



Testimony in Support of House Bill 2015A
Senate Health Care Committee
Speaker of the House Tina Kotek
May 25, 2017

Thank you for the opportunity to testify today on House Bill 2015A.

A doula is a professional who provides personal, non-medical support to women and families throughout a pregnancy. They provide uninterrupted support during labor and support women and families throughout the postpartum period.

Doulas provide established, cost-effective services that are proven to combat racial and ethnic disparities in health outcomes for mothers and children. The data is clear: women of socioeconomic disadvantage experience higher rates of health disparities than wealthier peers. African American women, regardless of socioeconomic status, experience higher rates of premature birth, low birth weights, and greater complications during birth than their white peers of equal or lesser economic standing.

I'd like to call your attention to testimony submitted by Ellen Tilden, a professor from OHSU, as to the body of evidence supporting the work of doulas.

A quote from Dr. John Kennell stuck with me. The perinatal researcher, who published the first work regarding Maternal-infant bonding, said: "if a doula were a drug, it would be unethical not to use it." Colleagues, they would also be more expensive.

House Bill 2015A builds on previous legislative efforts to ensure pregnant women in Oregon have access to doula services under Medicaid. In 2011, the legislature requested the ability to reimburse doula services through Medicaid in our original waiver with the federal government. This was granted. We established the Traditional Health Worker Commission (THW) and embedded traditional health workers, including doulas, in our long-term plans to deliver high-quality, culturally competent care and to achieve Oregon's "Triple Aim" of better health, better care, and lower costs.

Unfortunately, we are still falling short of the vision to provide access to culturally specific doula services for Oregonians who want them. We haven't built the workforce necessary to meet the needs of culturally diverse mothers and families: today there are only 33 doulas on the traditional health worker registry yet in 2015, 50% of Oregon births were financed by Medicaid. In addition, low reimbursement rates, coupled with expensive certification programs, make recruitment from specific communities exceptionally difficult.

Originally, HB 2015 sought out to establish a higher floor for Medicaid fee-for-service reimbursement at a rate of no less than \$350 for 4 home visits and delivery. Prior to this bill, doulas were only eligible for \$75 for delivery, which could last more than 25 hours, and, under a separate billing code, \$43 for each home visit up to 4. Currently, a doula must have a licensed supervisor submit claims on their behalf. We have heard numerous complaints from doulas that services are being performed with no path toward reimbursement due to unclear requirements on behalf of the provider and health plan. This experience is well documented in the various testimonies posted on OLIS.

We are pleased to say the Oregon Health Authority has studied the benefits of doulas for our state Medicaid population and was able, as of last month, to increase the base reimbursement internally, bundling the doula package to include two prenatal visits, delivery, and two post-partum visits to \$350 on fee-for-service. Our expectation is for CCOs to step up, increase this rate for their Medicaid members, and contribute to bolstering a culturally specific workforce. We commend the work of Health Share and Family Care in spearheading this effort.

Colleagues, HB 2015A now offers mechanisms for accountability to this workforce and the communities that could benefit from their services. The bill does four main things:

- Directs OHA in coordination with the Traditional Health Worker Commission, to study and revisit reimbursement rates in 2018 and 2020;
- Directs the OHA to provide the Oregon Health Policy Board and Oregon Public Health Advisory Board with an annual report for 6 years. The report must include the number of successfully billed claims, number of doulas on the registry, documenting barriers to registry recruitment, and more;
- Directs the OHA to explore ways to facilitate direct reimbursement to doulas for services rendered;
- Requires CCOs to post, where appropriate, information regarding a Medicaid enrollee's ability to ask for and retain doula services during pregnancy.

Colleagues, this is a simple bill that gets us back on course after six years of floundering. I urge your support for HB 2015A.

