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Opposition Statement SB163 –
Maryland Medical Assistance Program - Doulas

By Laura Bogley-Knickman, JD
Director of Legislation, Maryland Right to Life

We Strongly Oppose SB163 – Maryland Medical Assistance Program – Doulas

On behalf of our members in Charles County and across the state, we respectfully yet strongly object to SB163 as written, to the extent that it creates an organizational structure and alternate public funding stream to enrich the abortion industry. **By approving this bill, the state will be diverting critical funding from birthing coaches to the billion dollar abortion industry.** The bill deceptively speaks to pregnancy without disclosing that it can be used to further the abortion industry's expansion into the area of abortion "doula's" or abortion coaches. The abortion industry has rebranded itself and labeled the term "full spectrum doula services" to include abortion**. The Supreme Court has held that the alleged constitutional "right" to an abortion "implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds."** ***Harris v. McRae*** **(1980).**

Doulas, as defined by the 'Moving Forward' and the 'Southern Birth Justice Network' are "... non-medical professionals trained to give physical and emotional support in **childbirth**. Doulas offer constant, uninterrupted attention and encouragement to the birthing person. They are skilled in comfort and relaxation techniques for **labor** (like position changes, breathing exercises, massage) and experienced in giving non-judgmental emotional support. Additionally, doulas can provide extended support during pregnancy and after giving birth." The utilization of doulas has been proven to reduce the rate of Cesareans, low-birth weight, preterm births as well as increasing positive provider interactions between providers and the birthing person.

No public funding for abortions

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions performed in Maryland. State funding for abortion on demand with taxpayer funds is in direct conflict with the will of the people and violates our religious freedoms. A 2019 Marist poll showed that 54% of Americans, both "pro-life" and "pro-choice" oppose the use of tax dollars to pay for a woman's abortion. Never has more than 40% of the American public supported taxpayer funding of abortion.

Love them both

This bill can be exploited to prioritize funding for abortion over prenatal care and childbirth. 83% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund health and family planning services, included traditional pregnancy doula programs, which have the objective of saving the lives of both mother and children.

Pregnancy is not a disease

Abortion is not health care. It is a brutal procedure that ends the lives of preborn children through suction, dismemberment or chemical poisoning and poses significant physical and mental health risks to women and girls, including loss of future fertility. Abortion creates a culture of violence and abuse. Abortion is the leading cause of death of Black Americans, more than all other causes combined. Planned Parenthood sells abortions and provides little to no prenatal services or well-woman health care services. Women of Color and all Maryland women and families deserve better than abortion.

The Advent of the Abortion Doula - Daily Citizen

https://dailycitizen.focusonthefamily.com/theadvent-of-the-abortion-doula/ The Advent of the Abortion Doula - Daily Citizen

Have you heard about abortion doulas? It sounds strange, but it has actually become the latest trend in the abortion business. The use of abortion doulas is an attempt by the abortion business to acknowledge that women do experience a level of emotional and physical distress during an abortion. Of course, an abortion doula's job isn't to counsel a woman on the ethical implications of her decision or to assist her in managing the emotional fallout. No, the sole job of the abortion doula is to act as an advocate for abortion and the abortion business.

What are Doulas?

Childbirth is an intense and often overwhelming experience. To help women manage the pain and the stress of birth, some families choose to hire a doula to act as an additional support system for the mother and father. Doulas are "trained professionals who provide continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible." According to DONA International, the world's largest doula certifying organization, the doula is supposed to help the patient express her desires, concerns and help facilitate communication with medical professionals. In essence, doulas act as an advocate for the patient and her family. Despite a similar description, an abortion doula has little in common with their counterpart.

What is an Abortion Doula?

The first abortion doula program was started by a group of New York City women in 2007, and its success has led to the establishment of similar programs throughout the country. According to Self.com, an "abortion doula is someone who is trained to provide emotional, physical, and informational support during and after a surgical abortion procedure." However, it quickly becomes apparent in articles and testimonials describing the practice that abortion doulas don't really fulfill any of these requirements.

What Do Abortion Doulas Do?

Most abortion doulas are volunteers who act as a pseudo support system for women who were denied the opportunity to bring their own. They act as distractors, engaging clients in meaningless conversations and holding their hand before, during and immediately after an abortion. For example, they talk with their clients about television series, Netflix and their other children. Discussing the abortion doesn't occur unless the client initiates the conversation. One of the founders of the original abortion doula program described her work as mirroring. If the client is sad, she'll empathize with her. If the client is worried about the pain, she'll focus on that. The use of mirroring describes the emptiness of the interaction. Mirrors are superficial and only reflect the original image. They don't provide the deeper emotional or psychological support a woman might need before or after an abortion.

