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Testimony Before the District of Columbia Council
Committee on Health
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Public Roundtable:
Maternal and Infant Health: Addressing Coverage, Care, and Challenges in the District

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Introduction

Good morning, Chairperson Henderson, and members of the Committee. My name is Leah Castelaz. I am a Policy Attorney at Children's Law Center, a member of the Early Childhood Innovation Network, the co-chair of the Maternal Health Committee for the Ward 8 Health Council, the co-chair of the Under 3 DC Coalition Family Health Supports Committee, and a resident of the District. Children's Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Thank you, Chairperson Henderson for convening this roundtable on maternal health in the District. You have been a leader in this space, bringing significant attention to perinatal[1] health in the District through conversation with government officials, key stakeholders, community partners, and District residents as well as introducing and passing legislation seeking to improve perinatal health in the District. We thank you for sharing your own experiences as a mother and for continuing to be an advocate for children and parents in the District.

At Children's Law Center, we pursue systemic solutions to increase access to health supports and services from pregnancy onward. We have consistently supported several critical programs that improve perinatal health outcomes in the District including home visiting programs, CenteringPregnancy, and HealthySteps. We also serve as members of the Maternal Health Advisory Group and were deeply involved in setting up the Perinatal Mental Health Task Force (Task Force). Most recently, we have been working with the Task Force to move forward a robust report with actionable recommendations.

Having the right supports in place can positively impact pregnant and postpartum people and their children by mitigating adverse childhood experiences, decreasing maternal deaths, addressing perinatal mood and anxiety disorders, preventing child welfare involvement, improving parent-child relationship, family economic security, child development, and school readiness.[2] However, many of our clients and their families face persistent and, at times, insurmountable barriers that prevent them from accessing critical resources at the earliest point of intervention. For example, many of our clients who are pregnant or parenting as teens and young adults lack access to behavioral health services, prevention and early intervention programs, housing, education, childcare, and healthcare. This lack of access to critical supports in turn creates difficulties in pursuing a high school diploma or higher education, maintaining employment,

handling criminal legal cases, fostering parenting skills, and strengthening parent-child relationships.[3]

Further, the District has poor perinatal health outcomes, particularly for Black pregnant and postpartum people.[4] The District of Columbia currently holds one of the highest maternal mortality rates in the country.[5] Notably, pregnant and postpartum District residents are particularly vulnerable to poor outcomes with respect to mental health and substance use.[6] This is in line with the inaugural Maternal Mental Health State Report Card which gave DC an overall D+ for maternal mental health. The report found that DC had insufficient screening reimbursement to identify perinatal mental health conditions and lacked the programs and providers needed to prevent or address a perinatal mental health diagnosis.[7]

Unfortunately, infant health outcomes do not fare much better.[8] For example, the most recent Center for Medicare and Medicaid (CMS) State Medicaid Scorecard shows that DC Medicaid ranked third to last in the nation for low-birth weight babies.[9] Additionally, DC saw drastically different infant health outcomes for births that were Medicaid financed versus those covered by private insurance.[10] Parents whose births were Medicaid financed were almost two times more likely to have a low birthweight baby than parents with private insurance.[11] Finally, DC reporting has found disparities among wards. For example, during 2019–2020, Wards 5, 7, and 8 accounted for only 45 percent of all live births, but 61 percent of all infant deaths.[12]

This roundtable begins a very necessary conversation on how to address the whole family approach needed in perinatal health by bringing together many of the systems, organizations, and actors that touch the lives of pregnant people, postpartum people, infants, and other caregivers. The recent efforts made to support perinatal health and improve outcomes has made clear that we cannot work in silos – there must be continued opportunities to move forward solutions, together.

To this end, my testimony today will focus on the efforts made so far to improve perinatal health and the specific actions the Council must take to ensure these efforts result in actual improvements in the lives of pregnant and parenting persons and their children. Specifically, my testimony will (1) identify existing programs that require sustained investments as well as diverse sources of financing; (2) discuss emerging problems with the implementation of the Medicaid doula benefit; and (3) highlight the opportunities presented by the forthcoming Task Force Report and the benefits of a coordinated approach to implementing its recommendations.

