

SB 166_PJC_FWA.pdf

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Position: FWA



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SB 166
Maryland Medical Assistance Program – Doula Program
Hearing of the Senate Finance Committee
February 8, 2022
1:00 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 166 with the amendments described below.** SB 166 would establish the Doula Program as part of the Maryland Medical Assistance (Medicaid) Program to provide doula services to program recipients who are pregnant or postpartum. It would also establish certain provider requirements.

In Maryland, Black birthing people die at a rate that is four times higher than their white counterparts from pregnancy complications. According to the Maryland Maternal Mortality Review Program, the disparities are increasing despite an overall decrease in the Black and white maternal mortality rate (MMR).¹ Research supports that doula care improves health outcomes for pregnant individuals and their infants, including shorter labors, lower cesarean rates and higher breastfeeding initiation rates.² **Doulas** are non-medical birth workers who provide information, emotional support and advocacy for pregnant individuals during the prenatal period, birth and postpartum period. While they do not provide medical advice, they 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 SB 166 would codify the regulations for the Maryland Medicaid Doula Program, COMAR

¹ Maryland Department of Health, 2020 Maryland Maternal Mortality Review Annual Report (2021), <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%20a7%20a7%2013-1207%2013-1208%20and%20%20a713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>.

² Amy Chen, *Routes to Success for Medicaid Coverage of Doula Care* (December 14, 2018) <https://9kqpw4dcaw91s37k0zm5jx17-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/NHeathLawP-PTBi-Issue-Brief-DoulaMedicaidCoverage.pdf>.

³ *Id.*
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.

10.09.39 Doula Services, allowing low-income birthing people to access doula care and improve birth outcomes for Medicaid beneficiaries.

As of January 2022, Maryland Medicaid began covering doula services and conducting informational provider trainings. This coverage was made possible by a grant from the Maryland Health Services Cost Review Commission which authorized \$8 million in funding to be directed to Medicaid to work on maternal and child health initiatives, including reimbursement of doula care for four years.

While we support the overall goal of SB 166, we request two friendly, technical amendments. **We ask that Section (C) describing the certification organizations that the Department will accept as meeting the certification requirement for reimbursement be removed from the bill language. Second, we ask that Section (G) describing the reimbursement rates for services be removed from the bill language.** In May 2021, the Department, at the request of the House Health and Government Operations committee and Senate Finance committee, convened stakeholders for the Doula Technical Assistance Advisory Group without legislation. The Advisory Group has been working with the Department and Medicaid to study reimbursement and certification issues surrounding doula access, including determining whether Maryland should develop a state-wide volunteer doula certification program. Removing the language from SB 166 that describes the accepted list of certification programs and reimbursement rates would allow the Department to set these parameters and make any needed adjustments with feedback from the Advisory Group.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 166 with the amendments above**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

2022 ACNM SB 166 Senate Side.pdf

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Position: FWA



Committee: Senate Finance Committee
Bill Number: Senate Bill 166
Title: Maryland Medical Assistance Program – Doula Program
Hearing Date: February 8, 2022
Position: Support with Amendment

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) strongly supports SB 166 – Maryland Medical Assistance Program – Doula Program. We suggest consideration of amendments to make the bill consistent with the doula reimbursement pilot expected to be implemented by Medicaid in the next couple of months.

ACNM strongly supports the legislation because it would make Medicaid’s doula reimbursement pilot into a permanent program. Doulas are an essential part of the care team that support pregnant women throughout their pregnancy, delivery, and postpartum period. Doulas provide both physical and emotional support to the families they serve. Doulas also empower women to communicate their needs and perceptions and actualize their dreams of a healthy, positive birth experience. The positive effects of doula care have been found to be greater for women who were socially disadvantaged and low-income.¹

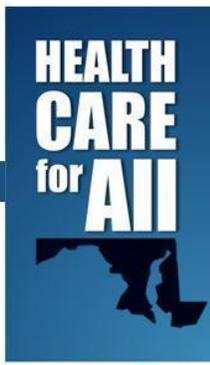
Thank you to the sponsor and the Committee for their leadership on supporting doula services. If you need any additional information, please contact Scott Tiffin at stiffin@policypartners.net or (443) 350-1325.

¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/#:~:text=Doulas%20are%20trained%20to%20provide,and%20have%20less%20stressful%20births.>

SB166_MCHI_fwa.pdf

Uploaded by: Stephanie Klapper

Position: FWA



MARYLAND CITIZENS' HEALTH INITIATIVE

**TESTIMONY FOR SENATE BILL 166
FAVORABLE WITH AMENDMENTS**

Maryland Medical Assistance Program – Doula Program
Before the Finance Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative, Inc.
February 8, 2022

Chair Kelley and Members of the Finance Committee, thank you for this opportunity to testify in support of Senate Bill 166 with some amendments. We thank Senator Ellis for sponsoring this important legislation.

Thanks to the great work of the Maryland General Assembly, Maryland is one of the leading states for health care. However, there is still more to do. While maternal mortality rates are improving in Maryland, disparities persist. Black Marylanders die at a rate that is four times higher than their white counterparts of pregnancy or child-birth related complications.¹ Research suggests that community-based doulas can help improve birth outcomes and reduce disparities.² Codifying the Maryland Medical Assistance Program Doula Program will help underserved Marylanders survive and thrive during the pregnancy and post-partum period.

To strengthen the bill even further, we suggest amendments to remove section C about certification standards and section G about payment rates, and instead include language to give the MDH the ability to set the certification standards and payment rates with input from the Doula Technical Assistance Advisory Group committee.

Thank you again to the Committee for your recognized efforts toward improving access to quality, affordable health care for all Marylanders. This bill will help Maryland remain a leader in health care. We urge a favorable report from the Committee on Senate Bill 166.

¹ Maryland Department of Health. 2020 Annual Report Maryland Maternal Mortality Review. Accessed Feb. 3, 2022. <https://health.maryland.gov/phpa/mch/Pages/mmr.aspx>

² Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. *The Journal of perinatal education*, 22(1), 49–58. <https://doi.org/10.1891/1058-1243.22.1.49>

SB166_MDRighttoLife_UNF

Uploaded by: Laura Bogley

Position: UNF



**Unfavorable
SB 166/HB 765**

Maryland Medical Assistance Program - Doula Program

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

On behalf of our thousands of followers across the state of Maryland, we respectfully yet strongly object to **SB166/HB765** as written, to the extent that it creates an organizational structure and alternate public funding stream to enrich the 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 labeled the term "full spectrum doula services" to include abortion and mislabels this practice as related to pregnancy, when it in fact is related to abortion – or the termination of pregnancy. This bill will divert public funding from legitimate doula services that assist with healthy birth outcomes.

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 2022 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. 81% 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.

Funding restrictions are constitutional - 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." When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "no other procedure involves the purposeful termination of a potential life" -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government entitlement.

Abortion is not health care - Abortion is not health care. It is an act of violence that ends the lives of unborn 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 provides little to no prenatal services or well-woman health care services. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. Maryland women and families deserve better than abortion.

For these reasons we urge you to give an UNFAVORABLE report on SB 166/HB 765.

The Advent of the Abortion Doula

Daily Citizen <https://dailycitizen.focusonthefamily.com/the-advent-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

<https://www.balimoredoulaproject.org/abortion-support>

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

SB0166_UNF_MedChi, MDACOG_MD Medical Assistance Pr

Uploaded by: Pam Kasemeyer

Position: UNF



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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
Christine K. Krone

DATE: February 8, 2022

RE: **OPPOSE UNLESS AMENDED** – Senate Bill 166 – *Maryland Medical Assistance Program – Doula Program*

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 166 **unless the bill is amended to be consistent with the regulatory structure developed during the interim.**

Senate Bill 166, a reintroduction of legislation proposed in 2021, requires 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, they are concerned that specific provisions of the bill present a number of barriers and unintended consequences to achieving that objective and are not aligned with the regulatory structure developed during the 2021 interim through the Doula Technical Assistance Advisory Group (DTAAG) that was convened following the 2021 Legislative Session.

A comprehensive regulatory framework that reflected the consensus of the DTAAG was proposed in the Maryland Register in December 2021. It is our understanding that if the regulations are adopted Medicaid will commence implementation in early 2022. There has also been another bill introduced (Senate Bill 503) that directly reflects the regulatory structure agreed upon by all stakeholders. MedChi and MDACOG strongly support enhancing access to and utilization of doula services. However, Senate Bill 166 is not in line with the structure that stakeholders have agreed to, as reflected in the proposed regulations. An unfavorable report is requested unless the bill is amended to mirror the agreed upon regulatory structure.

