



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

Testimony Re: Budget Article 12, Section 8, Medicaid Reform

Senate Finance Committee

April 26, 2021

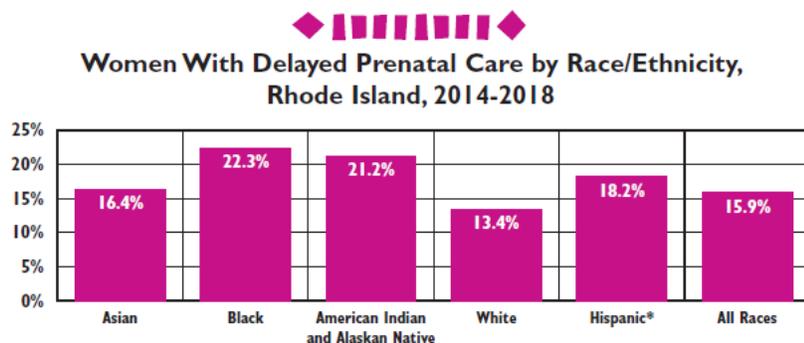
Katie Orona, Policy Analyst

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to offer its strong support for Budget Article 12 Sections 8 d, j, k, c, and e which allocate funding for perinatal doula services, family home visiting, silver diamine fluoride treatment, and community health workers. Rhode Island KIDS COUNT is a leader of the Rite from the Start Campaign which supports expanding access to community-based doula services and family home visiting.

Section 8d: Perinatal Doula Services

Maternal Mortality Crisis Among Black Women

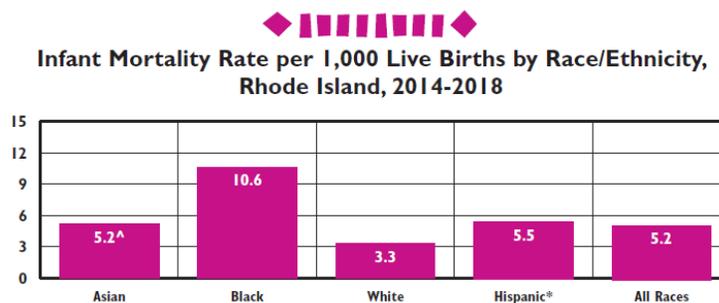
Evidence clearly demonstrates that women of color are less likely to have access to adequate maternal health care services and more likely to die in pregnancy and childbirth than White women. Nationally, Black women are three to four times more likely than White women to die of pregnancy-related complications. These racial disparities in maternal mortality rates span all levels of education, age, and income. In Rhode Island between 2014 and 2018, 16% of all women received delayed prenatal care. This statistic masks significant racial and ethnic disparities - between 2014 and 2018, Black women in Rhode Island were 40% more likely than White women to receive delayed prenatal care. Additionally, Black women in Rhode Island significantly more likely to experience an unintended outcome of labor and delivery that result in significant consequences to their health.



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. * Race categories are non-Hispanic.

Racial Disparities Among Black Infants

In Rhode Island between 2014 and 2018, the Black infant mortality rate was 10.6 per 1,000 live births. 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.



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. [^]The data are statistically unstable and should be interpreted with caution. *Hispanic infants can be of any race.

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. 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.

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. 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. 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.

Section 8j-k: Medicaid Home Visiting

Rhode Island's **First Connections** program is an essential part of our state's system to support families with newborns and young infants and to connect them to programs that will help their children thrive – such as Early Intervention, Early Head Start, other high-quality evidence-based family home visiting programs, lactation support, mental health screenings and services, and resources to meet basic needs such as WIC and housing assistance. In 2019 in Rhode Island, 2,235 families with new babies received at least one First Connections visit, 23% of the families who gave birth. **Adding prenatal visits will help families get help sooner** so families can be on more stable footing when they bring their babies home from the hospital.

Over the last decade, Rhode Island, like many states, has developed a system of evidence-based family home visiting programs using federal funds. These national model programs – **Healthy Families America, Nurse-Family Partnership, and Parents as Teachers** – have all been rigorously evaluated and are proven to improve both child and parent outcomes. They serve families at home and develop deep, strong relationships with parents, helping them overcome daily challenges and make progress in developing economic security and parenting skills. These long-term, comprehensive family home visiting programs reduce child maltreatment, improve children’s school readiness, promote and support parent education and employment, and strengthen maternal and child health.

Rhode Island has been providing limited Medicaid coverage for only three visits for the Healthy Families America and Nurse-Family Partnership programs. **We need to extend the number of family home visits covered by Medicaid** to cover the entire length of the programs. We support the plan to **add Parents as Teachers** onto the list of evidence-based programs covered by Medicaid. We also need to **increase the Medicaid rates** paid for home visits so that the non-profit agencies that operate these programs are more financially stable and can offer more competitive wages to attract and retain highly skilled family home visitors. Family home visitor are almost entirely women and approximately two-thirds are women of color. Wages are low because funding is not adequate. **Raising wages is necessary to keep highly skilled, consistent staff so that the state can realize the improved outcomes for children and families** that are associated with these national model programs.

In 2016, the Rhode Island General Assembly passed the **Rhode Island Family Home Visiting Act** to establish this system of evidence-based programs managed by the Rhode Island Department of Health. In 2017, the General Assembly further amended the law to **require the state to appropriate necessary funds to expand these proven programs** so they are available for all pregnant and parenting families who would benefit.

Article 12 Section 8c Silver Diamine Fluoride: Rhode Island KIDS COUNT supports Medicaid coverage for dental caries (cavity) treatments using Silver Diamine Fluoride (SDF). The American Academy of Pediatric Dentistry recommend SDF for children, adolescents, and patients with developmental delays. The application is low-cost, takes less than a minute and does not require the removal of carious tissue, eliminating the need for needles and anesthesia.

Article 12 Section 8e Community Health Workers: Rhode Island KIDS COUNT supports Medicaid coverage for Community Health Workers who provide care management services that connect patients with services in their communities. CHWs are widely used in other states and provide a valuable bridge between the community and medical system.

Thank you for this opportunity to testify. We urge the General Assembly to approve Medicaid funding for these important programs and services.