

## HB 142 Testimony by Cole Ramsey

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. My name is Cole Ramsey, I own Columbus Birth and Parenting, and have worked as a birth and postpartum doula in Columbus for 18 years. I am also a doula trainer and have trained hundreds of doulas across North America for two of the largest and most well known training and certifying bodies, DONA International and ProDoula.

Dr. John Kennell, a pediatrician, researcher, and co-founder of DONA International, said it best “If a doula were a drug it would be unethical not to use it.” The research on doulas is clear: the emotional, physical, and educational support offered by doulas to pregnant and birthing families has the potential to decrease the preterm birth rate, induction, and cesarean rates, labors are shorter and tend to require fewer interventions, and breastfeeding rates increase. Research has even shown couples have a stronger bond after a doula attended birth and, as odd as it sounds, dad’s even rate their babies as cuter when a doula has supported a family. This, in my opinion, is due to an increase in oxytocin levels when a doula is present. Oxytocin is the primary hormone of labor and birth as it causes the uterus to contract. But oxytocin is also the love, bonding, and trust hormone. Oxytocin is also a hormone that increases in others when in the same room as a person who is experiencing their own increase in oxytocin. Doulas are facilitators of oxytocin.

We also see birth satisfaction rates increase dramatically when a doula is present. This is significant not only for the people giving birth but also for the medical staff and facility as patient satisfaction rates are tied to reimbursement rates.

Additionally, doulas have also been recognized by ACOG, the American College of Obstetrics and Gynecologists, as one of the best tools for decreasing rates of cesarean birth.

Lastly, doulas have the potential to save the State money. In 2010, researchers in Wisconsin studied the estimated immediate cost savings per birth with in-hospital doula support. The study found that if every low-risk birth in 2010 in Wisconsin had been attended by a doula, there would have been an estimated savings of \$28,997,754 or \$538 per birth. This was just low risk births.

Another study conducted in 2016 looked specifically at all Medicaid-funded, singleton births at hospitals in the West North Central and East North Central US (n=65,147) in the 2012 Nationwide Inpatient Sample and all Medicaid-funded singleton births supported by a community-based doula organization in the Upper Midwest from 2010-2014 (n=1,035). Women with doula care had 22% lower odds of preterm birth and the cesarean rate for non-doula supported births was significantly higher, 34.2% compared to 20.4% when a doula was present.

This also translates into cost savings. The researchers of the 2016 study found that doula-supported labor and births among Medicaid beneficiaries would save \$58.4 million and avert 3,288 preterm births each year. Of the 10,000 simulated scenarios comparing

Medicaid-funded births with doula support to Medicaid-funded births regionally, 73.3% resulted in cost savings (greater effectiveness at a lower cost) and 25.3% were cost-effective (greater effectiveness at a higher cost).

Currently, 52% of births in Ohio are paid for by Medicaid.

From this data alone, it is clear that HB 142 would greatly improve outcomes and would not only benefit pregnant and birthing families but also would save the State of Ohio a great deal of money and improve our overall metrics for health outcomes related to pregnancy, birth, and the first year of life.

Additionally, HB 142 does some things that have been needed in the doula industry for some time now: a standardized state certification and an oversight board. There are over 90 different doula training and certifying bodies in the US; each with their own scope of practice, code of ethics, and educational and certification process. Doulas do not currently have a national certification with one set standard on training, scope, and code of ethics. You don't even have to have taken a doula training to call yourself a doula.

The current system means doctors, nurses, and consumers have no way of knowing if a person is in fact a trained and certified doula without doing a lot of work that, frankly, most medical professionals do not have time for. The creation of a state certification and an oversight board has the potential to help legitimize doulas in the eyes of consumers and other medical professionals. This, in turn, would lead to more people accessing doula care. More people accessing doula care not only means better health outcomes for Ohioians and greater savings for Medicaid and private insurance, but it also means more small businesses for Ohio. In Franklin County alone, we would need a minimum of 327 doulas if 75% of pregnant and birthing families wanted a doula by their side.

In all of my relationship building as a small business owner and my travels as a doula trainer, I have spoken to dozens of doctors and hospital administrators. They all say the same thing: they're hesitant of doulas because anyone can call themselves a doula and they have no way of knowing if the person is actually a doula or a friend/family member trying to interfere with the care the doctors and nurses are providing. The lack of professional oversight and varying levels of training doulas receive is often cited as one of the biggest reasons doctors are hesitant to refer to doulas. The other factor that prevents many doctors from referring to doulas is the cost. Even the doctors who understand and value the benefits of doula support frequently lament the costs associated with hiring a doula for their low-income families.

HB 142 addresses all of these issues. It will provide pregnant families with more accessibility to professional doulas which will improve their overall birthing experience and start families off with a stronger foundation for parenting. Consumers, doctors, nurses, and hospital administrators will be able to easily verify that a person saying they are a doula is a doula, that they have a standard level of knowledge, and that there is some form of oversight in the unlikely event something goes wrong. And it has the potential to save the state millions of dollars each year.

In conclusion, thank you again for the opportunity to speak on behalf of this legislation. At this time I would be happy to answer any questions you may have.