Why do Women Need an Abortion Doula?

In most abortion offices, the woman's chosen support system is not allowed to accompany her at any point during the abortion appointment. That includes the child's father, a friend, or a family member.

Although there are some smaller offices that do allow women to bring support during the abortion, places like Planned Parenthood do not. One woman, who did not have the option to use an abortion doula, described her disappointment that her boyfriend was forced to stay in the waiting room during her abortion at Planned Parenthood. She stated, “I wish he could have been there for the process; it’s hard to explain to him what I’ve just been through.” She rationalizes that it is to protect women against outside pressure, but that’s only part of the reason. Abortionists want women to have abortions, and they don’t want women or their partners to change their minds about having an abortion. The easiest way to do that is to isolate the patient so that there are no possible alternatives and no outside voices that could raise objections about the abortion. That also means that there is no one to witness the brutality of how an abortion is actually performed. The public’s knowledge of how an abortion is actually done is surprisingly limited, and abortion businesses like Planned Parenthood exploit that ignorance to continue the murder of preborn babies.

Testimonies of Abortion Doulas

The stories of women who work as abortion doulas are often disturbing. They describe seeing baby parts in buckets, conflicted and distressed mothers, serious abortion complications and forcing themselves to see an intact aborted preborn as not human, but as an alien. It is a strange world, but also demonstrates something incredibly important. Despite claims to the contrary, abortion doulas don’t help or support women. They placate them and advocate more for the abortionist than for their client. For example, an abortion doula shared one heartbreaking moment when a patient asked if she was right to abort her child. It was a moment of questioning and doubt where the patient may have been reconsidering her choice, but the abortion doula responded, “No one’s going to make you do anything you don’t want to do.” It’s an empty platitude that deflects the opportunity to truly discuss what options might be available for the preborn child and invest in what is actually occurring in the woman’s life that led her to consider abortion in the first place. Another woman expressed how she felt “so f—ed up about (her abortion),” but of course she received no counseling or support. The abortion doula merely replied, “That’s okay, that’s normal.” There is no attempt by the abortion doula to address the complex emotions that the patient was having, just the hollow reassurance that her feelings were okay and normal despite the abnormal situation. Perhaps one of the most disturbing stories is the one about Stephanie.* The abortion doula shares how this young woman revealed to her that she was in an abusive relationship with an older man. Her parents didn’t know about the pregnancy or the boyfriend. After the abortion, Stephanie asks her abortion doula, “Do you think I’m too young for an abortion?” The abortion doula tells her no and that she made the responsible choice. Then Stephanie confides that she’s actually only 14-years old. There is no evidence that the abortion doula contacted the police about a possible case of statutory rape. Women who express their internal turmoil about their abortion have the right to have their struggles recognized by the one person who is supposedly there for her, but that doesn’t fit with the general narrative most abortion advocates want to push. For the abortion business, aborting a preborn child should be considered a “normal” and responsible decision.

Conclusion

The original purpose of a doula was to help life enter this world by serving women and newborns in the midst of pregnancy and childbirth. But abortion doulas do not serve women or children, they serve the abortion industry. Abortion doulas are there to distract women from the ethical, emotional and spiritual implications of having an abortion. An abortion doula’s only job is to encourage abortion, deflect the client’s emotions, and hold her hand while the abortionist ends the life of her preborn child.

Abortion Support — Baltimore Doula Project

Baltimore Doulas Project is committed to providing empowering, nonjudgemental and client-centered physical and emotional support to people before, during and after their abortion. We recognize that every person's abortion experience is unique and we believe that all people should have access to the information, support, and resources necessary to make informed decisions.

Currently, BDP is providing abortion doula support to clients at three clinics in the Baltimore area. We also partner with the Baltimore Abortion Fund to meet the needs of those seeking practical support such as childcare and transportation during their abortion procedure.

We seek to recognize the obstacles that people of all backgrounds face in reaching reproductive health services, but particularly low-income people, LGBTQI-identified people, youth, and people of color. We believe that people of all genders deserve care and respect when accessing abortion.

