

Testimony to the Senate Health and Welfare on H.611
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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 some of our “doula champions” as we like to call you. It’s also a pleasure to meet new senators and I appreciate the opportunity to provide you with some information about this bill and doula care in Vermont.

Doula care is an evidence-based, cost-effective service that is unfortunately out of reach for many Vermont families, especially those who stand to benefit the most. We see Medicaid coverage as not just a way to improve outcomes for children and families but also a way to increase health care equity in our state.

Doulas are trained individuals who offer non-medical, non-clinical, interpersonal support to birthing families. Doula care is emotional, often mental health, support. Care is provided before, during, and after birth.

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.

Nationally, doulas have received bipartisan support, and currently over half of the states have enacted Medicaid coverage. All but four states are in various stages of implementation. Three states have submitted State Plan Amendments in the past year alone and are now covering doula care (Pennsylvania, South Dakota, and Utah).

By the end of 2026 our neighboring states (New York, Massachusetts, New Hampshire) will all offer Medicaid coverage for doula care.

Over the past two legislative sessions, 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. OPR is working diligently with DVHA to ensure their rules align with federal CMS guidelines appropriately.

We also support the regulatory solution proposed by DVHA, of obtaining a referral for doula services, to ensure that reimbursement for Medicaid approved doulas in Vermont is consistent with CMS criteria.

As we understand it, this referral could come from a range of licensed clinicians including obstetricians, midwives, and social workers. We remain committed to the further professionalization of the doulas in Vermont as well as supporting both the doula community and families to access and engage in this service.

DAV supports this recent work both OPR and DVHA to work collaboratively with the doula community to find a path forward to bring these services to Vermont Medicaid birthing families in a timely way. DAV also supports the process that has resulted in a path forward for a State Plan Amendment for doula services. While some questions remain about the details, at this point we are satisfied that the language in H. 611 supports a successful and timely implementation of Medicaid coverage of doula services.

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 for Vermont's health care system by reducing rates of perinatal mood disorders, cesarean births, and NICU stays.

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.