



**House Families, Aging, and Human Services Committee
HB 142 - Proponent Testimony
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Good morning Chairman Manchester, Vice Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, thank you for the opportunity to provide testimony on behalf of the Children's Defense Fund-Ohio in support of House Bill 142, regarding Medicaid coverage of doula services.

CDF-Ohio is a statewide non-profit organization which serves as an independent voice for all children. Born out of the civil rights movement, with more than four decades of advocacy in Ohio, it is the mission of the Children's Defense Fund to champion policies and programs that lift children out of poverty, protect them from abuse and neglect, and ensure their access to appropriate and targeted health care, quality education, and nutritional wellness.

Every year women in Ohio die preventable deaths due to complications in pregnancy or in the weeks and months after giving birth. Maternal deaths are even more stark among Black mothers who are three times as likely to die from pregnancy-related causes as their white counterparts. Ohio's Pregnancy-Associated Mortality Review Panel (PAMR) published a report showing that between 2008-2016, over half the deaths of women who were pregnant or who died within one year of pregnancy were preventable.

According to a Child Trends report, in 2018 in Ohio 6.2% of women in urban areas received late or no prenatal care, and in that same year 10.5% of urban infants were born preterm. One effective strategy to address maternal mortality rates is the use of doulas. A doula is a trained professional, ideally a member of the community where the mother lives, who provides continuous physical, emotional, and informational support to a mother before, during, and shortly after childbirth to help her achieve the healthiest, most positive experience possible. There is a strong and growing body of evidence that doula care can result in lower rates of cesarean and pre-term births, improved quality of life for the family, as well as significant cost-savings. Over 20% of Ohio births from 2015 to 2018 were cesarean deliveries. In 2019, there were 14,136 preterm births in Ohio, representing 10.5% of live births.

According to The Ohio Perinatal Quality Collaborative, a preterm birth in Ohio costs an average of \$32,000 (this is without an extended stay in a neonatal intensive care facility.) Doulas reduce



toxic stress which is the continuous exposure to adversity. It can disrupt and harm physical health and lead to long-term stress related diseases and conditions. In pregnant women, especially those who are in constant stress due to their economic status, housing instability, systemic racism, and other factors, the toxic stress can lead to pre-term birth, low birth weight, and other complications. Doulas provide emotional, physical, and educational support to a mother who is expecting, experiencing labor, or has recently given birth. Doulas act as advocates for women who often feel marginalized by the healthcare system to make sure their voices are heard, and their concerns are addressed.

The challenges faced by Black and low-income pregnant women are complicated when financial barriers are present. Doula care would benefit low-income mothers because the doula can serve as an advocate and health advisor to a woman who may already be overwhelmed. Doula services that are community-based provide the most benefit because a person who is already considered part of the community has a higher likelihood of being trusted and understanding the context of the community in terms of challenges, services available, etc.

Low-income women are at highest risk of poor birth outcomes in Ohio, and women of color, especially Black women and their babies, are even more vulnerable to experiencing complications during pregnancy, birth, and postpartum. Doula care is among the most promising approaches to combating disparities in maternal health and can also help reduce the impacts of racism and racial bias in health care on pregnant women of color by providing individualized, culturally appropriate, and patient-centered care.

Thank you for the opportunity to testify on HB 248.

I am happy to answer any questions the committee may have.