We have been providing abortion doula services since July 2014, originally under the name Baltimore Doulas for Choice and with the mentorship of the DC Doulas for Choice Collective and The Doula Project in NYC. We host annual abortion doula trainings for those in the Baltimore area with the interest and capacity to volunteer with us. Please refer to the Training page for up to date information on any upcoming opportunities.

SB0163_UNF_MedChi, MDACOG_Medical Assistance Progr

Uploaded by: Kasemeyer, Pam

Position: UNF

MedChi

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1.800.492.1056
www.medchi.org

ACOG
The American College of Obstetricians and Gynecologists
Maryland Section

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Arthur Ellis

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: January 26, 2021

RE: **OPPOSE** – Senate Bill 163 – *Maryland Medical Assistance Program – Doulas*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Section of the American College of Obstetricians and Gynecologists (MDACOG), we submit this letter of **opposition** for Senate Bill 163.

Senate Bill 163 proposes to require coverage of doula services under the Medicaid program subject to certain specific regulatory parameters. MedChi and MDACOG fully support the coverage of Doula services by Medicaid, as studies have demonstrated that having a doula present at births can in many circumstances improve outcomes. Doulas can be an important component of the birth team that all women should be able to access. While they support doula coverage under Medicaid to enhance access to doula services for low-income women, the provisions of the bill present a number of barriers and unintended consequences to achieving that objective.

Maryland currently lacks a regulatory structure for doulas and the bill does not provide a framework for the full range of issues relative to certification and reimbursement that will ensure the ability of appropriately trained doulas to provide services to Medicaid recipients. For example, the bill reflects only 4 programs of the more than 20 in existence. Maryland should create a regulatory structure for doula certification rather than identify 4 programs in statute. To enhance the provision of doula services and secure their access to reimbursement from Medicaid and other insurers, Maryland should undertake the development of a more comprehensive regulatory structure related to doulas and the services provided. For example, analogous to the process utilized when the State made a commitment to enhancing the recognition and utilization of community health workers.

MedChi and MDACOG strongly support enhancing access to and utilization of doula services and look forward to working with relevant stakeholders in achieving that objective but Senate Bill 163, as drafted, has numerous unintended implications and will undermine that objective. An unfavorable report is requested.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

11a - SB 163 - Maryland Medical Assistance Progra

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO

Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

January 26, 2021

The Honorable Delores G. Kelley
Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 163 – Maryland Medical Assistance Program – Doulas – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill 163 (SB 13) – Maryland Medical Assistance Program – Doulas.

Please see the attached June 2020 letter from you and Chair Pendergrass stating the mutual commitment of MDH and stakeholders to the formation of a doulas workgroup after the 2021 session.

I hope this information is useful. If you would like to discuss this further, please contact m at (410) 260-3190 or webster.ye@maryland.gov or Heather Shek, Deputy Director of Governmental Affairs at 443-695-4218 or heather.shek@maryland.gov.

Sincerely,

Webster Ye
Assistant Secretary

THE MARYLAND GENERAL ASSEMBLY
ANNAPOLIS, MARYLAND 21401

June 8, 2020

Robert R. Neall
Secretary, Maryland Department of Health
201 W. Preston Street
Baltimore, MD 21201-2399

Dear Secretary Neall,

In March of this year we sent you a letter asking the Department of Health to convene an interim study group to explore expanding access to doula care through Medicaid and other State regulated insurance and on establishing a voluntary doula certification program. In response to a request from Webster Ye, based on the current public health crisis brought on by Covid–19, we agree it is the best use of the department's time and resources to delay focusing on this issue until the 2021 interim.

To ensure these questions continue to receive appropriate attention as soon as possible, we respectfully ask you to contact the stakeholders that would have been included in the study group, including the bill's sponsors, to encourage the parties to meet without the department's leadership to resolve as many issues as possible this interim. Any questions that remain can serve as the basis for the department's study in 2021. For reference, we have included again a copy of the proposed legislation and our March 2020 letter requesting an interim study.

It would be helpful to receive a letter from your office confirming the intention to do the study outlined in our March 2020 letter with the updated parameters discussed above and with recommendations to be submitted to the Senate Finance Committee and the House Health and Government Operations Committee on or

before December 1, 2021. We respectfully request this confirmation by Wednesday, July 1, 2020.

Thank you for your assistance on this important matter. If you have any questions, please contact Lindsay Rowe, counsel for the House Health and Government Operations Committee at 410-946-5350.

