

Submitter: Martha Rivera
On Behalf Of:
Committee: Senate Committee On Early Childhood and Behavioral Health
Measure, Appointment or Topic: SB692

Chair Reynolds, Vice-Chair Anderson, and Members of the Committee,

My name is Martha Rivera and I urge your support for SB 692. As a granddaughter of a partera (midwife), my calling for supporting families during their perinatal journey is engrained in me. I began my journey into this work as a Maternal & Child Health Care Manager at a Federally Qualified Health Center, primarily serving low income and migrant communities in 2008. Here I had the honor of meeting expecting families from all walks of life, including those affected by substance use disorders, homelessness, food insecurities, and those with limited to no resources.

In 2013, I trained as a birth doula and was the only bilingual/bicultural doula in my community for several years. With a small, but growing workforce of doulas in my community in Southern Oregon, I began exploring ways to support my doula community, because even though this is heart work, it's hard work! My personal mission has been to support the doulas in my community by streamlining systems, advocating for doula integration among hospitals and clinics, and providing administrative support to doulas, specifically around the THW Doula process and Medicaid Billing, so that doulas can focus on providing support to families.

Being the only doula hub in Southern Oregon since 2016, and one of the first doula hubs that was contracted by a Coordinate Care Organization (CCO) in 2019; my organization later contracted with an additional three CCOs and with ten contracted doulas, we covered four counties: Jackson, Josephine, Klamath & Douglas. This afforded me intimate knowledge and understanding of the challenges and administrative burdens faced by other doula hubs/organizations across the state. Challenges due to timeliness of claims payment and system errors causing claims denial caused doulas in my organization to wait over six months, and in some instances two years to get reimbursed by Medicaid while some claims never got paid. This also meant that as a business owner working over 40 hours a week, and a mother of two, I was not able to sustain a livable wage from the low administrative fee that was split between covering some of my time (less than minimum wage) and costly infrastructure investments, like HIPAA compliant client record keeping, phone lines, etc. After all, \$1500.00 can only be split in so many ways.

These systemic obstacles have caused additional and unnecessary challenges such as tensions, resentments, and competition among the doula communities because of lack of funding or limited and targeted funding sources. Unfortunately, after eight

years in business I was faced with the difficult decision to cease operations.

Despite my personal experience, I truly believe that investing in doula organizations, specifically those rooted in culturally and linguistically diverse communities will have a high return of investment, not just monetarily, but in better outcomes and in thriving communities. It's a ripple effect: supporting doulas is supporting families. We must do better!

Gracias (Thank you),

Martha Rivera, THW Doula
Former Doula Hub Owner in Southern Oregon