



Date: January 31, 2024

From: Riisa Rawlins, Interim CEO, St. Louis Regional Health Commission

RE: In Support of the Proposed Rule, 13 CSR 70-25.160 Doula Services

My name is Riisa Rawlins, and on behalf of the St. Louis Regional Health Commission (RHC), **I am writing in strong support of proposed rule 13 CSR 70-25.160 Doula Services.** The RHC is a non-profit organization representing hospital systems, community health centers, non-profits, providers, and patients. The RHC is committed to achieving **zero health disparities through a community driven approach that yields health equity in all policy and outcomes.** We are strongly in support of this proposed rule which would establish the Department of Social Services' MO HealthNet Division guidelines regarding coverage and reimbursement for community doula services.

Maternal and infant mortality rates in Missouri are consistently one of the highest in the nation, and people of color (POC) are at increased risk for poor maternal and infant health outcomes compared to their white peers. Missouri's maternal mortality rate is especially dire for Black women, who are three to four times more likely than white women to die within a year of pregnancy. In the St. Louis region, Black babies are three times more likely to die in their first year of childbirth compared to white babies. Doulas are part of their local community – sharing their culture, strengths, and vulnerabilities – and can reduce these health disparities, bridge gaps in healthcare and support maternal and child wellbeing.

Doulas are non-medical professionals who provide continuous emotional, physical, informational support and guidance for pregnant, birthing, and postpartum people. Recent studies have shown that having continuous emotional support during this time can provide significant health benefits to birthing people, such as the decreased need for pain medication during birth, lower rate of C-section, faster labor and more positive birthing experience. These benefits are increased for communities of color. Increasing access to doulas is one intervention to address the stark racial disparities in maternal and infant mortality in our state.

The proposed rule would allow doulas to provide prenatal support in a manner that is culturally relevant and that is targeted to Medicaid participants, who are disproportionately POC. Furthermore, with access to doula services, expecting birthing people and families would receive a community-based approach to connect them with available resources, helping families navigate the often-complex route to accessing the services they need. The benefit of doula services during birth includes support of personal and cultural preferences regarding childbirth, which is particularly important to those who may otherwise feel disconnected from or marginalized by the healthcare system.

With maternal health outcomes worsening and Black women and birthing people being disproportionately harmed, it is critical that doula care be made financially accessible for Black families

and communities. **For this reason and those outlined above, we are in strong support of the proposed rule, 13 CSR 70-25.160**, which provides MoHealthNet coverage and reimbursement for doula services. If you have any additional questions or requests for information, please contact Kate Kasper, Manager of Policy and Advocacy at kkasper@stlrhc.org.

Thank you for your time and consideration.

A handwritten signature in black ink, appearing to read 'Riisa Rawlins', with a stylized flourish at the end.

Riisa Rawlins, Interim CEO
St. Louis Regional Health Commission