



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony prepared for the
Health and Government Operations Committee
on
House Bill 669
February 15, 2022
Position: **Favorable**

Mr. Chairman and members of the Committee, thank you for the opportunity to support access to health care in our State. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America; a faith community with three synods in every region of our State.

In a 2003 national assembly our community committed *to advocate that all people living in the United States of America, Puerto Rico, and U.S. territories have equitable access to a basic level of preventive, acute, and chronic physical and mental health care.* **House Bill 669** advances equitable access in two ways: with a modest Medicaid expansion directed toward under-served Maryland mothers, by establishment of a Maryland Medical Assistance Doula Program. This almost certainly will improve maternal health outcomes in our State. My community's position is that access to adequate and appropriate health care is the best standard for managing health costs.

United States maternal health outcomes remain appalling poor compared to our economic peers. That demonstrates poor health care policy. In Maryland, which has done much to improve health outcomes with expanded access (*because of this Committee's good work over several decades*) similar patterns occur. African-American mothers in Maryland are more likely to have pregnancy complications in comparison with their demographic cohort. "Complications" include ICU admission and death. Most of it is preventable. Better, more reliably available maternal care would doubtless improve outcomes and lower adjacent health costs in the bargain.

With other proponents we urge that the final legislation establish good certification requirements for doula services. This can be easily done since the doula vocation is well-organized nationally. We also encourage funding adequate to the professional service so that equity in access to health care is sustained.

It's important to observe that doulas also serve maternal post-partum health. This is essential to good birth outcomes when mothers are discharged from the care of other providers. It's an assumption of national health services in other countries where post-partum care is regarded as natal care.

The health and economic benefit of pre-natal and post-partum care is so well established in the literature, expanding access to them implies a win/win/win for mothers, infants, and the State. For these reasons, our community supports House Bill 669 and asks your favorable report.

Lee Hudson