

**SB 503\_PJC\_Favorable.pdf**

Uploaded by: Ashley Black

Position: FAV



Ashley Black, Staff Attorney  
Public Justice Center  
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Baltimore, Maryland 21201  
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**SB 503**  
**Maryland Medical Assistance Program – Doula Services - Coverage**  
**Hearing of the Senate Finance Committee**  
**February 22, 2022**  
**1:00 PM**

**SUPPORT**

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 503**, which would require the Maryland Medical Assistance Program (Medicaid) to cover certain doula services. It would also require a provider to meet certain requirements in order to provide doula services in Maryland’s Medicaid program.

Maryland Medicaid began covering doula services for pregnant and postpartum beneficiaries in January 2022. Doulas are non-medical birth workers who provide emotional and physical support, information and advocacy to birthing people and families during the prenatal, birth and postpartum period.<sup>1</sup> Research supports that doula care provides a wide range of benefits to birthing parents and their babies, including lower cesarean rates, higher breastfeeding initiation rates and shorter labors.<sup>2</sup> SB 503 would codify the regulations for the Maryland Medicaid Doula Program, COMAR 10.09.39 Doula Services, allowing Maryland to join the growing number of states that have recognized that doula care can improve pregnancy outcomes for low-income birthing people and birthing people of color. Additionally, expanding Medicaid to cover doula care aligns with Medicaid’s previous efforts to address maternal health outcomes, including the expansion of postpartum coverage for maternal health and dental services.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 503**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org).

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<sup>1</sup> 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>.

<sup>2</sup> *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.*

**SB0503-813722-01.pdf**

Uploaded by: Clarence Lam

Position: FAV



**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”.

**SB0503-983721-01.pdf**

Uploaded by: Clarence Lam

Position: FAV



**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**”.

**SB503\_LAM\_FAV\_wAmendments.pdf**

Uploaded by: Clarence Lam

Position: FAV

CLARENCE K. LAM, M.D., M.P.H.  
*Legislative District 12*  
Baltimore and Howard Counties

Education, Health, and Environmental Affairs  
Committee  
Chair, Environment Subcommittee

Executive Nominations Committee

Joint Committee on Ending Homelessness

*Senate Chair*

Joint Audit and Evaluation Committee

Joint Committee on Fair Practices and  
State Personnel Oversight

*Vice Chair*

Baltimore County Senate Delegation

*Chair*

Howard County Senate Delegation

*Chair*

Asian-American & Pacific-Islander Caucus



Miller Senate Office Building  
11 Bladen Street, Room 420  
Annapolis, Maryland 21401  
410-841-3653 · 301-858-3653  
800-492-7122 Ext. 3653  
Clarence.Lam@senate.state.md.us

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”.

**SB 503\_MFN\_FAV\_Macsherry.pdf**

Uploaded by: Clinton Macsherry

Position: FAV



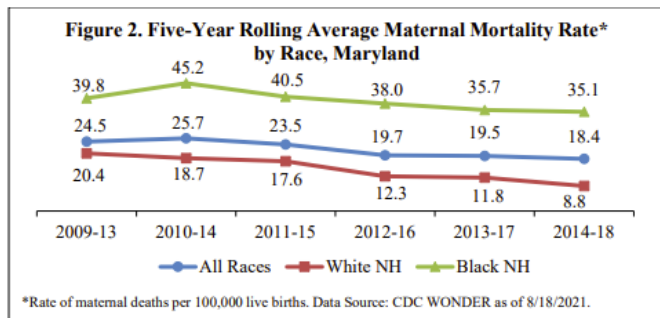
**Testimony Concerning SB 503**  
**“Maryland Medical Assistance Program – Doula Services—Coverage”**  
**Submitted to the Senate Finance Committee**  
**February 22, 2022**

**Position: Support**

Maryland Family Network (MFN) supports SB 503, which would require Maryland Medicaid Assistance Program to reimburse certified doulas for their services. We applaud Maryland’s Department of Health for the steps they have already taken to implement Medicaid reimbursement for doula services. This legislation would codify those efforts.