Sincerely,

Senator Delores G. Kelley, Chairman
Senate Finance Committee

Shane E. Pendergrass, Chairman
House Health and Government Operations Committee

Cc: Senator Clarence K. Lam
Senator Jill P. Carter
Senator Brian J. Feldman
Delegate Jheanelle K. Wilkins
Delegate Stephanie Smith
Nathan McCurdy, counsel to the Senate Finance Committee

SHANE PENDERGRASS
CHAIR

JOSELINE PEÑA-MELNYK
VICE CHAIR

THE MARYLAND HOUSE OF DELEGATES
HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

March 11, 2020

Robert R. Neall
Secretary, Maryland Department of Health
201 W. Preston Street
Baltimore, MD 21201-2399

Dear Secretary Neall,

The Senate Finance Committee and House Health and Government Operations Committee heard Senate Bill 914 / House Bill 1067 (Doulas - Doula Technical Assistance Advisory Group and Certification) on March 10 and March 6, 2020, respectively. These bills would establish a Doula Technical Advisory Group to explore expanding access to doula care through Medicaid and other State regulated insurance and on establishing a voluntary doula certification program. If the advisory group recommends establishment of a voluntary doula certification program in its final report, the bill would have required you to adopt regulations establishing such a program consistent with the advisory group's recommendations.

We respectfully ask the Department of Health to convene this study group without the need for legislation. For reference as to the study items and appropriate representatives for the study group, we have included a copy of the bill with this letter. These issues should be the starting point of discussions in the study group, but may not prove to be an exhaustive list.

In addition to those representatives listed in the bill, we ask you to include the following stakeholders in this effort: the Maryland affiliate of the College of Nurse Midwives, the Maryland Nurses Association, and the Maryland Chapter of the American College of Obstetricians and Gynecologists. We would also appreciate your inviting the bill's sponsors, Senators Clarence Lam, Jill Carter, and Brian Feldman and Delegates Jheanelle Wilkins and Stephanie Smith, to participate.

This study is of great interest to a number of legislators and stakeholders who are eager to learn the outcome of the study and its recommendations. It would be helpful to receive a letter from your office confirming the intention to do the study as outlined above with recommendations to be submitted to the Senate Finance Committee and the House Health and Government Operations Committee on or before December 1, 2020. We respectfully request this confirmation by Wednesday, March 18, 2020.

Thank you for your assistance on this important matter. If you have any questions, please contact Lindsay Rowe, counsel for the House Health and Government Operations Committee at 410-946-5350.

Sincerely,

Senator Delores G. Kelley, Chairman
Senate Finance Committee

Shane E. Pendergrass, Chairman
House Health and Government
Operations Committee

Cc: Senator Clarence K. Lam
Senator Jill P. Carter
Senator Brian J. Feldman
Delegate Jheanelle K. Wilkins
Delegate Stephanie Smith
Nathan McCurdy, counsel to the Senate Finance Committee

HOUSE BILL 1067

J2, J1 0lr2017
CF SB 914

By: **Delegates Wilkins, Smith, Bagnall, Barron, Bartlett, Boyce, Carr, Charkoudian, Cullison, Fraser–Hidalgo, Guyton, Kelly, Kerr, Korman, J. Lewis, R. Lewis, Lierman, Queen, Reznik, Shetty, Solomon, Stewart, and Williams**

Introduced and read first time: February 6, 2020
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Doulas – Doula Technical Assistance Advisory Group and Certification

FOR the purpose of establishing the Doula Technical Assistance Advisory Group; providing for the composition, chair, and staffing of the Advisory Group; requiring the Advisory Group to make certain determinations related to a vice chair and secretary; prohibiting a member of the Advisory Group from receiving certain compensation, but authorizing the reimbursement of certain expenses; authorizing the chair and vice chair to designate additional members under certain circumstances; requiring the chair and vice chair to request that the Governor fill vacancies within a certain time period; providing that a majority of the members serving on the Advisory Group at the time of a meeting is a quorum; requiring the Advisory Group to provide certain materials in a certain language; requiring the Advisory Group to provide certain training and educational opportunities for Advisory Group members; requiring the Advisory Group to study certain programs, review certain studies and reports, invite certain stakeholders to meetings, and make certain recommendations; requiring the Advisory Group to meet on a certain basis; requiring the Advisory Group to submit an interim and a final report to the Maryland Department of Health and certain committees of the General Assembly on or before certain dates; requiring the Department to adopt certain regulations; making certain provisions of this Act subject to a certain contingency; providing for the termination of certain provisions of this Act; defining certain terms; and generally relating to doulas.

