



**Testimony Supporting S.B. No. 986: An Act Protecting Maternal Health**  
Samantha Lew, MSW; Karen Siegel, MPH; & Cristian Corza, Policy Intern  
Public Health Committee  
March 13, 2023

Dear Senator Anwar, Representative McCarthy Vahey, Senator Somers, Representative Klarides-Ditria, and esteemed members of the Public Health Committee,

Thank you for accepting this testimony in **strong support of section 10 of S.B. 986** on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

***HES supports this proposal establishing a formal, voluntary state certification process for doulas, whose work is vital to the health of birthing persons across the state as reflected in S.B. 986.*** A doula is a birth 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 can specialize in areas such as postpartum, fertility, adoption, end-of-life, and bereavement care, 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 parents and newborns.<sup>2,3,4</sup>

Doulas and the care they provide can improve outcomes and help address the health inequities pervasive today. Racial inequities in pregnancy-related deaths persist across all income and education levels for Black women in the U.S.<sup>5,6</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>7</sup> These inequities are rooted in structural racism and the majority of birth-related deaths are preventable.<sup>8,9</sup> Doulas are one key

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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.

<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> 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>7</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>8</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.

<sup>9</sup> Centers for Disease Control and Prevention. (2022, September 19). Four in 5 pregnancy-related deaths in the U.S. are preventable. Centers for Disease Control and Prevention. Retrieved March 8, 2023, from [https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html#:~:text=Most%20pregnancy%2Drelated%20deaths%20of,to%201%20year%20after%20pregnancy.&text=More%20than%20half%20\(53%25\),to%20one%20year%20after%20delivery.](https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html#:~:text=Most%20pregnancy%2Drelated%20deaths%20of,to%201%20year%20after%20pregnancy.&text=More%20than%20half%20(53%25),to%20one%20year%20after%20delivery.)

element of ensuring all families receive the care they need during pregnancy, delivery, and the postpartum period.

Evidence strongly suggests that providing doula support through Medicaid reimbursement is likely to reduce these significant racial health disparities. Establishing a state certification program would ensure doula support can be more effectively compensated and that there is a clear standard for who is and is not a doula. This will, in turn, make it far more likely and simpler for public and private payers to cover doula services and for medical practices and hospitals to collaborate with doulas. For these reasons, ***S.B. 986 would improve opportunities for pregnant people in Connecticut have access to the doula support they need.***

***Establishing a voluntary certification process will help increase the visibility and recognition of the doula profession, establish more sustainable funding options for doulas, expand the use of doulas across the state, and improve integration of doulas into the health system as a nonclinical member of the care team.*** Based on the [Scope of Practice Review Committee Report](#) on doula certification pursuant to Public Act 21-35, a formal Doula Advisory Committee was established to develop recommendations for doula certification requirements including training, experience, or continuing education, and requirements for recognizing doula training program curricula that are sufficient to satisfy the doula certification requirements. To ensure a representative range of diverse voices, half of committee members were doulas or representatives of doula organizations. ***HES conducted ongoing stakeholder engagement with doulas across the state and participated in the Doula Advisory Committee established by DPH to ensure state certification for doulas centers the voices of doulas throughout the process.***

In a 2023 publication, the DPH Doula Advisory Committee summary report on Doula Certification Recommendations, the Doula Advisory Committee developed and agreed upon the following ***shared values for certification:***

- Certification is accessible and voluntary;
- Certification honors experience;
- Certification may improve access to doula services and in turn help to foster better maternal and infant health outcomes.

**HES commends the efforts of DPH and the Doula Advisory Committee, which are reflected in S.B. 986.**

To avoid unintended consequences and ensure the state certification process does not lock out any doula who would like to be state certified, **we respectfully offer the following recommendations for section 10:**

- **Update section d** to have the title read: “state-certified doula.”
- **Update section f** to grant certification to a doula presenting evidence of state certified practice in another state or jurisdiction who has been certified for no less than two years, provided the requirements for certification are substantially similar to those of this state.
- **Update section e** to require the experience pathway doulas to have supported three families and completed training in at least three core competencies identified by the doula training committee.



States—including California, Michigan, Nevada, Rhode Island, Virginia, Florida, Maryland, Minnesota, New Jersey, and Oregon—are actively reimbursing doula services provided by certified doulas through Medicaid. Illinois, Indiana, Massachusetts, Pennsylvania and Ohio are in the process of implementing Medicaid doula benefits.<sup>10</sup> Connecticut has also begun a reimbursement effort through the Medicaid maternity bundle, but doulas have expressed concerns about being paid by physicians and note that certification could make direct reimbursement possible. ***For these reasons, HES strongly supports the establishment of a voluntary state certification process in Connecticut.***

#### **Other Sections of S.B. 986**

HES supports efforts to establish birth centers, universal home visiting that includes community health workers, and the creation of an infant mortality review program that collaborates with the maternal mortality review board to make policy recommendations. HES respectfully defers to our colleagues on the details of these remaining sections of S.B. 986.

Thank you for the opportunity to submit this testimony in support of **S.B. No. 986: An Act Protecting Maternal Health**. We can be reached with any questions at [slew@hesct.org](mailto:slew@hesct.org) or 860.937.6432.

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<sup>10</sup> National Health Law Program (2022). *Doula Medicaid Project*. Retrieved from <https://healthlaw.org/doulamedicaidproject/>