



Testimony of Dr. Ursula Bauer, PhD, MPH
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New York State Department of Health
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Good afternoon, Senators Rivera, Brouk, and members of the Senate Standing Committees on Health and on Mental Health.

Thank you for inviting me to testify at this public hearing examining how to identify best practices for integrating doula services into New York's maternal healthcare system.

It is an honor to join you today to discuss the benefits of doula services to improving maternal and birth outcomes and helping end racial disparities in maternal mortality and morbidity.

Among wealthy nations, the United States is the least safe country in which to have a baby. And within the country, New York ranks 23rd among U.S. states in maternal mortality.

New York State's maternal mortality rate, according to 2017-2019 data, is 19.3 deaths per 100,000 live births. And while this statistic is already high—and worse than the national Healthy People 2030 target of 15.7—the mortality rate for Black women is far higher.

The maternal mortality rate for Black New Yorkers is 59 deaths per 100,000 live births—more than four times the rate for white women (12.9 deaths/100,000 live births). Although they account for only 14.3% of all live births in the state, Black, non-Hispanic women comprise 32.5% of all pregnancy-associated deaths.

According to the Maternal Mortality Review Initiative, which the Department of Health established in 2010 when New York State ranked among the worst in the nation for maternal mortality—at 46—the majority of these deaths are preventable.



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One of the activities within the Maternal Mortality Review Initiative is the state maternal mortality review board. It was established by Public Health Law Section 2509, in 2019, and reviews each pregnancy-related death in New York. According to its latest report, 78% of all maternal deaths could have been averted. We need to change our model of care to address the largely preventable deaths that are claiming the lives of people who give birth.

Which brings me to the topic of our discussion today: the benefits of doula services. To address the crisis of poor maternal outcomes, public health professionals and lawmakers are increasingly looking to doula care as a promising, cost-effective intervention.

Doulas—also known as birth companions or birth coaches—are non-medical personnel who assist and support a pregnant person before, during and after childbirth by providing physical, emotional and informational support. Doula services have been shown to increase positive health outcomes, including reducing birth complications for the mother and the baby.

The beneficial impact of such support is increasingly recognized. The American College of Obstetricians and Gynecologists notes that continuous doula support during pregnancy is associated with improved outcomes for people giving birth.

People of color who are pregnant too often report a lack of respectful care and sometimes report mistreatment from health care providers. And Black people who give birth are more likely to have their pain and symptoms minimized or ignored.

Doulas can ensure that all pregnant people, including those who are vulnerable to discrimination or neglect, receive the attention and care they deserve. Doula support covers a lot of ground, from helping clients adopt healthy behaviors to preparing them for childbirth and communicating more effectively with healthcare providers.



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As part of its ongoing commitment to reduce maternal mortality and eliminate racial disparities in health outcomes, the Department's Office of Health Insurance Programs launched a Medicaid Doula Pilot program in 2019 to cover doula services for Medicaid-enrolled pregnant people living in Erie County.

The pilot covers up to four visits with the doula before delivery, up to four visits with the doula after delivery, and doula support during labor and delivery. Thirty-seven doulas are currently participating in the pilot project in Erie County.

As of January 9, 917 people enrolled in one of six different Medicaid Managed Care Plans or Medicaid Fee-for-Service have participated in the doula services pilot program.

We learned several important lessons from the ongoing pilot. For example, to date approximately 82% of claims are for prenatal visits, 6% are for labor and delivery support, and 12% are for postpartum visits, indicating that doulas are utilized throughout the pregnancy, birthing, and post-partum process, although particularly in pre-natal period.

Additionally, while the pilot program is still ongoing, participating people are all sent a survey to assess satisfaction and experience with the service. To date, 97% of respondents said having a doula improved or somewhat improved their childbirth experience and 92% of respondents rated their doula as good or excellent. This is a powerful indication of the benefits of these services for patient satisfaction.

Finally, while the pilot was initially planned for both Erie and Kings County, very few doulas enrolled in Kings County due to the low reimbursement rates, so the pilot did not launch there due to an inadequate provider network. This was a strong signal that additional reimbursement is needed to adequately cover these services.

That is why I am pleased that Governor Hochul is proposing to expand Medicaid doula coverage statewide in the FY24 Executive Budget and increase the



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reimbursement from \$600 to as high as \$1,500 per pregnancy, including coverage for prenatal, labor and delivery, and post-partum visits.

Making doula services available across the state is consistent with the objectives of the Prevention Agenda 2019-2024, New York's State Health Improvement Plan. The plan aims to reduce maternal mortality statewide by 22%, and to improve the racial and ethnic disparities in the state maternal death rate by 34% by the end of 2024.

The federal Centers for Medicare and Medicaid Services, the New York State Taskforce on Maternal Mortality and Morbidity, and the New York State Expert Panel on Postpartum Care all recommend expanding access to doulas as a strategy to reduce racial disparities in maternal and infant health, and to improve the quality of maternal health care and the healthcare experience of pregnant people.

Increased access to Medicaid-covered doula service may help:

- Reduce the effects of systemic racism on pregnant, birthing and postpartum people.
- Reduce the rate of caesarean sections (and associated costs) and increase spontaneous vaginal births.
- Decrease the length of labor.
- Reduce the incidence of instrumental delivery and occurrence of episiotomy.
- Increase satisfaction with the birth experience for Medicaid enrollees.

In closing, several state Medicaid programs include doulas as billable providers and reimburse for doula services provided to Medicaid members. These states include Florida, Maryland, Minnesota, New Jersey, Oregon and Rhode Island.

Statewide Medicaid doula service benefits are in development for California, the District of Columbia, Michigan, Nevada, and Virginia.



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States have examined their reimbursement rates and these are trending up over time, with some states (e.g., Oregon and Rhode Island) considering the \$1500 reimbursement rate now under consideration.

Finally, broadening access to doula services—especially to people enrolled in Medicaid—has much potential to reduce maternal mortality and help eliminate the disadvantages Black women experience in society and in the healthcare system that place them at significantly higher risk of poor birth outcomes and maternal death.

I'm excited about the opportunities to expand access to Medicaid doula services statewide. and learn more about the benefits of doula services in improving maternal and birth outcomes. Thank you.