



TESTIMONY OF:

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IN SUPPORT OF:

House Bill 142
Require Medicaid to cover doula services
House Families, Aging & Human Services
June 10, 2021

Chair Manchester, Vice Chair Cutrano, and Ranking Minority Member Liston, and distinguished members of the Ohio House Families, Aging & Human Services, thank you for the opportunity to provide testimony today in support of House Bill 142, regarding Medicaid coverage of doula services.

My name is Erin Ryan and I serve as the Managing Director of the Ohio Women's Public Policy Network, a coalition of nearly 40 organizations working collaboratively to advocate for public policy solutions that build economic opportunity for women and families. We are united by a collective vision: an Ohio in which all women, particularly women of color and low-income women, have the resources to thrive and the ability to live economically secure, safe, and healthy lives.

These goals guide our work as a coalition, and they have shaped our interest in testifying today in support of Ohio's House Bill 142. The right to access quality, affordable, and culturally competent health care is fundamental to our mission as an organization. This legislation would expand Medicaid coverage to include doula services, addressing the current inequalities that exist in the services covered by the state's Medicaid program, and ultimately aiming to improve maternal health outcomes, particularly for Black mothers.

We must ensure that all new mothers can thrive, and that begins with strong support for maternal health. Nationally, Medicaid covers more than half of births, playing a critical role in maternal care and health outcomes for babies. When mothers can access the crucial support and services

they need throughout their pregnancy and delivery, it can help support stronger health outcomes for mom and baby. However, the state of Ohio fails to provide Medicaid coverage for doula services, putting them out of reach for many women who want and need to access them.

In recent years, maternal mortality rates in Ohio have been on a progressive rise. Between 2012 and 2016, a report released by the Ohio Department of Health found that 57 percent of the pregnancy-related deaths in the state could have been prevented. In addition, the data found that Black mothers are two and half times more likely to die from pregnancy-related complications than white mothers.¹ These disparities in maternal health outcomes for Black women can be attributed to racial disparities in access to and quality of care, discrimination and implicit bias in the health care system experienced before, during, and after pregnancy, and stress and trauma associated with structural and institutional racism.

Doula services provide resources that effectively address both infant mortality and mother morbidity, especially for Black mothers across Ohio. Previous programs created to address infant mortality and morbidity have not attempted to consider the experiences of women disproportionately affected by adverse pregnancy outcomes. Black mothers in particular face specific racial disparities through their pregnancy, during birth, and postpartum that doula services are able to directly address and correct. However, the cost of hiring a doula can be out of reach for many expecting parents, with fees often ranging from \$600 to \$2,000.² House Bill 142 would play an important role in making doula services affordable and accessible to parents, which can make an immense difference during pregnancy and beyond.

Oftentimes, Black mothers need additional advocates when communicating their needs to their doctors or healthcare providers, as systemic health disparities and biases within the healthcare system have put Black women's health and lives at risk for centuries. Across academic articles, studies, and shared stories of women, Black women's concerns are frequently dismissed or downplayed, leading to severe consequences. Doulas are able to provide needed additional support, create a more supportive environment during delivery, and make the experience of pregnancy much less difficult for the mothers rightfully advocating for their own lives and the lives of their children.

Evidence has also found the cost-saving benefits of doula services for the health care system. The use of doulas to support pregnant and birthing individuals is associated with a reduction in

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<https://www.daytondailynews.com/news/local/half-ohio-pregnancy-related-deaths-preventable-report-shows/H6ImOmNoil8uf4vPrfPWBP/>

² <https://www.washingtonpost.com/graphics/2021/the-lily/covering-doulas-medicaid/>

unnecessary C-sections and preterm births, which can save the state money in the long-term.³ Research has demonstrated the concrete cost-effectiveness behind doula care for the patient and the health care system, reinforcing the stance that it makes strong financial sense for Ohio to provide coverage to doula services through our Medicaid program.

The evidence is clear: Improving access and affordability to beneficial services, such as doulas, for pregnant people will directly address the maternal health disparities endured by women of color, particularly Black mothers. There is no one solution to address the maternal and infant mortality crises we are facing; however, House Bill 142 is critical in the efforts to improve the health outcomes of Ohio mothers, along with proactive policy solutions such as paid family and medical leave and an extension of Medicaid coverage for postpartum mothers.

Thank you again for the opportunity to testify today in support of House Bill 142. I am available to answer any questions by email at ryan@innovationohio.org.

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³ <https://pubmed.ncbi.nlm.nih.gov/26762249/>