MFN has worked since 1945 to improve the availability and quality of child care and other supports for children and families in Maryland. As the largest and oldest statewide child advocacy organization in Maryland, MFN is strongly committed to ensuring the health and well-being of children and pregnant women across our state.

There are significant racial disparities in birth outcomes for Black birthing individuals and Black babies. Black individuals who give birth in Maryland are 4 times more likely to die after childbirth than White individuals.



According to the State’s Maternal Mortality Review Program, “Compared to ‘09-‘13, the ‘14-‘18 White non-Hispanic Maternal Mortality Rate (MMR) in Maryland **decreased 56.7 percent** and the Black non-Hispanic MMR decreased 12.0 percent. Although the rates are decreasing for both racial groups, **the**

**disparities are increasing.** The ‘09-‘13 Black non-Hispanic MMR was 2.0 times the White non-Hispanic MMR, while the **‘14-‘18 Black non-Hispanic MMR was 4.0 times the White non-Hispanic MMR.**”<sup>i</sup> (Emphasis Added.)

Having a doula throughout pregnancy and after delivery is one of the few ways to improve birth outcomes for Black birthing individuals and for 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.<sup>ii</sup> Allowing Medicaid reimbursement for doulas will expand access to doulas across Maryland, and thus could decrease racial disparities in maternal mortality for Black Marylanders giving birth.

For these reasons we urge a favorable report on SB 503.

<sup>1</sup> “Maryland Maternal Mortality Review 2020 Annual Report,” Health –General Article § 13-1207 -- § 13-1208 and § 13-1212 at p. 6-7. <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%20a7%2013-1207%2013-1208%20and%20%20a713-1212%20%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

<sup>1</sup> 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

# **SB 503 - Maryland Medical Assistance Program - Dou**

Uploaded by: Jane Krienke

Position: FAV



Maryland  
Hospital Association

February 22, 2022

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

Re: Letter of Support - Senate Bill 503 - Maryland Medical Assistance Program – Doula Services – Coverage

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 503. This bill aligns with the proposed Maryland Medicaid regulations, supported by the Doula Technical Assistance Advisory Group to create a permanent Medicaid doula benefit.<sup>1</sup> Doulas are expected to be eligible to enroll in Medicaid and begin billing for services this month.

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.<sup>2</sup> Half of this funding, including the federal match, will be used to establish 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.

Medicaid reimbursement increases access to doulas for patients who may have never had the opportunity due to the expense. SB 503 and Medicaid's proposed regulations complement the state goal to lower the severe maternal morbidity rate under the [Statewide Integrated Health Improvement Strategy](#).

Research shows positive outcomes for patients who work with doulas, including higher rates of breastfeeding initiation and vaginal deliveries.<sup>3</sup> One focus group study found doula support for racially and ethnically diverse women and women of lower socioeconomic status can increase feelings of “security, empowerment and connection...and help the patient participate in shared-decision making.”

For these reasons, we ask for a favorable report on SB 503.

For more information, please contact:

Jane Krienke, Legislative Analyst, Government Affairs  
Jkrienke@mhaonline.org

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<sup>1</sup> Maryland Register (December, 2021)

<sup>2</sup> Maryland Health Services Cost Review Commission. (May 2021). “[Final Recommendation on Use of Maternal and Child Health Funding](#).”

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

# Written testimony SB503.pdf

Uploaded by: Katrina Mark

Position: FAV



February 22, 2022

11 South Paca Street, Suite 400  
Baltimore, MD 21201  
410.328.5964 | 410.328.3589  
[kmark@fpi.umaryland.edu](mailto:kmark@fpi.umaryland.edu)

[www.umm.edu/womenscenter](http://www.umm.edu/womenscenter)

Chair Kelley, Vice Chair Feldman  
Maryland State Senate Finance Committee:

Continuous labor support has been associated with improved birth outcomes including shorter labors, a decreased need for pain medication, a decreased risk of non-medically indicated Cesarean and increased probability of being satisfied with the birth experience. These effects are augmented when this support is provided by a doula. Qualitative research in a study population of racially and ethnically diverse individuals who received doula care revealed that doulas provided them with agency, personal security, informational support, and connectedness. Due to financial barriers, those individuals who could most benefit from a doula are also the ones least likely to be able to avail themselves of this service.

