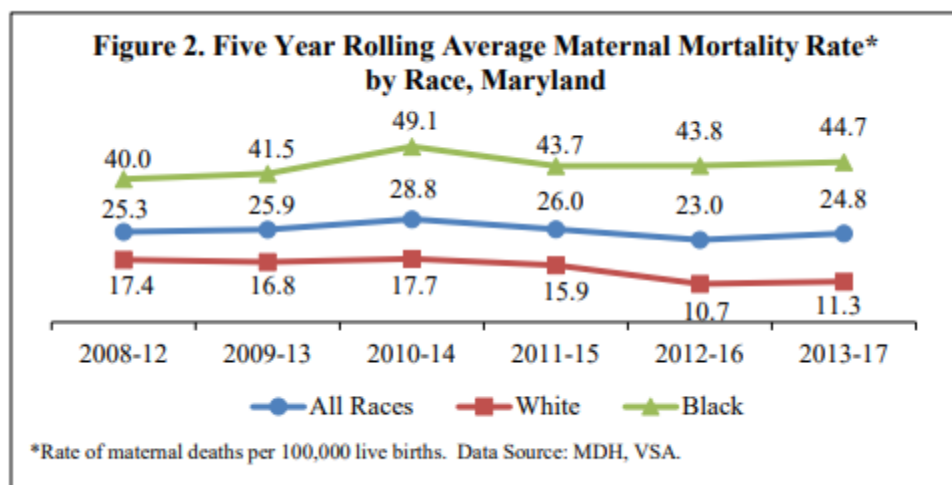




To: The Honorable Chair, Delegate Shane E. Pendergrass, and members of the Health and Government Operations Committee
 From: Melissa S. Rock, Director, Birth to Three Strategic Initiative
 Re: **SB 163: Maryland Medical Assistance Program - Doulas**
 Date: March 30, 2021
 Position: **Support with Amendments**

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

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. A financial barrier that SB 163 presents for all 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. We are requesting that SB 163 be amended to state **“In establishing the reimbursement rate**

for participating doulas in services provided in the pilot programs, the Department shall consult with the Doula Technical Assistance Advisory Group and receive feedback from stakeholders.”

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. 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. **Rather than listing four doula certification programs, we would ask that the bill be amended to simply require certification without requiring particular doula certification organizations.**

Pilot Program Sites

Given Maryland's maternal mortality crisis, it is critical that pilot sites be selected based on that jurisdiction's maternal mortality rate. Some of the counties identified in SB 163 (Charles and Prince George's Counties) did not have any maternal deaths in 2019 and/or had far fewer deaths than other jurisdictions (Baltimore City, Baltimore County, Harford County, and Montgomery County). We are asking that the bill be amended to state that **“The Department shall determine the pilot program sites based on most recently available maternal mortality statistics in Maryland.”**

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.**

We urge this committee to issue a favorable report on SB 163 with the attached amendments to ensure that this legislation achieves the goal of expanding access to doulas and reducing racial disparities in birth outcomes for Black Marylanders.

Amendments

On p. 4, line 3, after "services" strike "FROM THE INTERNATIONAL CHILDBIRTH EDUCATION ASSOCIATION, THE DOULAS OF NORTH AMERICA, THE ASSOCIATION OF LABOR ASSISTANTS AND CHILDBIRTH EDUCATORS, OR THE CHILDBIRTH AND POSTPARTUM PROFESSIONAL ASSOCIATION"

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.

(E) In establishing the reimbursement rate for participating doulas in services provided in the pilot programs, the Department shall consult with the Doula Technical Assistance Advisory Group and receive feedback from stakeholders."

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>