



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**  
Ashwin Vasani, MD, PhD  
*Commissioner*

**Testimony**

of

**New York City Department of Health and Mental Hygiene**

before the

**New York State Senate**

**Standing Committee on Health and Standing Committee on Mental Health**

on

**The Role of Doula Support in Reducing Maternal and Infant Morbidity and Mortality in  
New York State**

and

**S1876**



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This is written testimony from the New York City Department of Health and Mental Hygiene (NYC Health Department). I would like to thank Senator Brouk, Senator Rivera, and the members of the Standing Committee on Health and on Mental Health for the opportunity to share testimony on New York City's experience incorporating doula care into our maternal health system through our Citywide Doula Initiative and Maternity Hospital Quality Improvement Network. First, the NYC Health Department applauds the Governor's commitment to submitting a State Plan Amendment that will add doulas as Medicaid providers and cover doula services up to \$1,500 per pregnancy. However, the Health Department recommends that the state adopt the New York Coalition for Doula Access's proposed Medicaid reimbursement rate. We also support Senator Brouk's bill S1876, which would establish a work group to examine issues related to doulas in the state Medicaid program and to set reimbursement rates, visit schedules, requirements of doulas, and related matters.

Maternal mortality is a grave and urgent issue with persistent racial and ethnic inequities in our nation and state, and New York City (NYC) is no exception. In NYC, the average maternal mortality rate among Black residents is more than nine times the rate of white residents. For Black mothers, three-quarters of maternal deaths are preventable: 75% of pregnancy-associated deaths are preventable among Black mothers, compared to 43% among white mothers.

Racial disparities also affect other key birth outcomes for pregnant people and infants. Black women in NYC are 2.6 times more likely to experience a serious complication of their pregnancy relative to white women. In 2019, Black women in NYC had the highest proportion of Cesarean births of all racial and ethnic groups. Black babies in NYC are 3.3 times more likely to die before their first birthday than babies born to white women. Babies born to Black mothers made up 18% of live births in 2019, but over 25% of all low-birthweight and preterm births that year.

However, one promising strategy for improving birth outcomes is doula support. Doulas provide non-medical physical, emotional, and informational support to childbearing families. Although they cannot solve the systemic problems that afflict our health-care systems, extensive research has shown improvements in birth outcomes for patients with doula support. For instance, two studies of the NYC Health Department's By My Side Birth Support Program, a no-cost doula program serving Medicaid-eligible residents of Brooklyn since 2010, found a significantly reduced risk of preterm birth and low birthweight, which are key drivers of infant mortality. Doula care has also been associated with lower rates of Cesarean birth and Postpartum depression, as well as increased rates of breastfeeding and patient satisfaction with maternity care. Such outcomes translate to healthier families, as well as financial savings for health systems. However, private doula services are prohibitively expensive for those who need them most, and community doula services are not widely available throughout New York State. Attempts to provide community doula services through Medicaid have not succeeded due to insufficient reimbursement rates for doulas.

In 2022, the NYC Health Department launched the Citywide Doula Initiative (CDI) to increase access to no-cost doula care across NYC with critical birth support at a sustainable wage for



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doulas. Our hope is that the CDI becomes a replicable model for cities and states seeking to reduce inequities in perinatal health outcomes.

The Citywide Doula Initiative:

- Offers no-cost doula services to Medicaid-eligible residents of underserved neighborhoods in NYC (including three prenatal home visits, support during birth, four postpartum visits, and referrals to community resources that address the social determinants of perinatal health).
- Develops and sustains the doula workforce in NYC via free doula training for community residents, an apprenticeship program for new doulas, and a fair wage to doulas for time spent in professional development and program meetings.
- Supports hospitals in creating doula-friendly environments through a collaboration with NYC Health Department's Maternity Hospital Quality Improvement Network (MHQIN).

Launched in 2019, MHQIN is a clinical-community initiative that focuses on enhancing clinical awareness and practice change; elevating community voices and power; and supporting anti-racist hospital systems. MHQIN collaborates with community-based doula programs and maternity hospitals to integrate doulas into the maternity care team by providing technical assistance to assess hospital doula-friendliness, provide Grand Rounds and other trainings, and help hospitals develop and implement concrete action plans, formal doula-friendly policies and practices, and referral pathways to CDI and other community-based doula programs.

Any statewide initiative to promote doula care should consider each of the areas promoted by the CDI and MHQIN—direct services, workforce development, and hospital capacity building—to ensure that doulas are accessible to all those who need services.

The CDI and MHQIN also strives to amplify community voices in promoting doula support. The groups have reconvened the New York Coalition for Doula Access (NYCDA), a statewide collaboration of doulas and allies focused on promoting Medicaid reimbursement for doula services at a rate that provides a living wage. NYCDA launched a strategic collaboration of 195 doulas, hospital administrators, payers, and health department officials in August 2022. In December, this group recommended a Medicaid reimbursement rate of \$1,930 per birth: \$1,250 for support during labor and delivery, and \$85 for each of eight prenatal and postpartum visits (up to 2 hours each). The group is now working to determine an appropriate compensation structure for doula organizations that support community-based doulas by recruiting and enrolling clients, identifying resources to support families, and providing professional development, billing, and other support to doulas.

An equitable Medicaid reimbursement rate for doula care will help New York save lives, reduce health-care costs, and ensure that doula work offers a sustainable livelihood. NYCDA's recommendation reflects a statewide market rate for doula support. NYCDA estimates that doula support is associated with cost savings of \$1,450 per birth (in reduced rates of Cesarean birth and other pregnancy complications), which would partially offset the proposed spending on doulas. By this estimate, NY Medicaid would see \$6.9 million in savings annually if just 6% of all pregnant Medicaid recipients were supported by doulas.



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The NYC Health Department recommends that the state adopt and build on NYCDA's proposal for Medicaid reimbursement and S1876. Current local funding for community doula work cannot meet the need for low-cost doula services in the long term. Equitable reimbursement for doulas through a Medicaid State Plan Amendment (SPA) is a critical step toward ensuring the sustainability and wide availability of doula services in New York. We are encouraged by the FY24 Medicaid budget's inclusion of a SPA to reimburse doulas up to \$1,500; this is a great step in the right direction, but it is still under NYCDA's recommended rate. The discrepancy between the budget and NYCDA's proposed rate highlights the need for bills such as S1876.

Before the State Plan Amendment is finalized, the NYC Health Department recommends a close examination of the appropriate number of visits, reimbursement rates, and related issues, in consultation with doulas, as proposed in S1876. We welcome the opportunity to work with State Department of Health officials, doulas, and NYCDA to set a livable reimbursement rate for doulas and to establish an equitable compensation structure for doula organizations. We believe that this will improve both the financial health of our state and the health of families across New York. Thank you for the opportunity to submit written testimony.