

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 (Douglas - 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

01r2017
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

1 AN ACT concerning

2 **Douglas – Doula Technical Assistance Advisory Group and Certification**

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

22 BY adding to

23 Article – Health – General

24 Section 13–4101 to be under the new subtitle “Subtitle 41. Douglas”

25 Annotated Code of Maryland

26 (2019 Replacement Volume)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

3 Article – Health – General

4 SUBTITLE 41. DOULAS.

5 13-4101.

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

8 SECTION 2. AND BE IT FURTHER ENACTED, That:

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

10 (2) “Advisory Group” means the Doula Technical Assistance Advisory
11 Group.

12 (3) “Doula” means a birth companion who provides personal and physical
13 nonclinical support to women, or families, throughout the woman’s pregnancy, childbirth,
14 and postpartum experience.

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

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

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

18 (2) the following members appointed by the Governor:

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

21 (ii) one individual with expertise in State-administered insurance
22 programs;

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

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

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

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

3 (vii) one health care provider who provides care to low-income
4 individuals;

5 (viii) one nurse midwife licensed in the State;

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

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

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

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

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

14 (2) The Advisory Group shall determine:

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

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

18 (3) The chair and vice chair:

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

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

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

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

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

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

1 as necessary.

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

5 (f) A member of the Advisory Group:

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

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

9 (g) The Advisory Group shall:

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

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

16 (3) review the:

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

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

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

23 (i) local health care agencies;

24 (ii) community organizations; and

25 (iii) health care professionals; and

26 (5) make recommendations regarding:

27 (i) workforce development for doulas;

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

1 providers;

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

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

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

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

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

19 SECTION 4. AND BE IT FURTHER ENACTED, That:

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

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

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