



**RHODE ISLAND KIDS COUNT**  
ONE UNION STATION  
PROVIDENCE, RHODE ISLAND 02903  
401/351-9400 • 401/351-1758 (FAX)

**Testimony Re: Article 14**

**House Finance Committee**

**March 10, 2020**

**Katie Orona, Policy Analyst**

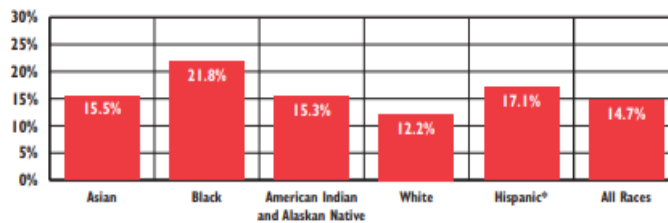
Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its strong support for Section 5b which would allow EOHHS to establish medical assistance coverage and reimbursement rates for perinatal doula services. We would also like to express concern with Section 5c which would institute co-payments for prescription drugs and inpatient hospital stays for non-disabled adults and Section 5d which would maximize the RlIte Share program.

**Maternal Mortality Crisis Among Black Women**

Worldwide, rates of maternal mortality have steadily decreased over time in nearly every developed country. Despite this, rates of maternal mortality in the United States are on the rise and disproportionately impact already vulnerable populations.<sup>1</sup> Evidence clearly demonstrates that women of color are less likely to have access to adequate maternal health care services and more likely to die in pregnancy and childbirth than White women.<sup>2</sup> Nationally, Black women are three to four times more likely than White women to die of pregnancy-related complications.<sup>3</sup> These racial disparities in maternal mortality rates span all levels of education, age, and income.<sup>4</sup>

In Rhode Island, the maternal mortality rate between 2013 and 2017 was 11.2 per 100,000 births.<sup>5</sup> This statistic masks significant racial and ethnic disparities - between 2013 and 2017, Black women in Rhode Island were nearly twice as likely as White women to receive delayed prenatal care.<sup>6</sup> Additionally, Black women in Rhode Island are 42% more likely to suffer a severe complication at delivery than White women.<sup>7</sup>

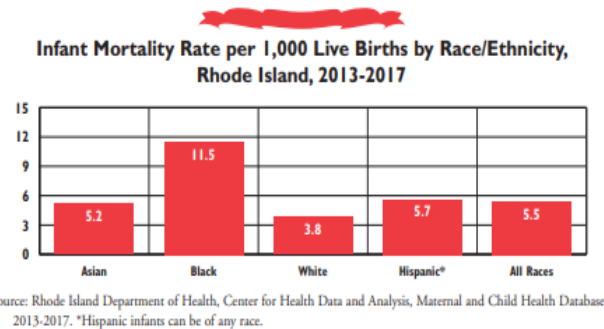
**Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2013-2017**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2013-2017. \* Race categories are non-Hispanic.

## Racial Disparities Among Black Infants

Infant mortality rates are associated with maternal health, quality of and access to medical care, and socioeconomic conditions.<sup>16</sup> While infant mortality has declined nationally across all racial and ethnic groups, stark disparities remain. In Rhode Island between 2013 and 2017, the Black infant mortality rate was 11.5 per 1,000 live births, up from 9.9 deaths per 1,000 births between 2012 and 2016.<sup>17</sup> Simply put, Black infants in Rhode Island die in the first year of life at a rate nearly three times that of White infants. The Black infant mortality rate is the highest of any other racial or ethnic group in the state even after controlling for known risk factors such as socioeconomic status and parental educational attainment.<sup>18</sup>



A growing body of evidence indicates that pervasive racial bias against Black women and unequal treatment of Black women in the health care system often results in inadequate treatment for pain.<sup>8,9</sup> This, coupled with stress from racism and racial discrimination experienced throughout the lifespan, contributes to unacceptable health outcomes among Black women and their infants in Rhode Island.<sup>10,11</sup>

## Doulas as a Key Strategy

Doulas have emerged as a key method of addressing these disparities in maternal and infant morbidity and mortality by delivering a higher quality of culturally appropriate and patient-centered health care for women, particularly those who are low-income women or women of color. A doula is a trained professional who provides physical, emotional, and informational support to mothers before, during, and immediately following childbirth.<sup>12</sup> Support from a doula during labor and delivery is associated with improved health outcomes for both the mother and their baby, including shorter labors, lower cesarean rates, and higher five-minute APGAR scores.<sup>13,14</sup> Additionally, babies born to mothers who had the support of a doula were less likely to have low birth weight and were more likely to be breastfed than those born to mothers who did not receive doula support.<sup>15</sup>

