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Ohio's 16th Senate District

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Senate Bill 328
Sponsor Testimony
Health, Human Services, & Medicaid Committee
June 24, 2020

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Senate Health, Human Services, and Medicaid Committee. Thank you for the opportunity to present sponsor testimony on Senate Bill 328.

Medicaid covers over 50 percent of the 138,000 plus births in Ohio each year however, these vital services are not covered by Medicaid. Doulas are birth workers who provide health education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum persons before, during, and after childbirth, otherwise known as the perinatal period.

According to the Cleveland Clinic some studies have shown that continuous support from doulas during birth may lead to:

- A decreased use of pain relief medication during labor
- A decreased incidence of C-sections
- A decrease in the length of labor
- A decrease in negative childbirth experiences

Ohio's maternal death rate was 14.7 per 100,000 live births between 2008 and 2016. The Ohio Department of Health's Pregnancy Associated Mortality Review report released in November of 2019 found that during this time, there were 610 pregnancy-associated deaths in Ohio. Of those, 186 women died due to pregnancy-related reasons. Black women died at a rate more than two and a half times that of white women, accounting for 34 percent of pregnancy-related deaths while only making up 17 percent of women giving birth in Ohio. Over half of all pregnancy-related deaths (57 percent) between 2012 and 2016 were preventable. According to the March of Dimes 2019 Preterm Birth Report Card, The preterm

birth rate in the United States has worsened for a fourth year, from 9.63 percent in 2015 to 10.02 percent in 2018. Premature birth and its complications are the largest contributors to infant death in this country and globally. Ohio's rate is higher is 10.3, which is higher than the national rate. And is one of the worse disparity rates in the country. For Black women in Ohio, the preterm birth rate is 49% higher than the rate among all other women. For Black babies, the preterm birth rate is 14.2.

Access to continuous labor support from a doula is especially vital for birthing people of color. Black women experience higher rates of poor birth outcomes, including higher rates of Cesarean, preterm birth, low birth weight, and infant death. Studies show that significant racial disparities (differences) in birth outcomes continue to exist even after accounting for factors like the pregnant person's income, education, marital status, tobacco/ alcohol use, and insurance coverage. In other words, health and social factors alone can't explain the higher rates of poor birth outcomes among African Americans.

A study authored by Dr. Kozhimannill at the University of Minnesota Public Health Women who received doula support had lower preterm and cesarean birth rates than Medicaid beneficiaries regionally. After adjustment for covariates, women with doula care had 22% lower odds of preterm birth. Cost-effectiveness analyses indicate potential savings associated with doula support reimbursed at an average of \$986, (ranging from \$929 to \$1,047 across states). Based on associations between doula care and preterm and cesarean birth, coverage reimbursement for doula services would likely be cost saving or cost effective for state Medicaid programs.

Senate Bill 328 is identical to HB 611 introduced in the Ohio House. The bill will define doula services as physical, emotional, or educational support provided during prenatal, childbirth, and postpartum periods, other than support that is considered to be medical, midwifery, or clinical in nature. Doula services include all of the following:

1. Prenatal and postpartum visits.
2. Birth support and time spent on-call in reasonable anticipation of a birth.
3. Communications between a doula and a pregnant woman or her support person.
4. Connecting a pregnant woman or woman capable of becoming pregnant with nonprofit organizations that provide assistance in locating health and social services.
5. Time spent on related administrative tasks such as documentation.

To be eligible for Medicaid payments, a doula must submit all of the following to the satisfaction of the Medicaid Director:

1. Proof that the doula has a current, valid certificate issued by a doula certification organization. The bill defines doula certification organization as a nationally or internationally recognized entity for training and certifying doulas whose educational curriculum meets the requirements set forth in the bill.
2. An attestation that the doula has completed at least 60 hours of in-person classroom instruction and training that includes any combination of childbirth education, birth doula training, antepartum doula training, and postpartum doula training.
3. Proof of attendance at one breastfeeding class, two childbirth classes, and two births.
4. At least one positive reference to be from a licensed health professional practicing in public health or a community-based public health organization.
5. Proof of completion of instruction in cultural competency, CPR, and health information confidentiality, including privacy standards established under the federal Health Insurance Portability and Accountability Act of 1996.

This bill would also specify that the total amount of all Medicaid payments for doula services for each pregnancy cannot exceed \$2,500.

This bill will establish in the Department of Medicaid the Ohio Doula Advisory Board, consisting of 13 to 15 members appointed by the Medicaid Director and specifies duties of the Advisory Board, including (1) providing advice and recommendations regarding the Medicaid program's coverage of doula services, (2) verifying and approving organizations as black-led, community-based public health organizations, (3) establishing the state doula registry and (4) making recommendations regarding rules.

Chairman Burke and members of the Senate Health, Human Services, and Medicaid committee. Thank you for the opportunity to present sponsor testimony on Senate Bill 328. We are happy to answer any questions that the committee might have.