



Testimony on S-2124: Doula Services Senate Health and Human Services Committee February 4, 2020

Dear Chair Miller and Members of the Committee:

The Economic Progress Institute strongly supports passage of S-2124, which would require the Medicaid program and other health insurers to cover perinatal doula services.

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 non-white women receive delayed prenatal care, compared to White women and the state rates on average.

Additionally, Black women have the highest percentage of infants with low birth-weight, and Black babies have the highest rate of infant mortality, compared to other racial and ethnic groups. Doula

Disparities in Maternal Healthcare by Race/Ethnicity in Rhode Island			
Race/Ethnicity	Rate of Delayed Prenatal Care (2013-2017)	Preterm Birth Rates (2013-2017)	Rate of Low Birth Weight (2013-2017)
Black	21.8%	11.3%	11.2%
Hispanic	17.1%	9.3%	8.0%
Asian	15.5%	7.7%	7.3%
Native American	15.3%	13.2%	12.3%
White	12.2%	8.0%	6.4%

Source: Data compiled by Rhode Island KIDS COUNT.

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 for our residents and the state.

Thank you for your consideration of our testimony.