Ohio House
Families, Aging, and Human Service Committee

Ohio Commission on Minority Health
House Bill 142
Proponent Testimony

Thursday, June 10, 2021
11:00 am

Good morning Chair 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 proponent testimony on House Bill 142, which will allow Medicaid to reimburse for doula services.

Medicaid is responsible for covering 50 percent of Ohio's 138,000 births annually. With this coverage comes the significant responsibility for improving disparities in birth outcomes as well infant mortality and maternal mortality rates.

Health disparities are defined as avoidable significant differences in the overall rate of disease incidence, prevalence, morbidity, and mortality rates between one population and another.[1]

The Health Policy Institute of Ohio's 2021 Health Value Dashboard, which is a tool to track Ohio's progress toward health value, ranks Ohio at 47th in the nation. Through a series of equity profiles, the Dashboard highlights gaps in outcomes between groups for some of Ohio's most systematically disadvantaged populations. As a result, Ohio's racial and ethnic populations experience much poorer health outcomes.

Doula care includes non-clinical emotional, physical, and informational support before, during, and after labor and birth. Extensive, reliable research shows that doula care is a high-value model that improves childbirth outcomes, increases care quality, and holds the potential to achieve cost savings.[2-4]

Doula support during pregnancy, birth, and the postpartum period reduces rates of cesarean deliveries, prematurity and illness in newborns, and the likelihood of postpartum depression.
Doula care also improves the overall satisfaction with the experience of childbirth care and increases breastfeeding initiation and duration. Cost analyses have found that doula care can reduce overall spending by avoiding unnecessary medical procedures and the potential complications and chronic conditions that may result, reducing Neonatal ICU admissions, and fostering healthy practices such as breastfeeding.[5-7]

However, despite the numerous, well-documented benefits of doula care, the services remain widely underutilized. A number of barriers contribute to poor access, but cost has previously been identified as the most significant obstacle to obtaining doula services.[8]

In Ohio, these vital cost effective services are not covered by Medicaid. Studies have demonstrated that having a doula as a member of the birth teams has reduced the length of labor by 25%, decreased the cesarean rate by 50% and the requests for an epidural by 60%.[9]

Infant mortality is a significant cost driver in Ohio. In 2013, the Department of Medicaid expended $596 million dollars in prenatal and delivery care with two-thirds of this cost, or $373 million dollars, related to the 13.79% preterm birth rate. Women who received doula support had lower preterm rates than Medicaid beneficiaries.[10]

Infant mortality is a measure of a community's vitality and overall well-being. The infant mortality rate is defined as the death of an infant before his or her first birthday per 1,000 live births. Healthy People 2030 recommends that a state's infant mortality rate be 5.0 per 1,000 live births.

Based on 2019 data, Ohio is already significantly close to achieving the Healthy People 2030 infant mortality rate goal given that in Ohio the infant mortality rate for white infants is 5.1 per 1000 live births. However, despite improvements, persistent disparities are still evident in the 2019 Ohio's black infant mortality rate of 14.3 per 1,000 live births, which is nearly three times the white infant mortality rate of 5.1 per 1,000 live births for the same year.[11]

For the six states that make of Region V, five states including Ohio, is represented amongst the highest 10 black infant mortality rates the nation for 2018. Ohio is ranked with the second highest black infant mortality rate in Region V.

In the 2020 March of Dimes Report, Ohio was ranked a D+ related to their preterm birth rate of 10.5 for all births based on 2019 data. In addition, the 2016-2018 average preterm birth rate among black women was 14.1. In Ohio, the preterm birth rate was 48% higher for black women than among all other women.

Ohio has increased its attention and efforts to address infant mortality. These efforts included the prioritization of improving birth outcomes, historic passage of bipartisan legislation, increased infant mortality allocations and the continued efforts of the Commission on Infant Mortality. These efforts included Medicaid coverage of home visiting programs to include community health workers services.

Other states such as New York, Oregon, and Minnesota have implemented Medicaid coverage of doula services. House Bill 142 is an effort to address poor maternal and infant health outcomes and disparities, to include Medicaid coverage of doula services. Medicaid coverage would eliminate this barrier making doula support accessible to those who need it most.

Community-based doula programs have been developed to make doula care and other perinatal support services available in and appropriate for underserved communities. These programs and organizations are situated in the communities they serve, and their services encompass and go beyond those offered by private doulas. Across the country, many community-based doulas are members of the community they serve, sharing the same background, culture, and/or language with their clients and have additional training that supplements the traditional doula education curriculum. The Ohio Commission on Minority Health funds a doula program to improve preterm birth rates which is a driver in infant mortality and has seen the improvement in birth outcomes compared to the state outcomes.

In 2019, researchers from the Centers for Disease Control and Prevention reported that Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than white women. Further, most pregnancy-related deaths are preventable. Racial and ethnic disparities in pregnancy-related deaths have persisted over time.

These disparities are devastating for families and communities and we must work to eliminate them. There is an urgent need to identify and evaluate the complex factors contributing to these disparities and to design interventions that will reduce preventable pregnancy-related deaths.

Ohio's maternal death rate was 14.7 per 100,000 live births between 2008 and 2016. The 2019 Ohio Department of Health's Pregnancy Associated Mortality Review report found that of the 610 pregnancy related deaths in Ohio, black women accounted for 34% while only making up 17% of the women giving birth in Ohio.[12]

In Minnesota, in one study, women who received services from community-based doulas, including 4 prenatal visits had a 4.7% lower preterm rate compared to 6.3% of regional Medicaid beneficiaries and a 20.4% cesarean birth rate compared to 34.2%.[4] In this study, savings were associated with doula support, when doulas were reimbursed up to an average rate of $986, with numbers ranging from $929 - $1,047 across states depending on several variables.

The future health of our state and our nation as a whole will be largely determined by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations, with minority populations experiencing disproportionate burdens of disease, disability, and premature death.[13]

I would like to inform you that I have a profound bilateral hearing loss which will likely require me to ask you to repeat your questions. Thank you in advance for your accommodation. I will be happy to answer any questions you may have at this time.

References

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