistic Maternal Care for Black Women through Policy* (2018), <https://blackmamasmatter.org/wp-content/uploads/2018/12/BMMA-PolicyAgenda-Digital.pdf>.

<sup>3</sup> *Id*

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**Doulas can help reduce racial disparities in pregnancy outcomes.** There is a growing body of research supporting that doula care can help reduce racial disparities in pregnancy outcomes. Doulas are non-clinical birth workers who provide information, physical and emotional support, and advocacy for pregnant women during pregnancy, birth, and after delivery.<sup>4</sup> In particular, community-based doulas tailor their services to address social determinants of health of the communities to whom they provide care at no or very low-cost.<sup>5</sup> By providing individualized and culturally specific education, social and emotional support, and strategies to reduce stress, doulas augment routine prenatal care.<sup>6</sup> Research studies support that doula care provides a wide range of benefits to women and their babies, including shorter labors, lower cesarean rates and high five-minute Apgar scores.<sup>7</sup> However, underserved populations that experience worse maternal health outcomes, including immigrant women, women of color and low-income women, often cannot afford doula care.<sup>8</sup> HB 1067 would bring together the necessary stakeholders to determine how best to expand doula care to Marylanders who need doulas most.

**HB 1067 would lay the groundwork for doula Medicaid coverage in Maryland.** For Maryland to begin determining whether Medicaid could successfully cover doula care, it is necessary to bring together the appropriate stakeholders to gather and analyze data on Maryland's doula care landscape. Currently, there is no state-wide registry for doulas. There is also no one national certifying body for doulas, and existing doula certification programs have different curriculums. Without knowing how many doulas there are in Maryland, what counties doulas provide care in and what services doulas provide, Maryland cannot move forward with reimbursing doulas. Additionally, consideration must be given to whether existing doula certification programs could provide doulas with the competencies needed to provide care to Maryland's Medicaid population. HB 1067 would require the Advisory Group to aid the state in answering these questions. This type of comprehensive data collection will enhance future program design. The Advisory Group would also determine whether the state should create a *voluntary* statewide certification program for doulas, thus providing doulas with unified credentialing for working with Maryland's Medicaid beneficiaries.

**Medicaid reimbursement rates must be sustainable for community-based doulas.** Community-based doulas, unlike traditional doulas, provide intensive care designed to decrease racial disparities and improve health equity, such as prenatal and postpartum home visiting, referrals for health or social services, and

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<sup>4</sup> Amy Chen, *Routes to Success for Medicaid Coverage of Doula Care* (December 14, 2018) <https://9kqpw4dcaw91s37kozm5jx17-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/NHeathLawP-PTBi-Issue-Brief-DoulaMedicaidCoverage.pdf>.

<sup>5</sup> Ancient Song Doula Services, et. al., *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities* (2019), <https://blackmamasmatter.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>.

<sup>6</sup> *Id.*

<sup>7</sup> Meghan A. Bohren et al., *Continuous Support for Women During Childbirth*, Cochrane (2017), [https://www.cochrane.org/CD003766/PREG\\_continuous-support-women-during-childbirth](https://www.cochrane.org/CD003766/PREG_continuous-support-women-during-childbirth).

<sup>8</sup> Amy Chen, *Routes to Success for Medicaid Coverage of Doula Care* (December 14, 2018) <https://9kqpw4dcaw91s37kozm5jx17-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/NHeathLawP-PTBi-Issue-Brief-DoulaMedicaidCoverage.pdf>.

childbirth and breastfeeding education.<sup>9</sup> However, existing reimbursement rates in other states are not reflective of the time that community-based doulas often spend with their clients. Minnesota, Oregon and New York<sup>10</sup> are the only states that allow for Medicaid reimbursement of doula care.<sup>11</sup> Both states require doulas to be certified and registered in the state's registry.<sup>12</sup> In Oregon, low reimbursement rates, lack of support for doulas by the medical community, limited doula services in rural areas, and barriers in the billing process have led to low participation rates among doulas.<sup>13</sup> Likewise, Minnesota and New York have low reimbursement rates and billing issues that have led to low participation of doulas of color and community-based doulas.<sup>14</sup> HB 1067, if passed, would require the Advisory Group to have representation of both traditional and community-based doulas, enabling stakeholders to effectively study and make recommendations to ensure that future Medicaid reimbursement of doula care in Maryland is sustainable and equitable for community-based doulas.

HB 1067 would bring together diverse stakeholders to lay the groundwork for determining how best to expand access to doula care for low-income families in Maryland. For the foregoing reasons, the PJC **SUPPORTS HB 1067** and urges a **FAVORABLE** report. Should you have any questions, please contact Ashley Black at (410) 625-9409, ext. 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org).

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<sup>9</sup> Ancient Song Doula Services, et. al., *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities* (2019), <https://blackmamasmatter.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>.

<sup>10</sup> New York has pilot programs in

<sup>11</sup> Ancient Song Doula Services, et. al., *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities* (2019), <https://blackmamasmatter.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>.

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*