



Ashley Black, Staff Attorney
Public Justice Center
201 North Charles Street, Suite 1200
Baltimore, Maryland 21201
410-625-9409, ext. 224
blacka@publicjustice.org

SB 163
Maryland Medical Assistance Program – Doula Pilot Program
Hearing of the House Health and Government Operations Committee
March 30, 2021
1:30 PM

SUPPORT WITH AMENDMENTS

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 **supports SB 163 with the amendments described below**. SB 163 would require the Department of Health (MDH) to establish the Maryland Medical Assistance Program Doula Pilot Program, a program that would reimburse participating doulas for prenatal, birth and postpartum care in three counties.

Doulas can help reduce racial disparities in birth outcomes. In Maryland, Black women die at a rate that is 4 times higher than their white counterparts.¹ A comparison look between the 2008-12 and 2013-17 data reported by the Maryland Maternal Mortality Review Program shows that this disparity is widening as the white maternal mortality rate (MMR) decreased by 35.4% and the Black MMR increased by 11.9%.² To eliminate birthing disparities in communities of color and low-income communities, Maryland must invest in community-based programming that is designed to improve birth outcomes. Doula care is a mitigating factor for maternal mortality and other birth disparities.

Doulas are birth workers who provide information, advocacy and emotional support for pregnant individuals during the prenatal period, birth and postpartum period. They do not provide medical advice, but instead augment routine prenatal care by providing necessary social and emotional support, individualized education and strategies to reduce stress and other barriers to healthy pregnancies.³ Research supports that doula care improves health outcomes for pregnant women and their infants, including shorter labors, lower cesarean rates and higher breastfeeding initiation

¹ Maryland Department of Health, *Annual Report Maryland Maternal Mortality Review* (2019), https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.pdf.

² *Id.*

³ Amy Chen, *Routes to Success for Medicaid Coverage of Doula Care* (December 14, 2018) <https://9kqpw4dcaw91s37koz5jx17-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/NHeathLawP-PTBi-Issue-Brief-DoulaMedicaidCoverage.pdf>.

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rates.⁴ Currently, Maryland Medicaid does not cover doula care. SB 163 would expand access to doulas to low-income pregnant women, enabling our state to improve birth outcomes in communities that need doula care the most.

Pilot program site selection should be based on currently available maternal mortality data. SB 163 identifies specific counties as sites for the doula care pilot programs but does not provide flexibility in allowing MDH to use state-wide data to determine whether the chosen counties are appropriate. The 2019 Maryland Maternal Mortality Review Program Annual Report demonstrates that the highest numbers of maternal deaths by jurisdiction of residence occurred in Baltimore City, Prince George's, Baltimore, Harford and Ann Arundel counties.⁵ Similarly, maternal deaths by jurisdiction of occurrence were highest in Baltimore City, Montgomery, Ann Arundel and Baltimore counties.⁶ Though the 2020 Report has not been released yet, SB 163 should allow for MDH to use recent data to choose program sites. We are asking that the bill be amended to state the following: **"The Department shall determine the pilot program sites based on most recently available maternal mortality statistics in Maryland"**.

MDH should consult with the Doula Technical Assistance Advisory Group on reimbursement and program development. During the 2020 Maryland Legislative Session, the House Health and Government Operations committee and Senate Finance committee heard HB 1067/SB 914, Doulas – Doula Technical Assistance Advisory Group and Certification. At the request of this committee and Senate Finance committee, MDH agreed to establish the Advisory Group, without legislation, to study Medicaid and private insurance reimbursement of doula care, barriers to reimbursement, and development of a voluntary doula certification program. The Advisory Group, which will begin meeting in early May 2020, includes geographically diverse doulas, other maternal health care providers, researchers, and maternal health advocates.

In SB 163's Fiscal Note, the rate that MDH anticipates doulas will be reimbursed is up to \$600 total; \$360 to attend the labor and delivery and \$30 for up to four prenatal and four postpartum visits. This rate is based on New York's doula pilot program rate, which is not a livable wage for doulas. The New York pilot program has been met with intense criticism from community-based doulas for whom the low reimbursement rate is a barrier to participation. In fact, low reimbursement rates in states with doula Medicaid reimbursement, including Minnesota and Oregon, is the most cited reason for low participation rates. Doula care can range anywhere between \$800 to \$3,000 depending on the services provided. "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."⁷ The Advisory Group can greatly assist MDH in addressing barriers to program design and implementation, including reimbursement rates and certification. To ensure that the Maryland doula pilot program is paying doulas a fair reimbursement rate that does not deter participation, we ask that the following amendment be included in SB 163: **"The Department of Health shall consult with the Doula Technical Assistance Advisory Group on reimbursement rates and the implementation of the Doula Pilot Program."**

⁴ *Id.*

⁵ Maryland Department of Health, *Annual Report Maryland Maternal Mortality Review* (2019), https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.pdf.

⁶ *Id.*

⁷ 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>. *The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.*

AMENDMENTS

On p. 4, strike lines 15-17 in their entirety.

On p. 4, line 15, insert:

“(D) The Department shall determine the pilot program sites based on most recently available maternal mortality statistics in Maryland.”

On page 5 after line 15 insert:

“SECTION 3, AND BE IT FURTHER ENACTED, That the Department of Health shall consult with the Doula Technical Assistance Advisory Group on reimbursement rates and the implementation of the Doula Pilot Program.”

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 163 with the amendments above** to ensure that the legislation, if passed, not only expands access to doula care, but that the pilot programs are inclusive and do not undervalue the services of community-based doulas. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.