BY adding to
Article – Health – General
Section 13–4101 to be under the new subtitle "Subtitle 41. Doulas"
Annotated Code of Maryland
(2019 Replacement Volume)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 41. DOULAS.

13–4101.

THE DEPARTMENT SHALL ADOPT REGULATIONS ESTABLISHING A VOLUNTARY DOULA CERTIFICATION PROGRAM.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) (1) In this section the following words have the meanings indicated.

(2) "Advisory Group" means the Doula Technical Assistance Advisory Group.

(3) "Doula" means a birth companion who provides personal and physical nonclinical support to women, or families, throughout the woman's pregnancy, childbirth, and postpartum experience.

(b) There is a Doula Technical Assistance Advisory Group.

(c) The Advisory Group consists of the following members:

(1) the Secretary of Health, or the Secretary's designee; and

(2) the following members appointed by the Governor:

(i) five doulas who provide care in different regions of the State, three of whom are affiliated with a community–based doula program;

(ii) one individual with expertise in State–administered insurance programs;

(iii) one researcher studying racial disparities and implicit bias in health care;

(iv) one representative of a nonprofit organization that advocates for children, youth, and families;

(v) one representative of a nonprofit reproductive health advocacy organization;

(vi) one representative of a nonprofit legal services organization that advocates for low–income individuals and families to have access to health care;

(vii) one health care provider who provides care to low–income individuals;

(viii) one nurse midwife licensed in the State;

(ix) one obstetrician–gynecologist licensed in the State; and

(x) one community health worker with experience in perinatal care.

(3) To the extent practicable, the members appointed to the Advisory Group shall reflect the geographic, racial, ethnic, cultural, and gender diversity of the State.

(4) Each member appointed to the Advisory Group shall be a resident of the State.

(d) (1) The Secretary of Health shall designate the chair of the Advisory Group.

(2) The Advisory Group shall determine:

(i) the manner in which a vice chair and secretary will be designated; and

(ii) the duties of the vice chair and secretary.

(3) The chair and vice chair:

(i) may designate additional members to serve on the Advisory Group if considered necessary by the chair and vice chair; and

(ii) shall request the Governor to fill any vacancy within 60 days after the date of the vacancy;

(4) A majority of the members serving on the Advisory Group at the time of a meeting is a quorum.

(5) The Advisory Group shall meet at least two times a year at the times and places determined by the Advisory Group.

(e) (1) The Maryland Department of Health shall provide staff for the Advisory Group.

(2) The Advisory Group shall provide written materials used to conduct the business of the Advisory Group in the preferred language of an Advisory Group member,

as necessary.

(3) The Department shall make available to the Advisory Group training or educational opportunities on the processes used to conduct the business of the Advisory Group.

(f) A member of the Advisory Group:

(1) may not receive compensation as a member of the Advisory Group; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(g) The Advisory Group shall:

(1) study Medicaid programs in other states that reimburse doulas, including the benefit structure, reimbursement and participation rates, the revenue structure, and the effect of the reimbursement on Medicaid fund stability;

(2) review studies and reports on the implementation of programs that reimburse for doula services in Minnesota, Oregon, New York, and any other jurisdiction that the Advisory Group considers appropriate;

(3) review the:

(i) 2018 Routes to Success for Medicaid Coverage of Doula Care report by the National Health Law Program; and

(ii) 2019 and 2020 Maryland Maternal Mortality Review Program reports;

(4) invite stakeholders to meetings and consider public testimony from stakeholders, including:

(i) local health care agencies;

(ii) community organizations; and

(iii) health care professionals; and

(5) make recommendations regarding:

(i) workforce development for doulas;

(ii) whether a voluntary State doula certification program should be established by the Maryland Department of Health and, if so, the training and credentialing that should be required of doulas for certification as nonclinical health care

providers;

(iii) reimbursement for doula services by the Maryland Medical Assistance Program; and

(iv) expansion of doula care to low–income individuals and families.

(h) (1) On or before June 1, 2021, the Advisory Group shall submit an interim report of its findings and recommendations to the Maryland Department of Health and, in accordance with § 2–1257 of the State Government Article, the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.

(2) On or before January 1, 2022, the Advisory Group shall submit a final report of its findings and recommendations to the Maryland Department of Health and, in accordance with § 2–1257 of the State Government Article, the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.

