



MARYLAND CITIZENS' HEALTH INITIATIVE

**TESTIMONY FOR HOUSE BILL 765
FAVORABLE WITH AMENDMENTS**

Maryland Medical Assistance Program – Doula Program
Before the Health and Government Operations Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative, Inc.
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Chairman Pendergrass and Members of the Health and Government Operations Committee, thank you for this opportunity to testify in support of House Bill 765 with some amendments. We thank Delegates Bridges, Charkoudian, and Wells 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 House Bill 765.

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>