The Department of Obstetrics, Gynecology and Reproductive Sciences at the University of Maryland School of Medicine is committed to visible action to ameliorate the impacts of social determinants of health, including systemic racism and gender inequity on birth outcomes. We thus support SB 503, which is designed to increase access by low-income women to a service that may help improve birth outcomes and reduce health disparities. Not only are doula services shown to be effective in improving birth outcome, a recent study showed that certified doula services being covered by Medical Assistance Programs would also likely be cost effective.

While we are in support of evidence based practices that improve maternal and child outcomes, it is critical to ensure the program undergoes vetting of participating doulas. This is necessary to ensure that they are certified under existing, established, quality doula certification programs such as DONA International. It is also critical that the role of the certified doula as a support person and not a medical care provider remains very clearly defined in the legislation, within the medical team and to pregnant people. The proposed legislation contains language to this effect. We would oppose any move to amend this Bill to remove the language that establishes this vetting process or the requirement of certification by an approved certification entity. We would also oppose any legislation that does not clearly define the role of a certified doula as a non-medical support person.

We appreciate your consideration of SB 503 in support of Medical Assistance Coverage for certified doula services.

Sincerely,



Katrina Mark, MD FACOG  
Associate Professor  
Department of Obstetrics, Gynecology and Reproductive Sciences  
University of Maryland School of Medicine

References:

Bohren M, Justus Hofmeyr G, Sakala C, Fukuzawa R, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database Syst Rev* 2017, 7(7): CD003766.

Kozhimannil K, Hardeman R, Alarid-Escudero F, Vogelsang C, Blauer-Peterson C, Howell E. Modeling the cost effectiveness of doula care associated with reductions in preterm birth and cesarean delivery. *Birth* 2016, 43(1): 20-27.

Thomas M, Ammann G, Brazier E, Noyes P, Maybank A. Doula services within a Healthy Start Program: Increasing access for underserved population. *Maternal and Child Health Journal* 2017; 21(Suppl 1): S59-S64.



**SB0503\_FAV\_MedChi, MDACOG\_MD Medical Assistance Pr**

Uploaded by: Pam Kasemeyer

Position: FAV



The Maryland State Medical Society  
1211 Cathedral Street  
Baltimore, MD 21201-5516  
410.539.0872  
Fax: 410.547.0915  
1.800.492.1056  
www.medchi.org



TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Clarence K. Lam

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine K. Krone

DATE: February 22, 2022

RE: **SUPPORT** – Senate Bill 503 – *Maryland Medical Assistance Program – Doula Services – Coverage*

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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 **support** for Senate Bill 503.

Senate Bill 503 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. During the 2021 interim, a Doula Technical Assistance Advisory Group (DTAAG) was convened to develop a regulatory framework for the provision of Doula services under Medicaid.

As a result of that interim work, 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. Senate Bill 503 mirrors the regulatory structure that was proposed in the regulations. MedChi and MDACOG strongly support enhancing access to and utilization of doula services and given that Senate Bill 503 reflects the consensus of the stakeholders, a favorable report is requested.

**For more information call:**

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

# **MAP\_SB 503\_ Doula Services\_Support.pdf**

Uploaded by: Stacey Jefferson

Position: FAV



## TESTIMONY IN SUPPORT OF SB 503

### Maryland Medical Assistance Program – Doula Services - Coverage

*Senate Finance Committee*

**February 22, 2022**

*Submitted by Julia Gross and Kali Schumitz, Co-Chairs*

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### **Member Agencies:**

211 Maryland

Advocates for Children and Youth

Baltimore Jewish Council

Behavioral Health System Baltimore

CASH Campaign of Maryland

Energy Advocates

Episcopal Diocese of Maryland

Family League of Baltimore

Fuel Fund of Maryland

Job Opportunities Task Force

Laurel Advocacy & Referral Services,  
Inc.

