

Testimony to House Health Care Committee

H.611

1/22/26

Maria Rossi, MSW & Doula

Doula Association of Vermont (DAV)

Thank you for allowing me time to talk with you today. My name is Maria Rossi. I have been a doula for 15 years and am also a social worker. I work for Washington County Mental Health Services (WCMHS) where I coordinate the Doula Project (TDP) which I helped to develop fourteen years ago.

I am here today providing testimony on behalf of the Doula Association of Vermont (DAV), a statewide doula group which I co-founded. I was here last year when this committee took up the Doula Bill (S.53/Act 50), and it's nice to see so many familiar friendly faces. We appreciate your support in getting this bill passed last session.

I am sharing some concerns about the potential delay in making Medicaid funding for doula services. This evidence-based, cost-effective service is unfortunately out of reach for many Vermont families, especially those who stand to benefit the most.

As a bit of background, TDP is one of four regional programs working to provide doula services to vulnerable Vermont birthing families. We work with braided funding, accessing resources within our Designated Agency, and various grants. All four programs are funded at least in part through a Department of Health grant and utilize a community doula model that provides intensive, longer-range support to at-risk families. The emphasis is on culturally congruent, community-based care to underserved individuals and families. Two of the programs, WCMHS and Northwestern Counseling and Support Services (NCSS), are well established, and two are building phases.

It's critical to stress that doulas provide non-clinical support to birthing families. Doulas offer non-medical, interpersonal support. Doula care is emotional, often mental health, support. Here are some data points that illustrate the importance of the work we do:

- In Vermont, in 2021, there were 2,021 Medicaid births, about 38% of total births in the state.
- Over 40 years of studies show that doula care leads to a 30% reduced risk of labor induction, a 28% reduced risk of cesarean birth, and a 14% reduced risk of a newborn admission to the NICU.

- The doulas' role in addressing perinatal mental health has shown promising in many studies, including one WCMHS completed last year with UVM and VDH.

Over the past 18 months, some incredible work has gone into a thoughtful and thorough process for implementing Act 50. The Office of Professional Regulation (OPR), as directed by Act 50, has worked to develop the professionalization of doulas who aim to provide Medicaid services.

They worked collaboratively with DVHA, DAV, the doula community and other stakeholders, to develop these draft regulations. Unfortunately, as the process was close to concluding, progress was put on hold after DVHA indicated it would request the delay in seeking federal approval to add doula services the Vermont State Medicaid Plan, as outlined by the language in Section 7 of H. 611.

We are disappointed that DVHA is requesting another delay. While we recognize that there may be political challenges to applying for federal approval at this time, we believe that does not need to be a "stop sign" to progress.

Unfortunately, Vermont has fallen behind other states on this issue. Currently, all but four states are in varying stages of development and coverage. Louisiana, Arkansas, Montana and Utah are expected to begin coverage this year. By the end of 2026 our neighboring states (New York, Massachusetts, New Hampshire) will all offer Medicaid coverage for doula care. Some states have already required private insurance coverage as well.

We maintain that between the projected cost savings from averted treatments, and the likely modest take-up rate, the costs to the state of providing Medicaid coverage would be extremely small.

OPR has formed a working group with DAV, VDH, DVHA and other stakeholders and we greatly appreciate that collaboration and hope to work together to identify a path forward. And if passed, the language in H.611 could delay implementation of doula services for vulnerable Vermont birthing families for at least three years if not longer.

Given all the progress we have made in strengthening our profession and deepening our positive relationships with OPR, VDH, and DVHA, we don't want to lose the trust of the doula community in Vermont by putting this work on hold for an additional three years. We would like to explore ways to sustain the four existing doula programs. This would keep momentum and trust and when federal approval is obtained, we will be well positioned to expand services throughout Vermont. We are hoping for some creative conversations around that possibility.

I am confident that as a state, we want to do all we can to support young families in Vermont. Ensuring they have access to doula services would improve health and mental health outcomes for birthing people and their babies, as well as provide cost savings Vermont's health care system by reducing rates of perinatal mood disorders, cesarean births, and NICU stays.

While we continue to fully support and remain committed to our partnerships, our hope is that DVHA will agree to submit the SPA has outlined in Act 50, rather than an additional delay.

Dr. John Kendell, a pediatrician and researcher once said “If a doula were a drug, it would unethical not to use it.” Let’s not further delay providing access to this critical service to more Vermont families.