

**Testimony of Maria Rossi , MSW (*she/her/hers*)  
Social Worker/Doula/Advocate  
The Doula Project, Washington County Mental Health Services  
Senate Health and Welfare Committee – January 23, 2024**

- My name is Maria Rossi, and I am a Doula and Social worker. I coordinate The Doula Project at WCMHS.
  - Thank you all for this opportunity. There are only a few things I value more than this work so I am really thrilled to be here today.
  - Helped to write first iteration of doula bill eight years. it's wonderful to see maternal health finally getting the attention it deserves.
  - Worked with other doulas and Voices for Vermont Children. Talking to National Health Law - national law firm working with states for Medicaid coverage, and have been researching how those have unfolded – what is working and what have been challenges In other states.
  - In Vermont, in 2021, there were 2,2021 Medicaid births, about 38% of total births in the state.
  
- I have been a doula for 13 years. Myself and few others at WCMHS started Doula Project ten years ago after witnessing the ways in which special populations we were serving were further marginalized in maternal health, and did not have access to many things those with more means did. A big one being doula care.
  - Historically: pregnant people who receive Medicaid assistance and qualify for community mental health. This population usually comes with significant needs including housing, histories of trauma, struggling with mental health and/or substance use disorders, have developmental disabilities, and come from generational poverty. We help with case management, community supports, service planning and prenatal, birth and postpartum doula supports. Intensive doula supports are the cornerstone of our program.
    - Mixed funding /cobbled together
    - Have excellent relationship with community providers, most notably CVMC. Most of our referrals come from CVMC and we work closely with them around client needs and care. Head OBGYN is interested in testifying if the committee is open to that.
  - Recent years utilized grant funding. We have received federal block grants from VDH and DMH, and worked closely with them, to expand doula workforce and access in Washington County. Currently anyone who lives in Washington County has access to free doula supports under a tiered level of supports, meaning the most in need get the most intensive supports.
  - The demand for doula support is robust in our community, with 26% of pregnant individuals and families in Washington County seeking doula services from our program last year. This demand encompasses a mix of Medicaid and private insurance clients. And would be higher if we had more doulas.
  - We have served hundreds of families over the years, many of whom are asking to for the opportunity to testify to you on this bill, to share how doula care

positively impacted their lives and experience, hopefully there is an opportunity to hear their voices. I think I can speak for all of the doulas in our group, we are really proud to do this work.

- We have a few studies, and are about to launch a new one. From the data that we have collect, we know that our outcomes closely align with national studies about the positive value of care, especially for those who receive Medicaid.
- Currently all but four states are somewhere in process of proposing or implementing Medicaid coverage
- Important to note that doulas non-clinical, non-medical support. We offer human-to-human support. Doula care is emotional support.
  - Similar relationship and roles as community health workers or recovery coaches, often may be someone from the community and/or someone with shared lived experiences
  - Doulas do not direct decision-making or weigh in with their own opinion. We are there to support everyone's unique journey.
  - Doulas carry liability insurance, requiring that would not be unexpected or unwelcome.
- We are confident the model we have works, and there are studies to back that up
  - Alternative model to certification: Found certification to be a barrier. It is often not culturally aware, expensive and does not offer anything back to doulas in terms of ongoing support or continuing education.
    - Focus on competencies: .we know makes someone a skilled doula. And then structured our trainings around those competencies.
    - Offering on going peer support and access to clinical support
    - Mentorship opportunities
    - New research over the last few years done in other states supports this model as it both results in more culturally aware doulas who can meet the needs of their specific communities, resulting in better care for families. It also encourages doulas to remain in profession longer when they are well supported and connected to each other.
    - No state that has implemented Medicaid eligibility has created a licensure route for many reasons, one main one being the health equity barriers of licensure.
    - We have some alternative language that we can offer to the Committee to consider.
- In a previous testimony someone noted that doula care is “low hanging fruit” in terms of making a difference in maternal and infant health, both physical and medical. We know that is true, and that doula care works, and we know its something that families want.
- Thank you again for the chance to testify, we'd be happy to talk more about these issues as the Committee continues to consider this important bill.