SECTION 3. AND BE IT FURTHER ENACTED, That the regulations adopted by the Maryland Department of Health under § 13–4101 of the Health – General Article, as enacted by Section 1 of this Act, shall be consistent with the recommendations made by the Doula Technical Assistance Advisory Group, established under Section 2 of this Act.

SECTION 4. AND BE IT FURTHER ENACTED, That:

(a) Sections 1 and 3 of this Act shall take effect contingent on the Doula Technical Assistance Advisory Group, established under Section 2 of this Act, recommending in its final report that the Maryland Department of Health establish a voluntary doula certification program.

(b) If the final report of the Doula Technical Assistance Advisory Group does not include a recommendation that the Maryland Department of Health establish a voluntary doula certification program, Sections 1 and 3 of this Act, with no further action required by the General Assembly, shall be null and void.

SECTION 5. AND BE IT FURTHER ENACTED, That, subject to Section 4 of this Act, this Act shall take effect June 1, 2020. Section 2 of this Act shall remain effective for a period of 2 years and 1 month and, at the end of June 30, 2022, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

June 19, 2020

The Hon. Delores G. Kelley, Chair
Senate Finance Committee
3 East, Senate Office Building
11 Bladen Street
Annapolis, Maryland, 21401

The Hon. Shane E. Pendergrass, Chair
House Health & Gov't Ops. Committee
Room 241, House Office Building
6 Bladen Street
Annapolis, Maryland 21401

Dear Chairs Kelley and Pendergrass:

Thank you for your correspondence, dated June 8, 2020 and March 11, 2020, to the Maryland Department of Health (MDH) regarding expanding access to doula care. We thank the committees for their continued interest in this subject and for the continuation of the study of this subject through the 2021 interim.

I have asked my Boards and Commission liaison, Kimberly Link, Esq., to work with the stakeholders and the bill sponsors of House Bill 1067 (2020) and Senate Bill 914 (2020) to see if the issues can be more clearly defined during the 2020 interim and if resolution can be reached on the issues throughout the 2021 interim.

Ms. Link will reach out to the stakeholders to encourage the parties to meet on their own at their earliest convenience. We hope that useful information can be submitted to the committees before December 1, 2021.

Ms. Link will work with Ms. Rowe, counsel for the House Health and Government Operations Committee, to keep the committees informed. Should you have any questions, please do not hesitate to contact me, Ms. Link at kimberly.link@maryland.gov or Webster Ye, Director of Governmental Affairs, at webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

SB163_RHEAM_Letter of Information.pdf
Uploaded by: Blalock, Isabel
Position: INFO

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Ashley Black, Esq., Co-Chair
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SB 163
Maryland Medical Assistance Program – Doulas
Hearing of the Senate Finance Committee
January 26, 2021
1:00 PM

LETTER OF INFORMATION

The Reproductive Health Equity Alliance of Maryland is a cohort of community-based birth workers, policy and legal advocates, and organizations focusing on reproductive justice, pregnancy and infant health. We aim to reduce pregnancy and infant health disparities in Maryland's Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand access to quality reproductive, pregnancy and infant health options designed to build healthy and stable families of color. Among our advocacy priorities is expanding access to community-based doulas for low-income families and people of color in Maryland. We submit this Letter of Information regarding SB 163 which would require the Maryland Medical Assistance Program to cover doula services and defines "certified doula."

During the 2020 Maryland General Assembly, Delegates Wilkins and Smith and Senator Lam introduced HB 1076/SB 914, which RHEAM strongly supported. This legislation sought to establish a doula technical assistance advisory group to study and make recommendations on the certification and reimbursement of doulas. Due to the COVID-induced, abrupt end of session, Chairs Pendergrass and Kelley sent a letter to the Maryland Department of Health (MDH) asking that they convene the group without the need for legislation. Over the past months, we have helped to identify stakeholders to sit on the technical assistance advisory group, and we are happy to report that the group had its first meeting on January 12th. Based on the guidelines outlined in the Chairs' letters to MDH, RHEAM is hopeful that MDH will be able to submit a report with policy recommendations which will move the state closer to the ultimate goal of creating an equitable reimbursement system for doulas in Maryland.

