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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Support SB 503:  
Maryland Medical Assistance Program – Doula Services – Coverage**

**Background Information:**

- The term “doula” comes from the Greek and translates to “one who serves.”
- A doula is an individual who provides emotional, physical, and educational support and advocacy in the non-clinical aspects of childbirth.
- Doula care plays an important role in improving pregnancy and the birthing experience while improving maternal and child health outcomes.
- Research indicates that doula care is associated with a:<sup>1,2</sup>
  - 22% lower odds of preterm birth
  - 28% reduction in the number of Cesarean births
  - 9% reduction in the use of pain medications during labor
  - 31% reduction in the use of synthetic oxytocin to increase the speed of labor
  - 12% increase in the likelihood of having a spontaneous vaginal birth
  - 34% reduction in reporting a negative birth experience
- A 2016 study conducted cost-effectiveness analyses for doula reimbursed services and concluded that there would be a potential average savings of \$986 per doula-assisted birth due to the reduction in cesarean and preterm births.<sup>1</sup>
- Doulas have also been found to reduce the impact of racism and implicit bias in health care for pregnant individuals of color by providing culturally competent, patient-centered care and advocacy.

**The Issue:**

- Women of color are at greater risk of delivery-related complications and have higher rates of adverse birth outcomes than white women.

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<sup>1</sup> [Modeling the Cost-Effectiveness of Doula Care](#)

<sup>2</sup> [Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health](#)

- In the United States, Black women are two to three times more likely to die of pregnancy-related causes than their white counterparts.<sup>3</sup> This statistic is only further exacerbated in Maryland, as Black women are four times more likely to die during childbirth compared to white women.<sup>4</sup>
- In order to meet the complex social, economic, and environmental needs of women and children, it is necessary to support a new model for community-based prenatal, labor and delivery, and postpartum care that includes doula care.

### **What Does SB 503 Do?**

- SB 503 codifies the Maryland Department of Health’s (MDH) regulations on doula services and reimbursement.
- SB 503 requires a doula to meet specific professional requirements in order to provide doula services under Medicaid.
- SB 503 requires Medicaid to cover certain doula services during the prenatal, labor and delivery, and postpartum periods of a birthing parent.

### **What Does SB 503 Accomplish?**

- SB 503 increases access to community-based doula care to provide quality, culturally appropriate, affordable care, leading to more equitable outcomes for women and children.
- SB 503 recognizes the important and unique role of doulas to care for pregnant and laboring women alongside other health care workers.
- By codifying the existing regulations, SB 503 establishes a permanent program for doulas to practice and receive reimbursement in the state of Maryland.

### **What Have Other States Done?<sup>5</sup>**

- Currently, four state Medicaid programs cover doula services: New Jersey, Florida, Oregon, and Minnesota.
- Legislation to require Medicaid coverage of doula services has passed in California, Washington D.C., Illinois, Indiana, Nevada, Rhode Island, and Virginia.
- Legislation to require Medicaid coverage of doula services has been introduced in Georgia, Kentucky, Massachusetts, North Carolina, Nebraska, Pennsylvania, Texas, Ohio, Vermont, and Wisconsin.

### **Sponsor Amendments:**

- SB0503/983721/1: This amendment was requested by the MDH with agreement from the doula stakeholder organizations to align the bill language with the finalized regulations released February 11, 2022, in the Maryland Register in the following manner:
  - Remove the number of days defining the postpartum period to allow for future flexibility in the program.
  - Clarify that the services performed by doulas in the home are distinct from existing “home visiting services” by other health care professionals.
- SB0503/813722/01: This amendment makes technical changes to align the bill language with the finalized regulations to clarify that the role of doulas is supplementing, not replacing, the role of other health care professionals.

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<sup>3</sup> [Gendered racism and the sexual and reproductive health of Black and Latina Women](#)

<sup>4</sup> [Maryland Maternal Mortality Review](#)

<sup>5</sup> [Doula Medicaid Project, the National Health Law Program](#)



**SB0503/983721/1**

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

15 FEB 22  
16:29:59

BY: Senator Lam  
(To be offered in the Education, Health, and Environmental  
Affairs Committee)

AMENDMENT TO SENATE BILL 503

(First Reading File Bill)

On page 3, strike lines 10 and 11 in their entirety; and in line 12, strike “**(10)**”  
and substitute “**(9)**”.

On page 5, in lines 8 and 9, strike “**AND HOME VISITING SERVICES**”.



**SB0503/813722/1**

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

18 FEB 22  
10:11:40

BY: Senator Lam

(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 503

(First Reading File Bill)

On page 2, in line 7, after “GUIDANCE” insert “, SUPPLEMENTING THE SERVICES OF HEALTH CARE PROVIDERS,”; and in line 10, strike “COUNSELING” and substitute “COACHING”.