

Dear Senator Samra Brouk,

Thank you for the opportunity to provide testimony to the New York State Senate on how to identify and examine best practices for integrating doulas into New York's perinatal healthcare system. DONA International is the only non-profit, memberowned doula organization delivering evidence-based training, education, and certification worldwide. Founded in 1992, our organization and its network of doulas professionalized the doula role. We have certified over 13,000 doulas and supported over 5,000 members in over 54 countries. DONA International's vision is "A doula for every person who wants one." The value of doula care continues to be supported in research and, as such, is being discussed as a critical component to combating the current perinatal health crisis.

DONA recognizes the incredible value that doulas bring to their clients' perinatal experiences. DONA recognizes that the doula role precedes the modern profession and affirms that a birth doula:

- is widely recognized today as a trained professional;
- advocates for and provides continuous physical, emotional, and informational support to their clients before, during, and shortly after childbirth;
- supports clients to have safe, dignified, and empowered birth experiences.

Many states throughout the United States are exploring adding doula services as a value proposition for Medicaid recipients. Providing payment for doula services at a living wage can increase the workforce and make this evidence based support more readily available to eligible consumers. Encouraging birthing persons to access a doula of their choice will foster relationship development, education, advocacy efforts, and improve overall satisfaction with the birth and postpartum experience. Along with improving health outcomes, the cost savings are notable. One recent study looking at cost effectiveness found that birthing persons receiving doula support as a Medicaid benefit had lower preterm birth and cesarean rates compared to other birthing persons regionally. Additionally, cost savings analysis indicates a potential savings associated with doula support averaging around \$986[i].

DONA International supports the expansion of Medicaid to cover both birth and postpartum doula services. Organizations such as the World Health Organization,

Association of Women's Health, Obstetric and Neonatal Nurses, and the American College of Nurse Midwives, have released statements supporting doula care and increasing access to doula services in recent years. The current state of perinatal health is dire in the United States. Black people giving birth are three times more likely to die from a pregnancy-related cause than their white counterparts. Multiple factors contribute to this discrepancy, including structural racism and implicit bias[ii]. DONA feels strongly that doulas are **one key component** to addressing the current crisis.

As reported by the Center for Health Care Strategies, the most effective way to approach outlining the Medicaid benefit for doulas is to invite local, state, and national doula organizations to come together to design the implementation of the Medicaid benefit. Centering the doula increases the likelihood of success in the doula's desire to become Medicaid providers. It also centers the doula's skills and connection to the community they work in, and ensures the availability of culturally congruent care.[iii]

DONA International strongly encourages the state of New York to center the doula in all aspects of developing the Medicaid benefit. The established group must be culturally congruent and include doulas serving populations throughout the state. This group should lead the planning of all aspects of the Medicaid benefit, including, but not limited to:

- define the living wage guidelines for prenatal and postpartum visits and support during labor and delivery;
- establish criteria for providing services as a doula, training requirements, education, etc.;
- plan for workforce development, increasing the number of qualified doulas to serve the community;
- design listings and directories advertising doulas that will bill Medicaid for services;
- develop evaluation criteria for the Medicaid reimbursement program;
- plan for a statewide doula campaign to educate providers on the benefits of doulas and to inform the citizens of New York about doulas as an option for their support team;
- collaborate with Managed Care Organizations to develop training materials for doulas to navigate the billing process.

DONA International appreciates that Senator Brouk and her colleagues value the role of doula support as one way to address the perinatal health crisis. We look forward to collaborating and supporting these efforts developing and implementing Medicaid in support of doulas and families.

Sincerely, DONA International Board of Directors [i] Kozhimannil, Katy B, Hardeman, R. R., Alarid-Escudero, F., Vogelsang, C. A., Blauer-Peterson, C., & Howell, E. A. (2016). Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and cesarean delivery (March), 20–27.

[ii] Centers for Disease Control and Prevention, Working Together to Reduce Black Maternal Mortality. Available at https://www.cdc.gov/healthequity/features/maternal-mortality/index.html.

[iii] Center for Health Care Strategieshttps://www.chcs.org/resource/coveringdoula-services-under-medicaid-design-and-implementation-considerations-forpromoting-access-and-health-equity/