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House Bill 142 Proponent Testimony
House Families, Aging and Human Services Committee
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Chairman Manchester, Vice-Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, my name is Jaime Miracle and I am the Deputy Director of NARAL Pro-Choice Ohio. I am submitting this written testimony on behalf of our more than 50,000 members in support of House Bill 142.

Ohio is facing some big challenges—racial disparities in healthcare contributing to disparities in maternal mortality, maternal morbidity, and infant mortality rates is one of the most critical. When we look at this problem, we cannot ignore that the root causes of these disparities won't be a quick and easy fix. They are related to hundreds of years of systematic and structural inequities and racism. These inequitable and racist systems will take time to dismantle and rebuild into an equitable system that protects us all. In the meantime, there are important steps that we must take to save lives. One of those crucial steps is to allow for Medicaid coverage for doula care as outlined in House Bill 142.

According to the World Health Organization, the U.S. is one of only 13 countries in the world where the maternal mortality rate is climbing, and we are the only country with an advanced economy to see a rate increase.[1] Black women are four times more likely to die as a result of pregnancy as white women, and a Black baby is twice as likely as a white baby to die before their first birthday.[2]

Maternal mortality is the tip of the iceberg. The rate for severe maternal morbidity (often referred to as "near misses") impacts 60,000 women a year in the U.S., and Black women are two times more likely to experience severe maternal morbidity than white women.[3] A report released in 2019 showed that more than 17% of women experienced one or more types of mistreatment during childbirth. Among Black women of low socioeconomic status, that rate jumped to nearly 28% and that number increased further when that woman's partner was also Black.[4] This issue

[1] World Health Organization (WHO) et al., Trends in Maternal Mortality: 1990 to 2015 70-77 (2015) http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1
[2] Gopal Singh, U.S. Dep't of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau, Maternal Mortality in the United States, 1935-2007: Substantial Racial/Ethnic, Socioeconomic, and Geographic Disparities Persist 2 (2010), http://www.hrsa.gov/ourstories/mchb75th/mchb75maternalmortality.pdf.
[3] Elizabeth A. Howell et al., Black-White Differences in Severe Maternal Morbidity and Site of Care, 214 Am. J. Obstet. Gynecol. 122.e1, 122.e1 (2016); Andrea A. Creanga et al., Maternal Mortality and Morbidity in the United States: Where Are We Now?, 23 J. Women's Health 3, 6 (2014)
[4] Vedam, S., Stoll, K., Taiw, TK., Rubashkin, N., Cheyney, M., Strauss, N., McLemore, M., Cadena, M., Nethery, E., Rushton, E., Schummers, L., Declercq, E., and the GVtM-US Steering Council, The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reproductive Health* (2019) 16:77. Retrieved on 6.12.19 from: https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-019-0729-2?fbclid=IwAR1tvfSnb6OF8pXtjshEMd3V6NoEhjNF0yFtinj1478sGiGKFMY4wS52AIs

isn't reserved just for lower income individuals. When tennis champion Serena Williams gave birth to her daughter Alexis in 2017, she faced severe complications following her C-section. She had a history of blood clots and, the day after the birth of her daughter, she was experiencing shortness of breath, a sign she was once again experiencing life threatening blood clots. When she told the nurse how she felt and what tests should be conducted immediately to reverse this condition, she was dismissed by the nurse telling her that the pain medication was making her "confused."[5] Luckily, she was able to continue to push for her care, and is alive to tell the harrowing story. Many other individuals do not have the same good outcome. Doulas can be a critical life-saving connection between patients and their medical team, advocating for the medical care they need and supporting the patient and their family through a critical period of their lives.

According to the March of Dimes, studies suggest that increased access to doula care—especially in under resourced communities—can improve a whole range of health outcomes for mothers and babies, lower health care costs, reduce C-sections, decrease maternal anxiety and depression, and help improve communication between low income, racially/ethnically diverse pregnant women and their health care providers. "The March of Dimes supports increased access to doula care as one tool to help improve birth outcomes and reduce the higher rates of maternal morbidity and mortality among women of color in the United States."[6]

Ohioans are lucky that there are amazing organizations like Restoring Our Own Through Transformation (ROOTT), Cradle Cincinnati, and Birthing Beautiful Communities that work day and night to ensure that Black and other people of color are supported before, during, and after birth. More people need access to these services. We need more of these programs so that every birthing person in Ohio who wants access to a doula can have access to a doula.

A person's ability to pay should not be the determinant between having access to critical support services during and after pregnancy, and House Bill 142 is a great way to ensure that everyone who wants it has access to quality doula care. We wholeheartedly support this bill and are thankful for Representative Crawley's leadership on this issue over the last several years.

[5] https://www.vox.com/identities/2018/1/11/16879984/serena-williams-childbirth-scare-black-women
[6] March of Dimes. "Position Statement: Doulas and Birth Outcomes." (2019)