## Conclusion

Improving access to doula services is a key strategy to addressing the unacceptable racial and ethnic disparities that exist as it relates to maternal and infant morbidity and mortality. We ask you to support Article 14 Section 5b which would increase access to doula services in Rhode Island and would take a crucial step forward in addressing health equity in communities of color. This is a policy priority of the Right From the Start Campaign, a newly-established early childhood effort led by Rhode Island KIDS COUNT in partnership with five other organizations including Beautiful Beginnings, Economic Progress Institute, Latino Policy Institute, RI Association for Infant Mental Health, and the RI Association for the Education of Young Children

## Proposed Requirements for Rlte Share Program

Article 14 Section 5d proposes to maximize Rlte Share enrollment by moving working Medicaid beneficiaries from standard Medicaid coverage onto employer-sponsored insurance, where the state will pay the costs of the employee's premium, rather than the full cost of enrolling the employee in one of the State's managed care plans. Although Rhode Island KIDS COUNT supports maximizing Rlte Share, we share concerns regarding co-pays that individuals may have to pay if their provider does not accept Medicaid fee-for-service. This could be a serious obstacle to access care.

## Concerns Regarding Co-Pays for Non-elderly Adults

Rhode Island KIDS COUNT has concerns with the proposed Medicaid co-pays for non-elderly adults over age 19 who are not living with a disability. Co-pays for prescription drugs and burden on parents and families. Because 70% of Medicaid recipients live under 100% of the federal poverty line, co-pays could be a serious obstacle to access care. Parent's decreased or loss of access to care negatively impacts children's health. Barriers to health care can lead to barriers to parenting including hindering parents' ability to physically and emotionally care for their children as well as maintaining health in order to work and provide economic security for their children.<sup>17</sup> While the proposed co-pays would not apply to children's care, we believe co-pays for adult Medicaid populations will negatively affect the health of Rhode Island families and children.

<sup>1,2,3</sup> Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC. (2020). Retrieved February 3, 2020, from [www.cdc.gov](http://www.cdc.gov)

<sup>4</sup> Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. *MMWR Morbidity and Mortality Weekly Report* 2019;68:762-765

<sup>5,6,7,17,18</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2013-2017.

<sup>8</sup> Hoffman, K. M., Trawalter, S., Axt, J. R., (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, 113(16), 4296–4301.

<sup>9</sup> Haider, A. H., Sexton, J., Sriram, N., Cooper, L. A., Efron, D. T., Swoboda, S., ... & Lipsett, P. A. (2011). Association of unconscious race and social class bias with vignette-based clinical assessments by medical students. *Jama*, 306(9), 942-951.

<sup>10</sup> Braveman, P., Heck, K., Egarter, S., Dominguez, T. P., Rinki, C., Marchi, K. S., & Curtis, M. (2017). Worry about racial discrimination: A missing piece of the puzzle of Black-White disparities in preterm birth?. *PLoS one*, 12(10), e0186151.

<sup>11</sup> Vilda, D., Wallace, M., Dyer, L., Harville, E., & Theall, K. (2019). Income inequality and racial disparities in pregnancy-related mortality in the US. *SSM - population health*, 9, 1

<sup>12</sup> What is a Doula - DONA International. (2020). Retrieved February 3, 2020, from [www.dona.org](http://www.dona.org)

<sup>13</sup> Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2013). Continuous support for women during childbirth. *Cochrane database of systematic reviews*, (7).

<sup>14</sup> Kozhimannil, K. B., Attanasio, L. B., Jou, J., Joarnt, L. K., Johnson, P. J., & Gjerdingen, D. K. (2014). Potential benefits of increased access to doula support during childbirth. *The American journal of managed care*, 20(8), e340.

<sup>15</sup> Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. *The Journal of perinatal education*, 22(1), 49–58. doi:10.1891/1058-1243.22.1.49

<sup>16</sup> Federal Interagency Forum on Child and Family Statistics. (2017). *America's children: Key national indicators of well-being, 2017*. Washington, DC: U.S. Government Printing Office

<sup>17</sup> DeVoe, J. E., Tillotson, C. J., Angier, H., Wallace, L. S. (2014). Recent Health Insurance Trends for US Families: Children gain while parents lose. *Maternal Child Health*, 1007–1016.