There is a significant distinction between the traditional doula model and community-based doula model. The Fiscal Note for SB 110, which was introduced during the 2020 session and is identical to SB163, indicates that the state would implement a traditional doula care model for Medicaid reimbursement. Traditional doulas, by practice, may interact only with a birthing person 1-2 times prior to the birth and attend the birth. Under this model, postpartum visits are typically provided by the doula for an additional fee. Little to no support is given for other aspects of the birthing person's life experience. Therefore, the traditional doula model does not address social determinants of health, which have been documented to have a significant impact on maternal health and positive birth outcomes. By contrast, community-based doulas provide intensive, 24/7 care to clients during

pregnancy, birth, and postpartum. Research supports that the community-based doula model has positive impact on birth outcomes and reduces maternal/infant mortality and morbidity. This type of care also has the potential to reduce racial disparities between Black and Brown birthing persons.

There are numerous doula certification programs with varying curriculums. SB 163 defines a "certified doula" as one who has received certification from The Doulas of North America, The International Childbirth Education Association, The Association of Labor Assistants and Childbirth Educators, or The Childbirth and Postpartum Professional Association. There is no one national doula certification program, and therefore, the curriculums among the existing programs vary greatly. Additionally, some programs include education on cultural competency and racial and implicit bias, while others do not. In particular, the cultural competency training within the organizations listed in SB 163 do not speak specifically to implicit bias. There are also doulas in Maryland that provide local doula training programs designed to train doulas on the unique needs of pregnant individuals in Maryland, but SB 163 does not account for these existing local trainings.

The cost of doula certification programs vary and is a barrier for low-income doulas. The costs associated with doula certification programs vary greatly and can range from $700 to $1,000. Our coalition has reached out to doulas providing care in Maryland, and we have found that many doulas are not certified and would not be eligible for reimbursement under the structure proposed by SB 163. Some doulas choose not to obtain certification due to the financial barriers but may have more experience providing doula care than a doula that has obtained certification.

Number of active doulas in Maryland. Based on our research on doula care in Maryland, the Fiscal Note for SB 110, the identical bill introduced last year, underestimated the number of active doulas practicing in the state. There currently is no Maryland registry for doulas. Doulas may work individually or as part of a collective or organization. In Maryland, there are community-based birth workers who provide doula care but identify as "perinatal community health workers." It is unclear from the fiscal note whether individuals who provide doula care, but do not use the traditional title of "doula" are included in the Fiscal Note's estimate. It is also unclear whether doulas who work individually are included in the estimate. Underestimating the number of doulas who would be eligible for Medical Assistance reimbursement greatly impacts the potential cost for SB 163.

Racial inequity in New York's doula Medicaid reimbursement rollout. SB 163 is modeled after New York's doula Medicaid legislation, which created a pilot program for specific counties, including Erie, Kings, and Onondaga counties. The pilot allows for up to 4 prenatal visits ($30 per visit), intrapartum care ($360) and 4 postpartum visits ($30 per visit) for a total of $600 for all services rendered by the doula.[1] The rate in New York is not a livable wage for community-based doulas. Further, low reimbursement rate is the most cited reason for lack of participation of doulas in states with doula Medicaid reimbursement. These rates do not account for the level of intensive services that community-based doulas provide and the amount of time that they spend with clients. In their report on New York's doula Medicaid pilot program, Bey et. al. write "the amount of time doulas spend with clients and performing unbillable responsibilities, as well as their expenses and unpredictable work hours must be taken into consideration when setting reimbursement amounts, if Medicaid doula coverage is to succeed."[2]

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[1] Bey et. al, Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities (2019), https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf.

[2] *Id.*

Studying the doula landscape in Maryland is essential to determining how the state can design an equitable system for doula Medicaid reimbursement to ensure that pregnant individuals who are the most at risk for adverse birth outcomes are provided access to doulas. We appreciate the opportunity to submit this Letter of Information on SB 163 and look forward to working with the legislature to best determine how to expand access to doula care in Maryland. Please do not hesitate to contact Andrea Williams-Muhammad at 443-452-7283 or andnic.williams@gmail.com or Ashley Black at 410-625-9409, ext. 224 or blacka@publicjustice.org if you have any questions about this Letter of Information.

HB 163_MFN_Info_Doula.pdf
Uploaded by: Morrow, Beth
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Information Concerning SB 163
"Maryland Medical Assistance Program - Doulas"
Submitted to the Senate Finance Committee
January 26, 2021

Position: Letter of Information

Maryland Family Network (MFN) writes to share information with regard to SB 163, which would require Medicaid to provide certified doula services including childbirth education and support services and emotional and physical support during pregnancy, labor, birth, and postpartum.

