

Testimony Supporting S.B. 1078: An Act Concerning Doula Certification and Medicaid Reimbursement for Doula Services

Testimony Supporting S.B. 1080: An Act Concerning a Two-Generational Initiative

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Human Services Committee
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Senator Moore, Representative Abercrombie, Senator Logan, Representative Case, and esteemed members of the Human Services Committee,

I am submitting this testimony on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. Thank you for this opportunity to submit testimony supporting S.B. 1078 and S.B. 1080.

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We support this effort to improve health outcomes for women and infants enrolled in Medicaid in Connecticut. Maternal mortality is a serious concern in the United States and dramatic racial disparities in maternal and infant health outcomes require urgent intervention. Black women are more than three times as likely as white women to die due to pregnancy-related causes.¹ This disparity persists when controlling for socioeconomic status and many (about 60 percent) of these deaths are preventable.^{2,3} According to the American College of Obstetricians and Gynecologists, doula care can provide the advocacy and emotional support associated with improved outcomes.⁴ Such one-on-one support has been shown to reduce unnecessary intervention and may help to counteract implicit and explicit biases in the delivery room.

Given higher risk factors among mothers enrolled in the Medicaid program, such as higher rates of preterm and low birthweight births,⁵ interventions such as doula care are especially important for pregnant women enrolled in Medicaid. In Connecticut, Medicaid covers about 40 percent of births.⁶

Further, doula care may reduce unnecessary cesarean deliveries—improving outcomes and reducing costs. A study of Medicaid-funded births in the U.S. found that education and support from trained doulas reduced the odds of cesarean delivery by over 40 percent (after adjusting for social and clinical factors) and likely resulted in significant savings to Medicaid.⁷ One model of the cost-effectiveness of doula care estimated savings resulting from reductions in both preterm and cesarean deliveries.⁸ Medicaid programs in two states already make doula care available to enrollees and at least three other states are considering this option.

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The work of the Two-Generational Advisory Board will facilitate the interagency collaboration necessary to support family economic security, workforce preparedness, and health while promoting dignity and independence.

Coordination of services is key to addressing social determinants of health—the structural environment and conditions in which people live, including their social and community environment, economic status, local and national policies, racial segregation, and education.⁹ Together, these social determinants are estimated to comprise 20 percent of an individual’s health through, for example, the influence of physical environment on health and the economic factors that facilitate access to health. Social determinants also heavily influence individual behavior through cultural norms, the difficulty or ease of engaging in health promoting behavior, and the proximity of services, for example.¹⁰ We strongly support the effort, through this advisory board, to address social determinants of health by coordinating services to address family economic security from a whole-family perspective. These programs help parents to engage in career training and education while supporting quality early care for children. Connecticut will grow our economy and ensure long-term health and opportunity by improving parents’ career opportunities and preparing young children for school. Increased coordination of efforts and data sharing between agencies will strengthen these efforts.

We recommend that the Two-Generational Advisory Board identify evaluation measures, including racial equity benchmarks, to be used in gauging the long-term success of the cross-sector programs included in its scope.

Thank you for the opportunity to submit this testimony supporting S.B. 1078 and S.B. 1080. I can be reached with any questions at ksiegel@ctvoices.org or at 203-498-4240, ext. 120.

¹ Centers for Disease Control and Prevention. “Pregnancy Mortality Surveillance System.” Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpmss.html#trends

² Committee on Health Care for Underserved Women. (2015) “Committee Opinion No. 649: Racial and Ethnic Disparities in Obstetrics and Gynecology.” *Obstetrics & Gynecology*. 126:6. Retrieved from: https://journals.lww.com/greenjournal/Fulltext/2015/12000/Committee_Opinion_No_649_Racial_and_Ethnic.57.aspx

³ Centers for Disease Control and Prevention. (2018) “Report from Nine Maternal Mortality Review Committees.” Retrieved from: <https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>

⁴ American College of Obstetricians and Gynecologists. (2017) “Committee Opinion Number 766.” Retrieved from: <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Approaches-to-Limit-Intervention-During-Labor-and-Birth?IsMobileSet=false>

⁵ Connecticut Voices for Children. (2016) “Births to Mothers with HUSKY Program Coverage (Medicaid and CHIP): 2012.” Retrieved from: <http://www.ctvoices.org/sites/default/files/h16birthstomotherwithHUSKY2012.pdf>

⁶ Connecticut State Department of Social Services. (2018) “10 Things to Know About Connecticut Medicaid.” Retrieved from: <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Communications/MAPOC-9-14-18-10-Things-to-Know-About-Connecticut-Medicaid-2018.pdf?la=en>

⁷ Kozhimannil, K.B., Hardeman, R.R., Attanasio, L.B. et al. (2013) “Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries.” *American Journal of Public Health*. 103:4. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617571/pdf/AJPH.2012.301201.pdf>

⁸ Kozhimannil, K.B., Hardeman, R.R., Alarid-Escudero, F. (2016) “Modeling the cost effectiveness of doula care associated with reductions in preterm birth and cesarean delivery.” *Birth*. 43:1. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5544530/>

⁹ Marmot, M. et al. (2008) “Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health.” *The Lancet*. 372:9650.

¹⁰ Kaiser Family Foundation. (2015) “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity.” Retrieved from: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>