

Testimony in SUPPORT of Maine doula bill (LD 1523)
Maine State Legislature Health and Human Services Committee
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To Senator Ingwersen, Representative Meyer, and Honorable Members of the Health and Human Services Committee:

My name is Amy Chen. I live in Irvine, California, and am a Senior Attorney at the National Health Law Program, where I work on sexual and reproductive health law and policy, and where I lead our Doula Medicaid Project. Since 2018, the Doula Medicaid Project has tracked state efforts around the country aimed at expanding access to doula care, especially Medicaid coverage of doula care. I also provide extensive technical assistance to doulas, state advocates, state agency staff, legislators, and other stakeholders in their efforts to design, refine, and launch Medicaid coverage of doula care. Our goal is to ensure that all pregnant, postpartum, and post-pregnancy people enrolled in Medicaid who want access to a doula, will have one.

I write today in support of LD 1523, which would require MaineCare to cover doula services. We know that pregnant and birthing people with low incomes are at a higher risk of poor birth outcomes. Pregnant and birthing people of color, especially Black and Indigenous/Native American pregnant and birthing people, are especially vulnerable, with Black pregnant and birthing people dying from pregnancy-related causes at a rate three to four times that of their white counterparts.

Expanding access to doula care is one promising approach to addressing the maternal mortality and morbidity crisis in the United States, especially as it pertains to racial disparities in maternal health. Doulas can help their clients and families advocate for themselves, and in doing so also reduce the impacts of racism and racial bias in health care, by providing individually tailored, culturally appropriate, and client-centered care and advocacy. Pregnant and birthing people who receive doula care enjoy improved health outcomes for themselves and their infants, including lower rates of cesarean birth, fewer low birthweight babies, and higher rates of breastfeeding initiation. It is for this reason that many managed care organizations across the country are themselves exploring doula care based purely on a cost-benefit analysis of reductions in spending for cesarean births and NICU stays.

There is also an undeniable benefit doula support conveys to pregnant and birthing people and their families, which cannot be quantified in numbers and statistics, but rather can be expressed in the presence of connection, caring, and support during a time of unique

vulnerability. Or, put another way, the unquantifiable benefit of the absence of a traumatic birth experience.

Expanding access to doula care in Maine can have a tremendous impact on maternal and infant health, given that close to 40% of births in the state are financed by MaineCare. Most of these MaineCare enrollees would simply not be able to afford to pay for doula care on their own. Yet we know that ALL birthing people deserve to have the support, advocacy, and care during their perinatal journey that a doula provides.

In closing, I urge the Health and Human Services Committee to vote yes on LD 1523. This bill will provide valuable life-changing and life-saving support for MaineCare enrollees, and affirm the Maine's commitment to addressing maternal mortality and morbidity in the state.