

**One-Pager for SB
1078**

Health Equity Solutions, Inc. defines health equity as fairly distributing health determinants and resources while removing barriers that prevent access to health care that results in optimal health for each individual regardless of racial or ethnic differences. It is important to note that a health inequity and a health inequality are not the same thing. Inequities are normative values, whereas an inequality implies only that there is a difference. Health inequities are, therefore, health inequalities that are unfair ¹

In the United States, several reproductive health disparities exist between racial and ethnic groups. In 2016 the mortality rate for non-hispanic, black infants was 11.4 per 1,000 live births, a figure considerably larger than that for white infants, 4.9 deaths per 1,000 live births. ² Black women are also four times more likely than white women to die from pregnancy complications and “black women have an increased risk of PTD [preterm delivery] caused by... less access to health care services and resources.” Reproductive health and the creation of ³ programs to serve this need are complicated and should be evaluated not just quantitatively, but qualitatively, in a way that values the input of the groups most affected by policies. ⁴

Doula assistance is an immediate and effective solution to decrease the infant and mother mortality rate among women of color. Doulas are trained to provide physical, emotional, and informational support to women during labor, birth, and in the immediate postpartum period. ⁵ Doula-supported mothers had significantly lower rates of preterm birth (6.3% to 12.4%) and low birthweight (6.5 to 11.1%) as well as shorter lengths of labor. In addition, the New York based ^{6,7} non-profit Choices in Childbirth found that 69% of women of color wanted but did not have doula support. Doulas, especially those who are experienced, can cost large amounts of money, ⁸ and are rarely covered by insurance programs. An experienced doula from the New York Doula Collective can cost up to \$2400 out of pocket, and a report in *HHS Public Access* found that ⁹ nationwide doulas can cost up to \$1,200. While not expensive to some, these costs can prevent ¹⁰ the vulnerable, those who need doulas the most, from hiring a doula.

The government-sponsored healthcare for low-income families, Medicaid, insures nearly half of mothers within the United States. Currently, Medicaid programs cover doula care in ¹¹ only three states: New York, Minnesota, and Oregon. A study in the midwest region found ^{12,13} that doulas save \$986 per birth due their role in

decreasing use of epidurals, preterm births, and cesarean sections - including doula cost. If implemented nationwide, doula care could save ¹⁴ taxpayers large sums of money in addition to providing substantive care for at-risk mothers.

¹ Braveman, P., and S. Gruskin. "Defining Equity in Health." *Journal of Epidemiology and Community Health* (1979-) 57, no. 4 (2003): 254-58. ² Centers for Disease Control and Prevention. Infant Mortality. (2019). Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm> ³ Anachebe, and Sutton. "Racial Disparities in Reproductive Health Outcomes." *American Journal of Obstetrics and Gynecology* 188, no. 4 (2003): S37-42. ⁴ United Nations Population Information Network (POPIN). Guidelines on Reproductive Health. (1955). Retrieved from <http://www.un.org/popin/unfpa/taskforce/guide/iatfrehph.gdl.html> ⁵ Gruber, Kenneth J, et al. "Impact of Doulas on Healthy Birth Outcomes" *National Center for Biotechnology Information (NCBI)* , The Journal of Perinatal Education, Winter 2013. ⁶ Thomas, Mary-Powel, and NYC Department of Health and Mental Hygiene. "Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population ." *National Center for Biotechnology Information (NCBI)* , Maternal and Child Health Journal, December 2, 2017. ⁷ Meyerson, Collier. "Every Black Woman Deserves a Doula." *The Intelligencer* , March 5, 2019. ⁸ Choices in Childbirth. "Overdue Medicaid & Private Insurance Coverage of Doula Care." *Choices in Childbirth* , 2016. ⁹ NYC Doula Collective Inc. "Doula Services & Fees." NYC Doula Collective. 2019. ¹⁰ Kozhimannil, Katy B and Rachel R Hardeman. "Coverage for Doula Services: How State Medicaid Programs Can Address Concerns about Maternity Care Costs and Quality" *Birth (Berkeley, Calif.)* vol. 43,2 (2016): 97-9. ¹¹ Gifford, Kathy, et al. "Medicaid Coverage of Pregnancy and Perinatal Benefits: Results from a State Survey." *The Henry J. Kaiser Family Foundation* , April 2017. ¹² Mehra, Renee, Shayna D. Cunningham, Jessica B. Lewis, Jordan L. Thomas, and Jeannette R. Ickovics. 2019. "Recommendations for the Pilot Expansion of Medicaid Coverage for Doulas in New York State." *American Journal of Public Health* 109 (2): 217-19. ¹³ Chen, Amy. *Routes to Success for Medicaid Coverage of Doula Care* . Report. National Health Law Program, University of California - San Francisco. San Francisco, CA: Preterm Birth Initiative, 2018. ¹⁴ Kozhimannil, Katy B., Rachel R. Hardeman, Fernando Alarid-Escudero, Carrie A. Vogelsang, Cori Blauer-Peterson, and Elizabeth A. Howell. "Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and cesarean delivery." *Birth* 43,