MFN has worked since 1945 to improve the availability and quality of child care and other supports for children and families in Maryland. As the largest and oldest statewide child advocacy organization in Maryland, MFN is strongly committed to ensuring the health and well-being of children and pregnant women across our state.

Significant disparities in maternal health outcomes along racial lines, regardless of socio-economic status, exist both nationally and in Maryland. While evidence from other states indicates expanding access to doula care in an equitable, inclusive, and sustainable way can help reduce these racial disparities, MFN has concerns that simply requiring Medicaid to provide certified doula services might not have the intended effect.

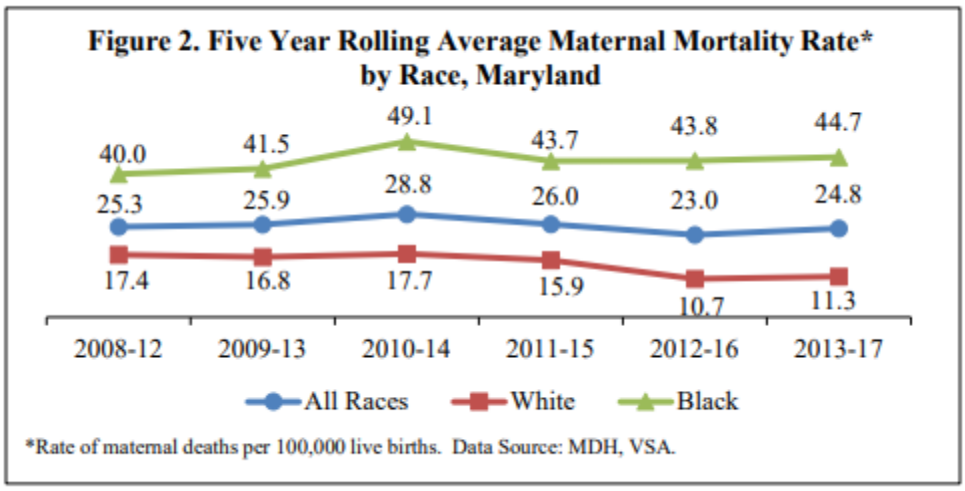
In order to ensure Medicaid recipients have access to a diverse doula community ready to provide culturally congruent care, the State should take steps to diversify the doula care workforce by recognizing doula trainers of color, providing financial support to those who seek to become certified, and ensuring an adequate Medicaid reimbursement rate for doula care.

While Maryland Family Network honors the intentions of SB 163, we submit this letter of information for the Committee's consideration. We welcome opportunities to further explore strategies to expand access to doulas in an effort to reduce racial disparities in maternal health outcomes.

SB 163 Doulas LOI_ACY.pdf
Uploaded by: Rock, Melissa
Position: INFO

To: The Honorable Chair, Senator Delores Kelley, and members of the Finance Committee
From: Melissa S. Rock, Director, Birth to Three Strategic Initiative
Re: **SB 163: Maryland Medical Assistance Program - Doulas**
Date: January 26, 2021
Position: **Letter of Information**

There are significant racial disparities in birth outcomes for Black women and Black babies. Black women in Maryland are 4 times more likely to die after childbirth than White women. According to the State's Maternal Mortality Review Program, "compared to 2008- 2012, the 2013-2017 White MMR in Maryland **decreased 35.4 percent** and the Black MMR **increased 11.9 percent**, increasing the racial difference. **The 2013-2017 Black MMR is 4 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 163 "Maryland Medical Assistance Program—Doulas" is to increase access to doulas for low income women, we do not think passing SB 163 will have that impact. In fact, we worry that without thoughtful planning SB 163 could have the unintended impact of making it more difficult for low income Black women to become doulas.

Doula Technical Assistance Advisory Group

In the 2020 Legislative Session, SB 914 Doulas - Doula Technical Assistance Advisory Group and Certification was introduced. While that legislation did not pass, Maryland's Department of Health has created a Doula Technical Assistance Advisory Group. This group includes doulas from across all of Maryland as well as other maternal health providers and public health advocates. This group is thoroughly and thoughtfully exploring the best way to expand access to doulas in an equitable way that will benefit all Marylanders.

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 163 might be too expensive for doulas in poverty ridden areas to utilize. For doulas to receive Medicaid reimbursement under SB 163, 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 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 can 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 163, but 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.

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[i] "Maryland Maternal Mortality Review 2019 Annual Report," Health –General Article § 13-207 at p. 6. https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.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, Asteir, 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