League of Women Voters of Maryland

Loyola University Maryland

Maryland Center on Economic Policy

Maryland Community Action  
Partnership

Maryland Family Network

Maryland Food Bank

Maryland Hunger Solutions

Paul's Place

St. Vincent de Paul of Baltimore

Welfare Advocates

### **Marylanders Against Poverty**

Julia Gross, Co-Chair

P: 410-528-0021 ext 6029

E: [jgross@mdhungersolutions.org](mailto:jgross@mdhungersolutions.org)

Kali Schumitz, Co-Chair

P: 410-412- 9105 ext 701

E: [kschumitz@mdeconomy.org](mailto:kschumitz@mdeconomy.org)

**Marylanders Against Poverty (MAP) strongly supports SB 503**, which would require the Maryland Medical Assistance Program (Medicaid) to cover certain doula services. It would also require a provider to meet certain requirements to provide doula services in Maryland Medicaid.

SB 503 would codify COMAR 10.09.39 Doula Services, expanding Maryland Medicaid to cover doula services for pregnant and postpartum low-income Marylanders. Doulas are non-clinical birth workers trained to provide emotional, physical and information support to pregnant people during the prenatal, birth and postpartum period. Despite research supporting that doula care can improve pregnancy and infant health outcomes, doula care is often inaccessible for low-income birthing people due to the cost. SB 503 would extend this medically necessary care to low-income Marylanders, aiding the State's efforts to eliminate maternal mortality and improve birth outcomes.

We thank the Department of Health for finally covering doula care for Medicaid beneficiaries.

**MAP appreciates your consideration and urges the committee to issue a favorable report for SB 503.**

***Marylanders Against Poverty (MAP)** is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.*

**SB503\_MCHI\_fav.pdf**

Uploaded by: Stephanie Klapper

Position: FAV



MARYLAND CITIZENS' HEALTH INITIATIVE

2600 ST. PAUL STREET BALTIMORE, MD 21218

P: (410)235-9000

F: (410)235-8963

WWW.HEALTHCAREFORALL.COM

### **TESTIMONY IN FAVOR OF SENATE BILL 503**

Maryland Medical Assistance Program – Doula Services – Coverage

Before the Senate Finance Committee

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

February 22, 2022

Chair Kelley and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 503. We thank Senator Lam 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.<sup>1</sup> Research suggests that community-based doulas can help improve birth outcomes and reduce disparities.<sup>2</sup> Codifying the Maryland Medical Assistance Program Doula Program will help underserved Marylanders survive and thrive during the pregnancy and post-partum period.

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 503.

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

<sup>2</sup> 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>



**11a - SB 503 - X - FIN - MDH - LOSWA.docx.pdf**

Uploaded by: Heather Shek

Position: FWA



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

February 22, 2022

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

**RE: SB 503 – Maryland Medical Assistance Program – Doula Services – Coverage – Letter of Support with Amendments**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for SB 503 – Maryland Medical Assistance Program – Doula Services – Coverage. SB 503 will require MDH to reimburse medically necessary doula services during pregnancy, labor, birth and postpartum services within the state of Maryland, subject to limitations determined by MDH.

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.

MDH met with the sponsor and offered two technical amendments. The first amendment allows for flexibility in the modification of the program without the need for future legislation. The second amendment is to avoid confusion about services delivered by doulas in the home and “home visiting services” which are a separate and distinct benefit.

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 and meet the interests of SB 503. If you have any questions, please contact Heather Shek, Director of Governmental Affairs, at [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov) or (443) 695-4218.

Sincerely,

A handwritten signature in black ink that reads "Dennis R. Schrader".

Dennis R. Schrader  
Secretary

AMENDMENT 1:

On page 3 strike beginning with “within” in line 10 down through “delivery” in line 11 and substitute “**AFTER THE CONCLUSION OF LABOR AND DELIVERY AS DEFINED BY THE DEPARTMENT;**”

AMENDMENT NO. 2

On page 5, strike beginning with “and” in line 8 down through “services” in line 9

**2022 ACNM SB 503 Senate Side.pdf**

Uploaded by: Scott Tiffin

Position: FWA



**Committee:** House Health and Government Operations Committee

**Bill:** House Bill 669 - Maryland Medical Assistance Program – Doula Services – Coverage

**Hearing Date:** February 16, 2022

**Position:** Support with Amendment

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The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) strongly supports with amendment *House Bill 669 – Maryland Medical Assistance Program – Doula Services – Coverage*. The bill would make doula reimbursement into a permanent program under Medicaid. Medicaid is about to launch a pilot reimbursement program and has been working collaboratively with the doula, consumer, and provider community. The bill largely reflects regulations that have been proposed for the pilot program.

