



Office of Equity and Inclusion

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February 22, 2012

The Honorable Jim Thompson, Co-Chair
The Honorable Mitch Greenlick, Co-Chair
House Health Care Committee
900 Court Street, NE
Capitol, H-388, H-492
Salem, Oregon 97301

Re: HB 3311 (2011) - Doula Report

Dear Co-Chairpersons:

During the 2011 session, the Oregon Legislature passed House Bill 3311, which directed the Oregon Health Authority to explore options for providing or utilizing doulas in the state medical assistance program to improve birth outcomes for women who face a disproportionately greater risk of poor birth outcomes.

To complete this work, the Oregon Health Authority's Office of Equity and Inclusion (formerly the Office of Multicultural Health and Services) convened a committee representing stakeholders from health systems, community groups, and doula organizations. The committee was convened in September 2011 and met monthly for four-months to develop the attached report and recommendations. The process included reviewing state birth outcomes data, published research, and programs currently utilizing doulas. The committee also disseminated a survey to practicing doulas in Oregon to assist the committee in identifying a scope of practice and the core competencies necessary to effectively fulfill that scope.

A summary of the report is outlined below. The full report is attached, and is also available at: <http://www.oregon.gov/OHA/legactivity/>.

Summary:

The key findings of the report include:

- A 'doula' is a certified professional who provides personal, non-medical support to women and families throughout a woman's pregnancy, childbirth and postpartum experience.

- Oregon Health Authority data clearly demonstrates a consistent pattern of disparities in birth outcomes between women of color and the Non-Latino white population regardless of geography or payer.
- Based on research reviews, doulas are likely to be a strategy to decrease health inequities in Oregon's birth outcomes. Additionally, the committee found doulas would be an overall strategy to improve birth outcomes funded by both Medicaid and private insurance.
- There are several models across the country for the use of doulas to address inequitable birth outcomes, including one in Oregon. They are summarized in the report and also outlined in more detail in Appendix E.
- Oregon's process for certification could easily align with nationally recognized doula certification programs. The committee found that cultural competence was a necessary component that should be incorporated into training and certification programs, both national and local, in order to be recognized in Oregon.
- Medicaid reimbursable activities of doulas could be overseen by a qualified health professional, within the state defined scope of practice for the specific type of worker, and documented in the patient's medical record.
- Doulas could be integrated in Oregon's health system transformation work. Doing so may result in healthier births for women and their children, while also mitigating the long term costs associated with poor birth outcomes.
- Pursuing a Medicaid waiver from CMS to allow for reimbursement of doula services is the most viable option for incorporating doulas into Oregon's medical assistance program to improve birth outcomes for the state's most vulnerable women.

Please do not hesitate to call me if you have any additional questions.

Respectfully submitted,



Latricia Tillman, MPH
Administrator

CC: Representative Tina Kotek
Bruce Goldberg, MD
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