

# HEALTH EQUITY SOLUTIONS

## Testimony Supporting H.B. No. 5500, An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes.

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Public Health Committee

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Dear Senator Anwar, Representative Steinberg, and esteemed members of the Public Health Committee,

Thank you for the opportunity to submit testimony on behalf of Health Equity Solutions in support of H.B. No. 5500: An Act Concerning the Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes. Health Equity Solutions (HES) is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

HES strongly supports **H.B. No. 5500: An Act Concerning the Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes**, to establish a doula advisory committee to advise and support the Department of Public Health as it develops doula certification requirements. HES believes that moving towards more equitable access to doulas starts by ensuring policies that impact doulas are informed by the doula profession.

A doula is a birthing professional who provides physical, emotional, and informational support, virtually or in person, to a pregnant person before, during, and after birth.<sup>1</sup> Doulas empower pregnant people to have safe and informed birthing experiences by providing comfort, care, and safety before, during, and after birth. Doulas can specialize in areas such as postpartum, fertility, adoption, end-of-life, and bereavement, and have a variety of evidence-based skillsets to support the birthing person, newborn, and family. Increasing equitable access to doula care services, particularly in minoritized communities, has been shown to improve outcomes for both mothers and newborns.<sup>2,3,4</sup>

Among the consequences of systemic racism are the disproportionately high rates of birth-related complications, injuries, and deaths experienced by Black and Indigenous, and Latino/a families. Among

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<sup>1</sup> Conn. Gen. Stat. § 21-35 (2021)

<sup>2</sup> Strauss N, Giessler K, McAllister E. How Doula Care Can Advance the Goals of the Affordable Care Act: A Snapshot From New York City. *J Perinat Educ* 2015;24(1):8-15.

<sup>3</sup> Thomas MP, Ammann G, Brazier E, Noyes P, Maybank A. Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. *Matern Child Health J* 2017;21(Suppl 1):59-64.

<sup>4</sup> Kozhimannil KB, Vogelsang CA, Hardeman RR, Prasad S. Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. *J Am Board Fam Med* 2016;29(3):308-17. 21.

high-income countries, the United States consistently faces the worst rate of pregnancy/childbirth-related deaths.<sup>5</sup> Black women are more than 3.5 times as likely to die during or related to pregnancy than white women, regardless of socioeconomic status.<sup>6</sup> In Connecticut, the maternal mortality rate is rising at an alarming pace and the maternal mortality rate for Black women is 48.0, compared to 14.8 for white women.<sup>7</sup> Hartford's infant mortality rate is 12.3 per 1,000 live births, 2.8 times Connecticut's statewide rate of 4.4 infant deaths per 1,000 live births.<sup>8</sup>

**Doulas and the care they provide can mitigate these disparities.** Studies have shown that doula care improves health outcomes for both birthing people and babies. For example, doula care is associated with lower rates of postpartum depression and of costly interventions like cesarean births, while increasing the likelihood of a shorter labor, a spontaneous vaginal birth, higher Apgar<sup>9</sup> scores for babies, and positive childbirth experiences.<sup>10</sup> Patients who have had a doula have reported feeling valued and having had a voice in consequential childbirth decisions.<sup>11, 12</sup>

States—including Florida, Maryland, Minnesota, New Jersey, and Oregon—are actively reimbursing doula services through Medicaid. California, the District of Columbia, Illinois, Indiana, Nevada, Rhode Island, and Virginia are in the process of implementing Medicaid doula benefits.<sup>13</sup>

**HES is strongly committed to advancing doula-informed policies to ensure these policies truly address needs and avoid unintended consequences.** Community-informed policymaking in public health has been shown to build trust and credibility between public health departments and residents as well as facilitate the genuine involvement of communities that have been traditionally excluded from planning processes.<sup>14</sup> For these reasons, HES strongly supports the inclusion of doulas in the doula advisory committee.

HES believes it is critical to move forward with a certification program in Connecticut that is operated by the Department of Public Health and informed by the Doula Advisory Committee. HES commends the efforts of this proposal to take the most comprehensive and inclusive approach possible, making sure

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<sup>5</sup> UNICEF Data. Monitoring the situation of women and Children. Available at: <https://data.unicef.org/topic/maternalhealth/maternal-mortality/>

<sup>6</sup> Center for Disease Control and Prevention. Pregnancy-Related Deaths. Retrieved from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

<sup>7</sup> America's Health Rankings. Available at: [https://www.americashealthrankings.org/explore/health-of-women-andchildren/measure/maternal\\_mortality\\_a/population/maternal\\_mortality\\_a\\_black/state/CT](https://www.americashealthrankings.org/explore/health-of-women-andchildren/measure/maternal_mortality_a/population/maternal_mortality_a_black/state/CT)

<sup>8</sup> *2021 family wellness healthy start fact sheet - portal.ct.gov*. Connecticut Department of Public Health. (2021). Retrieved from <https://portal.ct.gov/-/media/DPH/Healthy-Start/Family-Wellness-Program-2021-Fact-Sheet.pdf>

<sup>9</sup> Apgar stands for "Appearance, Pulse, Grimace, Activity, and Respiration," and is used to evaluate a newborn's health. See: <https://kidshealth.org/en/parents/apgar.html>

<sup>10</sup> Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health (2016). Retrieved from <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/overdue-medicare-and-privateinsurance-coverage-of-doula-care-to-strengthen-maternal-and-infant-health-issue-brief.pdf>

<sup>11</sup> Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. *The Journal of perinatal education*, 22(1), 49–58. <https://doi.org/10.1891/1058-1243.22.1.49>

<sup>12</sup> Hofmeyr GJ, Nikodem VC, Wolman WL, Chalmers BE, Kramer T. Companionship to modify the clinical birth environment: effects on progress and perceptions of labour, and breastfeeding. *Br J Obstet Gynaecol*. 1991 Aug;98(8):756-64. doi: 10.1111/j.1471-0528.1991.tb13479.x. PMID: 1911582.

<sup>13</sup> National Health Law Program (2022). *Doula Medicaid Project*. Retrieved from <https://healthlaw.org/doulamedicaidproject/>

<sup>14</sup> Morgan, M. A., & Lifshay, J. (2006, March). *Community engagement in public health*. Contra Costa Health Services. Retrieved from [https://cchealth.org/public-health/pdf/community\\_engagement\\_in\\_ph.pdf](https://cchealth.org/public-health/pdf/community_engagement_in_ph.pdf)

the certification process does not lock out any doula who would like to be state certified. The doula advisory committee's recommendations and the active involvement of doulas mean that Connecticut already has a solid foundation on which to build an inclusive certification process.

Thank you for the opportunity to testify in support of H.B. 5500. We can be reached with any questions at [ksiegel@hesct.org](mailto:ksiegel@hesct.org) and [slew@hesct.org](mailto:slew@hesct.org) or 860.937.6610.