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Ohio House District 26
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House Bill 142 Joint Sponsor Testimony (as prepared)**

Chair Manchester, Vice-Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, thank you for the opportunity for us to provide sponsor testimony on House Bill 142, which will allow Medicaid to reimburse for doula services.

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.

Numerous studies have documented the benefits of having a doula present during labor. A recent Cochrane Review, *Continuous Support for Women During Childbirth*, showed a very high number of positive birth outcomes when a doula was present. With their support, women were less likely to have pain-relief medicationsⁱ administered and less likely to have a cesarean birth. Women also reported having a more positive childbirth experience.

Other studies have shown that having a doula as a member of the birth team decreases the overall cesarean rate by 50%, the length of labor by 25%, the use of oxytocin by 40%, and requests for an epidural by 60%. The continuous support of doulas before, during, and after childbirth have decreased pregnancy risks and resulted in increased patient satisfaction.

Because doula services are not covered by Medicaid, many individuals have to pay for these services out of pocket. Doula organizations do their best to provide

affordable services to those who benefit most from their services. However, to do this and ensure that doulas are receiving a livable wage and compensation, many doula organizations are absorbing the cost of the services.

Three states, including New York, Oregon, and Minnesota have implemented legislation in which Medicaid will provide reimbursement for doula services. In February, California introduced legislation to create a full spectrum doula care pilot program for Medicaid beneficiaries. In Ohio, Medicaid covers certain prenatal services including prenatal vitamins and ultrasounds.ⁱⁱ Medicaid also covers some home visiting programs. We know that these resources contribute to a successful and healthy pregnancy.

In 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth every day.

In the U.S. every year, 700 to 900 new and expectant mothers die, with an additional 500,000 experiencing life-threatening postpartum complications. The majority of the deaths are from preventable causes. Black women in the United States are three to four times more likely to die from childbirth or pregnancy-related causes than white women.

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.ⁱⁱⁱ Over half of all pregnancy-related deaths (57 percent) between 2012 and 2016 were preventable.^{iv} 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. According to Health Policy Institute of Ohio, only five states have a higher Black infant mortality rate than Ohio. Over the past decade, Ohio's Black-white infant mortality disparity increased by twenty six percent (26%) from 2.2 in 2009 to 2.8 on 2019. 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 14.3 whereas white infant mortality rate is 5.1.

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 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 Black people. Then what does explain the health inequity? Researchers have proposed that African Americans are subjected to individual, institutional, and other forms of discrimination throughout their lives; these experiences build on each other and are uniquely stressful, and the increased stress can negatively impact pregnancy outcomes.^v

When we look at the cost-effectiveness of doula care and the reduction of preterm birth and cesarean delivery, Women who received doula support had lower preterm and cesarean birth rates than Medicaid beneficiaries regionally. 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).^{vi}

It is our responsibility to do everything we can to ensure that families come first in Ohio and mothers can live their lives without the fear of dying during or after childbirth. Thank you again for the opportunity to speak on behalf of this legislation, and at this time we would be happy to answer any questions you may have.

ⁱ Narcotics for Pain During Labor: Types & Side Effects. (2019, October 13).

ⁱⁱ Gifford, K., Walls, J., Ranji, U., Salganicoff, A., & Gomez, I. (2019, June 19). Medicaid Coverage of Pregnancy and Perinatal Benefits: Results from a State Survey.

ⁱⁱⁱ A Report on Pregnancy-Associated Deaths in Ohio 2008-2016." Ohio Department of Health

^{iv} *Id.*

^v Dekker, R. (2019, August 12). Evidence on: Doulas.

^{vi} Kozhimannil, K., Hardeman, R., Alarid-Escudero, F., Vogelsang, C., Blauer-Peterson, C., & Howell, E. (2016, March)