To: House Committee on Finance  
From: Linda Katz, Policy Director  
Date: April 14, 2021  
Re: Support Budget Article 12, Section 8 (Doula Services and Community Health Workers) and H-5929 (Doula Services).

**Doula Services**

The Economic Progress Institute writes in support of H-5929 which would require the Medicaid program and other health insurers to cover perinatal doula services. We also support Budget Article 12, Section 8 which provides EOHHS with authorization to amend the 1115 waiver to cover doula services for Medicaid participants.

Long standing racial and ethnic disparities persist in maternal and child health outcomes in Rhode Island. In general, Whites and Asians have better maternal and child health outcomes than other racial/ethnic groups. A higher percentage of Black and other non-white women receive delayed prenatal care, compared to White women. Black babies have the highest rate of infant mortality compared to other racial and ethnic groups and three times that of White babies. Black babies also have significantly higher rates of low birth weight. Doula services have been shown to help improve maternal health outcomes, especially among Black women.

Early prenatal care is especially important for women who face multiple risks for birth outcomes. Effective monitoring and treatment of chronic disease, and providing education about preventative health practices, are tools doulas can utilize to increase the likelihood of a healthy birth and a healthy baby. Shared cultural experience make doulas particularly effective in supporting their clients before, during and after birth. Requiring Medicaid and private insurers to provide coverage for continuous, one-on-one, emotional and physical support services to pregnant women by a trained, culturally competent, perinatal doula can improve health outcomes for both mothers and infants.

Data show that women with access to doula care had a 22% lower chance of preterm birth, which is also associated with lower long-term costs, so Medicaid coverage for doula services not only ensure better birth outcomes for Black women, but will reduce state costs. Reducing disparities, improving birth outcomes and reducing state costs is a win-win-win for our residents and the state.

**Community Health Workers**

EPI also supports the proposal to amend the 1115 waiver to authorize use of Medicaid funds to support and expand the network of Community Health Workers. It is now well-understood that it is critical to address the social determinants of health including adequate nutrition and safe housing not only to improve the health of our residents, especially people of color, but to help bring down health care costs. Community Health Workers are more and more a vital part of a health care team that addresses patients’ needs holistically – supporting access to health care services and as importantly, helping patients to obtain adequate food, move out of homelessness, address the stresses caused by poverty. Accessing federal Medicaid funds to support these services is good fiscal policy.