Good afternoon. I'm Dr. Twylla Dillion, a mother of 4 children born in New York State, 24, 9, 6, and 1. I currently live in Monroe County, where per Common Ground Health's report, The Color of Health, the Black community has 51% higher maternal mortality and 300% higher infant mortality than the white community. These numbers are unacceptable and are even more stark downstate, where Black mothers are up to 12 times more likely to die from a pregnancy-related cause. This information is dated, as most reports are. We have seen in the news that the COVID-19 pandemic, mental health struggle, opioid crisis, and social determinants of health have dramatically exacerbated these numbers.

My first birth experience was one where I did not have the advocacy I needed to mitigate the trauma of the racism entrenched in the medical model. Many years and several births later, I knew the importance of having culturally congruent care from my midwife and my doula support. My last birth was joyful and healthy.

My lived experience, training, and career led me to serve as executive director at HealthConnect One. HealthConnect One is the national leader in advancing equitable, community-based, peer-to-peer support for pregnancy, birth, breastfeeding, and early parenting. We train, mobilize, and connect communities in service of birth equity.

While birth support and informal doulas have existed for centuries, HealthConnect One developed the first formal community-based doula training model in the US in the 1990s. HRSA identified them as the Community-Based Doula Leadership Institute in 2008. HealthConnect One trained doula programs are growing and are at over 60 sites across the nation.

Doulas can disrupt families' experiences of harm, mistreatment, and adverse health impacts by advocating for birthing people in the medical system while enhancing birthing people's feelings of agency, security, and respect. Doulas provide nonclinical emotional, physical, and informational support before, during, and after labor and birth and have been consistently shown to improve birth outcomes

and experiences of care. The community-based doula model responds to the disinvestment within Black, Brown, and Indigenous communities by providing culturally reflective support and access to information and referrals at little to no cost.

So, what do we know about the impact of doula support on clinical outcomes? I can speak directly to the impact on the ground with our training site Healthy Baby Network in Rochester, NY, where they are serving Black birthing families for free with a pilot grant from the Finger Lakes Performing Provider System. Among the 177 families referred to the Healthy Baby Network pilot, there is a 22.8% C Section rate compared to the 33.6% NY state average, a 96.4% breastfeeding initiation rate, and 9.5/10 patient satisfaction.

Zooming out, at a national level, when serving the Black community, HealthConnect One partners have yielded impressive results, including 24% us of c-sections among Community-Based Doula participants compared to national PRAMS average of 30%. Also longer breastfeeding duration 37% compared to 17% PRAMS average, and exclusivity among Black mothers 39% compared to 7% PRAMS average.

Each avoided C-section provides over $4,000 in medical care savings, and reducing the risk of hemorrhage, one of the leading causes of maternal mortality. Higher breastfeeding rates lead to both short and long-term cost savings for both mother and baby in the form of avoided illness and chronic disease. Over the long term, the cost of suboptimal breastfeeding in the US is estimated to be $13 billion per year for pediatric costs and an additional $18 billion per year in maternal health costs.

Our data and additional research volumes show that community-based doula work is saving lives, particularly in the Black and Brown communities, where support is most needed.

In recent years, there has been increased attention on improving maternal health and addressing longstanding inequities in maternal health outcomes in the US, including expanding access to doula care. Despite the established benefits of community-based doulas in reducing the impacts of structural racism

and addressing disparities in maternal health, sustainable funding for the work is inadequate. HealthConnect One recently released a policy paper entitled *Getting Doulas Paid* and hosted a well-attended webinar for its launch. I have copies of this paper which was co-authored by Zainab Zee Sulaiman VP of Advocacy and Impact at HealthConnect One, this work was generated by the Doula Data Consortium which HealthConnect One co-facilitates with SisterWeb (CA). This group is focused on tracking and studying the effort of community-based doulas across the nation, as the way that doulas work cannot be compared to clinicians, they meet birthing people in community and clinical settings, in person and remotely, day and night.

Due to inadequate pay, community-based doulas often balance several jobs to support themselves and their families, this, paired with the impact of trauma, direct and vicarious that comes with supporting communities that often have the greatest need can result in burnout. To be sure, what we have learned in our work across the nation is that "if you build it they will *not* come" Medicaid reimbursement alone is inadequate to attract community-based doulas. Medicaid enrollment and reimbursement processes need to be uncomplicated; rates need to be appropriate for the intensity and time associated with their work and the collaborations with clinical settings, state government and managed care organizations need to be such that doulas are welcomed.

The Doula READI™ accreditation being piloted by HealthConnect One and the Doula-Friendly Framework developed by New York Coalition for Doula Access are both working to improve how doulas interact with systems that were not built with them, or other community-based birth supports in mind. Medicaid Doula reimbursement at an appropriate rate is *the first* lever in ensuring that doulas can advocate for the families who need them most, these doulas *also* need advocacy so that they can avoid the many barriers that they currently face to fulfilling their roles in hospitals and with payers. Our national work has highlighted how vital education on how to best collaborate with doulas is in systems where they are showing up more regularly.

Legislation is urgently needed to support the growth of a robust community-based doula workforce and provide sustainable state and federal funding for this community-based work in perpetuity. I am urging you to learn from the errors of other states who have been on this Medicaid Doula reimbursement journey ahead of you, engage the community-based doulas and families and work collaboratively to ensure that the rates are appropriate, even if that means revision, it is better to get it right and know that the support that your constituents need is available.