ACNM strongly supports the presence of doulas as their role is complementary to that of midwives, nurses, and other health professionals. 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.<sup>1</sup> For these reasons, ACNM strongly supports the presence of doulas in hospitals and birth centers.

We do ask for the following amendment to clarify the non-clinical role doulas that play as part of the patient care team:

On page 1, line 21 following “MEANS” insert “**NON-CLINICAL**”

On page 2, line 10 strike "COUNSELING" and substitute “**COACHING**”

On page 4, line 7 after “MEDICALLY NECESSARY” insert “**AS DETERMINED BY A LICENSED OR CERTIFIED HEALTH CARE PRACTITIONER IN LINE WITH REQUIREMENTS OF THE DEPARTMENT**”

We ask for a favorable report along with our amendments. If we can provide any further information, please contact Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net).

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

**MMCOA SB503 02 22 2022.pdf**

Uploaded by: Jennifer Briemann

Position: INFO



**MMCOA  
Board of Directors**

*President*  
Cynthia M. Demarest  
Maryland Physicians Care

*Vice President/  
Secretary*  
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Mike Rapach  
*President & CEO*  
CareFirst Community  
Health Plan of Maryland

Jai Seunarine  
CEO  
Jai Medical Systems

Shannon McMahan  
*Executive Director, Medicaid  
Policy*  
Kaiser Permanente - Mid-  
Atlantic States

Jason Rottman  
CEO  
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**Statement of Information on Senate Bill 503- Maryland Medical  
Assistance Program Doula Services- Coverage**

**Senate Finance Committee  
February 22, 2022**

Thank you for the opportunity to submit a statement of information regarding Senate Bill 503- Maryland Medical Assistance Program- Doula Services- Coverage.

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 marked the effective date for Doula coverage and the beginning of Phase 2 Implementation Planning of the program.

For these reasons, this legislation is duplicative of efforts well underway by the State and the MCOs serving the HealthChoice program. We 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](mailto:jbriemann@marylandmco.org).*

**11b - SB 503 - X - FIN - HSCRC - LOI.docx.pdf**

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February 22, 2022

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

**RE: Senate Bill 503 – Maryland Medical Assistance Program – Doula Services – Coverage– Letter of Information**

Dear Chair Kelley and Committee Members:

The Health Services Cost Review Commission (HSCRC) submits this letter of information for Senate Bill 503 (SB 503) titled, “Maryland Medical Assistance Program – Doula Services – Coverage.” 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. Doulas services have demonstrated a favorable impact on maternal outcomes.<sup>1</sup> HSCRC does not need the statutory change in this bill to continue this funding.

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<sup>1</sup> Vonderheid S. C., Kishi R., Norr K. F., & Klima C. (2011). Group prenatal care and doula care for pregnant women In Handler A., Kennelly J., & Peacock N. (Eds.), Reducing racial/ethnic disparities in reproductive and perinatal outcomes: The evidence from population-based interventions (pp. 369–399). 10.1007/978-1-4419-1499-6\_15

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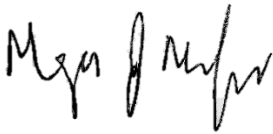
**Gerard J. Schmith**  
Director  
Revenue & Regulation Compliance

**William Henderson**  
Director  
Medical Economics & Data Analytics

Finally, as noted above, the HSCRC is concerned about the potential impact of SB 503 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 payment rate language in SB 503. Under Maryland law, all payers reimburse for HSCRC-regulated hospital services at levels set by the HSCRC. HSCRC's rate setting authority is limited to hospital services. By determining these services to be medically necessary and specifying allowable reimbursement rates for doula services in the bill; 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 severe 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](mailto: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 "Megan" being more prominent than the last name "Renfrew".

Megan Renfrew  
Associate Director of External Affairs