For more information call:

Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

SB 166- Maryland Medical Assistance Program - Doul

Uploaded by: Jane Krienke

Position: INFO



Maryland
Hospital Association

February 8, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Information - Senate Bill 166 - Maryland Medical Assistance Program - Doula Program

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 166. This bill raises questions since Maryland Medicaid proposed regulations, supported by the Doula Technical Advisory Group, to create a permanent Medicaid doula benefit.¹ Doulas were expected to be eligible to enroll in Medicaid and begin billing for services this month. Two bills introduced this session, SB 503/HB 669 codify the proposed regulations. While perhaps duplicative, these bills align with the recommendations of the Doula Technical Advisory Group in contrast with SB 166.

The Health Services Cost Review Commission allocated \$8 million to Medicaid to support maternal and child health goals in the Statewide Integrated Health Improvement Strategy.² Half of this funding, including the federal match, will be used to create the permanent Medicaid benefit for doula and home visiting services. The reimbursement model allows up to eight prenatal or postpartum services in addition to attendance during labor and delivery, per birthing parent. Each prenatal or postpartum visit would include up to 60 minutes.

Research shows positive outcomes for patients who work with doulas, especially women of color and women with lower socioeconomic status.³ These outcomes include increases in breastfeeding initiation and vaginal deliveries. Allowing Medicaid reimbursement increases access to doulas for patients who otherwise could not afford it.

Maryland hospitals support the role of doulas, but there are many questions about the proposed regulations and legislation. We look forward to working with the legislature to support the state's intent to grant Medicaid reimbursement for doula services.

For more information, please contact:
Jane Krienke, Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

¹ Maryland Register (December, 2021)

² Maryland Health Services Cost Review Commission. (May, 2021). "[Final Recommendation on Use of Maternal and Child Health Funding.](#)"

³ Journal of Midwifery & Women's Health. (2013). "[Doula care supports near-universal breastfeeding initiation among diverse, low-income women.](#)"

MMCOA SB 166 Statement of Information 02 08 2022.p

Uploaded by: Jennifer Briemann

Position: INFO



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of the Mid-Atlantic, Inc.

**Statement on Senate Bill 166- Maryland Medical Assistance Program
Doula Program**

**Senate Finance Committee
February 8, 2022**

Thank you for the opportunity to submit a statement in regards to SB 166- Maryland Medical Assistance Program- Doula Program.

The Maryland Managed Care Organization Association's (MMCOA) nine member Medicaid Managed Care Organizations (MCOs) that serve over 1.5 million Marylanders through the Medicaid HealthChoice program are committed to identifying ways to improve quality and access to care for all Medicaid participants.

As part of the focus on Maternal and Child Health, one of three components of the Statewide Integrated Health Improvement Strategy (SIHIS), the Medicaid Doula program has been in development throughout 2021 and is now in the implementation phase. The MCOs, in close partnership with the Department of Health, have worked to assist in the design and implementation of this benefit for HealthChoice members referred for doula care. Currently, the program is on track for ePrep enrollment of those qualified for providing doula services, as four ePrep enrollment seminars were hosted by the Department in January 2022. February 7, 2022 will mark the effective date for Doula coverage and the beginning of Phase 2 Implementation Planning of the program.

For these reasons, this legislation is duplicative to efforts well underway by the State and the MCOs serving the HealthChoice program. This legislation also presents future challenges in codifying provider rates and provider qualifications that may limit the State's ability to make enhancements to the program. We will remain fully engaged as the Doula program continues to be developed and implemented in the way that best serves our members.

The MCOs welcome the opportunity for continued engagement in policy discussions surrounding Maternal Child Health initiatives and look forward to continued collaboration with the State as we work to identify ways to improve access to affordable high-quality care for all Medicaid participants.

Please contact Jennifer Briemann, Executive Director of MMCOA, with any questions regarding this testimony at jbriemann@marylandmco.org.

1b - SB 166 - FIN - HSCRC - LOI.pdf

Uploaded by: Maryland Department of Health Office of Governmental Affairs

Position: INFO



February 8, 2022

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

RE: Senate Bill 166 – Maryland Medical Assistance Program - Doula Program – Letter of Information

Dear Chair Kelley and Committee Members:

The Health Services Cost Review Commission (HSCRC) submits this letter of information for Senate Bill 166 (SB 166) titled, “Maryland Medical Assistance Program - Doula Program.” The HSCRC believes doulas provide important support for pregnant and postpartum women, which aligns with the State’s goal to improve maternal health outcomes. The HSCRC applauds the sponsor for highlighting this important work; however, we do not believe that statutory changes are necessary to continue the progress that Medicaid has made in this area. In fact, this bill could unintentionally prevent program flexibility as Medicaid implements their Doula program by moving program elements from regulations to statute. As a new program, flexibility is particularly important as adjustments may need to be made. In addition, HSCRC requests that the Committee consider whether this bill results in conflicting authority to set hospital rates, as discussed further below.

