



Sarah Inskeep
Proponent Testimony for House Bill 142
Ohio House Aging, Families, and Human Services Committee
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Chair Manchester, Vice-Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, thank you for allowing me to submit written testimony in support House Bill 142, which will allow Medicaid to reimburse for doula services.

My name is Sarah Inskeep, and I am the Ohio Policy and Movement Building Director for URGE: Unite for Reproductive and Gender Equity. URGE is multi-state Reproductive Justice organization led by and for young Black and Brown queer, transgender, and gender-nonconforming people in the South, Midwest, which includes our work in Ohio. On behalf of our over 25,000 statewide members, I urge this committee to vote yes and ultimately pass HB 142.

As a Reproductive Justice organization, our core values are rooted in the human right to maintain personal bodily autonomy, if and when to have children, to parent those children, and grow up in safe and sustainable communities. At URGE, we work to build a future where each of us can live, love, create families, express our gender, and enjoy sexuality with liberation, power, and joy and without stigma, scarcity, or interference. As a result of hundreds of years of systemic racism, sexism, gender-based violence, and reproductive experimentation and oppression, this vision is a distance reality. However, with the passage and enactment of HB 142, the state of Ohio will take an overdue step in beginning to address the state's alarming maternal and infant mortality rates by increasing low-income pregnant and postpartum people's access to doula services through Medicaid reimbursement.

The rates for maternal and infant mortality in Ohio and in the United States remain at crisis levels - this is not new. As Rep. Crawley outlined in her sponsor testimony, Black women are two and a half more times likely to die because of pregnancy-related reason than white women in Ohio, making up 34 percent of pregnancy-related deaths while only comprising of 17 percent of women giving birth in Ohio.¹ The 2019 Ohio Department of Health 2019 Infant Mortality Annual Report found that Black infants were more than 2.8 times more likely to do than their white babies in the state.² Additionally, a 2019 national survey found that one in six women reported mistreatment during childbirth, including being shouted or scolded at by a health care provider, being ignored, or their requests for help being refused. Women of color, women who

¹ A Report on Pregnancy-Associated Deaths in Ohio 2008-2016." Ohio Department of Health

² 2019 Infant Mortality Annual Report. Ohio Department of Health. Published 2019. Accessed June 9, 2021



gave birth in hospitals opposed to at home, and women with low incomes experienced higher rates of mistreatment.³

Whether it's throughout pregnancy, during childbirth, or postpartum – Black Ohioans have to navigate a racially-biased and damaging health care system. And without the financial resources to individually pay for doula services – Black pregnant and postpartum people go without doula services. Doulas understand the physical, social, and emotional impacts of racism and provide support to their clients in addition being one of their primary advocates while navigating medical systems. Passing HB 142 will help ensure pregnant and postpartum people who want to obtain doula services can access them regardless of their income.

Many factors result in Ohio being among the worst states in the nation for Black maternal and infant mortality rates. Restrictions of food assistance and other critical safety net programs for families with low incomes, lack of access to high-quality education, affordable housing, comprehensive health care, including abortion services, and the policing of Black communities resulting in increased levels of distress and death among Black people, and more all have a role creating and perpetuating the conditions of these racial disparities to continue – and worsen – in the state. While doula services alone cannot eliminate institutional racism in the health care system, they are a critical part of a well-resourced, interdisciplinary, and multifaceted approach to minimizing racial disparities in Ohio and across the nation.

HB 142 will allow for organizations across Ohio such as Birthing Beautiful Communities (BBC), Restoring Our Own Through Transformation (ROOTT), and more to reach more pregnant and postpartum people, specifically those who are Black, and want to access these life-saving services. Once again, I urge a yes vote and passage of HB 142. I'm happy to answer any follow up questions the committee has through email or phone.

Please see footnote regarding gendered language used throughout this testimony.⁴

³ Vedam, S., Stoll, K., Taiwo, T.K. *et al.* The Giving Voice to Mothers Study: Inequity and Mistreatment During Pregnancy and Childbirth in the United States. *Reprod Health* **16**, 77 (2019). <https://doi.org/10.1186/s12978-019-0729-2>. Accessed June 9, 2020.

⁴ Throughout this testimony the term “women” is referenced to reflect the language used in the research, laws, and policies cited. We recognize that cisgender people are not the only people who can become pregnant, have abortions, or fill the roles of caregivers. At URGE, we respect, advocate, and celebrate of all gender identities, expressions, and sexual orientations and are dedicated to pushing lawmakers to do the same.