The HSCRC is an independent state agency responsible for regulating the quality and cost of hospital services to ensure all Marylanders have access to high value healthcare. The HSCRC establishes rates for all hospital services and helps develop the State’s innovative efforts to transform the delivery system and achieve goals under the unique Maryland Health Model. The mission of HSCRC’s work is to enhance the quality of healthcare and patient experience, improve population health and health outcomes, and reduce the total cost of care for Marylanders.

One of the initiatives aimed at improving health under the Maryland Health Model is the Statewide Integrated Health Improvement Strategy (SIHIS). SIHIS is an agreement between the State of Maryland and the federal Centers for Medicare & Medicaid Services designed to engage State agencies and private-sector partners to invest in improving health, address disparities, and reduce costs for Marylanders. One of the population health goals under SIHIS is to reduce the State’s severe maternal morbidity rate. The purpose of having a SIHIS goal on maternal morbidity is to focus public and private efforts in the State on this critical issue.

To help achieve the goal of reduced maternal morbidity, the HSCRC established a Maternal and Child Health Funding Initiative to fund programs and initiatives led by MDH to address the several maternal morbidity. A portion of the Initiative’s \$40 million in cumulative funding for four years (FY22 – FY25) will be directed to support doula services for Medicaid beneficiaries. Doula services have demonstrated a favorable impact on maternal outcomes. HSCRC does not need the statutory change in this bill to continue this funding.

Finally, as noted above, the HSCRC is concerned about the potential impact of SB 166 on HSCRC’s authority to set hospital rates. HSCRC’s concern is based on the interaction of the term “medically necessary” and the inclusion of specified reimbursement rates in SB 166. Under Maryland law, all payers reimburse for HSCRC-regulated hospital services at

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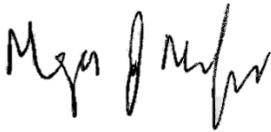
Gerard J. Schmith
Director
Revenue & Regulation Compliance

William Henderson
Director
Medical Economics & Data Analytics

levels set by the HSCRC. HSCRC's rate setting authority is limited to hospital services. By determining these services to be medically necessary and setting a reimbursement rate for doula services in the bill, there could be confusion; the bill could be interpreted to supersede HSCRC's rate-setting authority should doulas be employed by hospitals. If this bill moves forward, HSCRC recommends exempting hospital rates set by HSCRC from the bill or clarifying that doula services are not hospital services for purposes of HSCRC rate-setting.

The HSCRC remains committed to supporting Medicaid coverage of doula services for pregnant and postpartum women. These services are a key tool to reach the SIHIS goal of reducing maternal morbidity. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at 410-382-3855 or megan.renfrew1@maryland.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Megan Renfrew". The signature is fluid and cursive, with the first name being more prominent than the last.

Megan Renfrew
Associate Director of External Affairs

1a - SB 166 - FIN - MDH - LOI.pdf

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

Position: INFO



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

February 8, 2022

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

RE: SB 166 – Maryland Medical Assistance Program – Doula Program – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 166 – Maryland Medical Assistance Program – Doula Program. SB 166 will codify Medicaid reimbursement of certified doula services during pregnancy, labor, birth, and postpartum.

The Maryland Health Services Cost Review Commission (HSCRC) committed \$8 million in annual funding through fiscal year 2025 under the Statewide Integrated Health Improvement Strategy (SIHIS). The funding will be used to support Medicaid initiatives to reduce the severe maternal morbidity rate and pediatric asthma. MDH committed to using a portion of the HSCRC money to cover doula services for all Medicaid participants and offset the state general fund impact. Additionally, funding through Medicaid will create the opportunity to receive federal match funding to nearly double the investment. MDH submitted regulations for doula services with an expected *Maryland Register* publication date in late February 2022.

SB 166 has the same participation qualifications, reimbursement rates, and provider scope as MDH's planned implementation for doula services. However, this bill will limit MDH's ability to make any necessary adjustments to coverage for doula services, based on the information and data gained over the next several years, outside of the legislative cycle.

MDH stands committed to reducing the maternal morbidity rate in the State. In collaboration with HSCRC through SIHIS these initiatives will help support pregnant and postpartum women and improve health outcomes.

If you have any questions, please contact Heather Shek, Director of Governmental Affairs, at heather.shek@maryland.gov or (443) 695-4218.

Sincerely,

Dennis R. Schrader
Secretary