The District's Perinatal and Infant Health Programs Require Sustained Investment and More Diverse Sources of Financing

Perinatal health impacts infant health. Between the 2015-2016 and 2019-2022 reporting periods, maternal complications from pregnancy ranked in the top three causes for infant mortality.[13] Maternal complications from pregnancy can include both physical and mental health conditions that affect the health of the pregnant or postpartum person, their baby, or both.[14] Access to appropriate supports, resources, and

healthcare before, during, and after pregnancy can lower the risk of any pregnancy complications.[15] Therefore, it is critical that supportive services for those who could become pregnant, are pregnant, or postpartum are accessible, high quality, culturally appropriate, and affordable.[16]

The District has made several key investments to improve perinatal health outcomes and infant well-being. Two programs that have a significant impact on perinatal health outcomes include HealthySteps and home visiting programs. Both programs strengthen the parent-child relationship, promote protective factors, and address the full range of child and family needs by connecting them with supports, services, and resources to reduce numerous risk factors, including maternal health complications.[17]

HealthySteps is an evidence-based national program model that provides infants and toddlers with social-emotional and development support by integrating child development specialists into primary care.[18] Embedding behavioral health professionals in the primary care setting allows for increased integration of care, earlier identification of behavioral health issues for both child and caregiver, and greater connection to community supports and resources.[19] We know from our work that children have the best chance to avoid child maltreatment when their parents and caregivers are fully supported and equipped to meet their needs. Through screening, HealthySteps Specialists can identify and provide support to those with postpartum depression and

HealthySteps Family Services Coordinators can give resources and specific care coordination.[20] Screening mitigates the strain that undiagnosed and untreated mental health issues can put on the parent-child relationship. HealthySteps is a critical resource in the continuum of care for perinatal and infant health.[21]

Recently, this Committee heard overwhelming support for the District's home visiting programs at the Home Visiting Reimbursement Act of 2023 hearing on October 4, 2023.[22] Witnesses shared how home visiting has helped to support healthy pregnancies, postpartum periods, and infant outcomes including completed birth plans, attending all prenatal visits, receiving perinatal depression screening, breastfeeding and chestfeeding support, and compliance with infant developmental screenings.[23] Given the success of home visiting programs, Children's Law Center, alongside many others, shared our support for establishing Medicaid reimbursement for evidence-based home visiting programs in the District to help stabilize funding.[24] Therefore, we are glad to see the Council act on this issue and we strongly support passage and full funding of this legislation.[25]

Recently, Chairperson Henderson, you asked the Department of Health Care Finance (DHCF) to discuss their specific efforts to expand coverage for perinatal health and child health services. DHCF responded that, in the past five years, the two state plans that they have put forward in this space were for extended postpartum coverage and doula reimbursement.[26] Additionally, DHCF has allowed for reimbursement for

depression screening at well child visits.[27] DHCF will also be moving forward new services on the behavioral health side including Attachment and Behavioral Catch-up (ABC).[28] Finally, in September 2023, DHCF proposed changes to its Children's Health Insurance Program (CHIP) State Plan to allow the District to provide vital health care services to promote healthy pregnancies and healthy children regardless of the pregnant mother's eligibility status.[29] We applaud these positive advancements by the District's Medicaid Agency, but we know there is more to do.

As we proposed for home visiting, better coverage and adequate reimbursement rates could provide sustainable funding for other programs in the District. We, therefore, hope government agencies including DHCF will continue to be forward thinking in how it can strengthen services by drawing down federal dollars. The A Path Forward report[30] provides several recommendations to strengthen the financing of services for perinatal and infant populations through integrated, dyadic approaches, including:

- Avail primary care with payment and reimbursement infrastructure to optimize integrated care include establish mechanisms to adequately reimburse decentralized care coordination services provided by clinical and nonclinical professionals in settings where families frequent and trust.[31] That should include expansion of Health Homes and HealthySteps.[32]

- Ensure coverage and adequate reimbursement rates for evidence-based dyadic and multigenerational models.[33]
- Ensure adequate financing for PMAD screening, prevention, and intervention across all settings and providers, regardless of the caregiver's health insurance status.[34]

These recommendations have also been flagged for the Perinatal Mental Health Task Force report and we are hopeful that their inclusion will continue to strengthen systems working with perinatal and infant populations.

More Work is Needed for DC Residents to Have Meaningful Access to the Doula Medicaid Benefit

Doulas play a critical role in ensuring that pregnant and postpartum people who face the greatest risk of discrimination and mistreatment in the medical system receive the additional support they require.[35] There has been significant research conducted on the benefits of doulas on birth outcomes and reducing racial disparities in perinatal health outcomes.[36] Doula-assisted births are four times less likely to have a low birth weight (LBW) baby, pregnant people are two times less likely to experience a birth complication involving themselves or their baby, and are significantly more likely to initiate breast/chestfeeding.[37] In both the prenatal and postpartum period, studies have indicated that social support provided by a doula is closely associated with improved maternal mental health and wellbeing.[38]

Despite these clear benefits, the District's Medicaid program did not cover doula services until very recently.[39] As a result, doula services have long been inaccessible to most low-income District residents. In October 2022, however, the District's Medicaid program was expanded to allow reimbursement for doula services.[40] As of February 2023, DHCF reported that seven doulas have started registration, two have enrolled, and two have billed claims for reimbursement for services rendered.[41] This extremely low level of participation is not reflective of the need for doulas services in the District and indicates that low-income residents are likely still unable to access these services.

Further, despite reconvening the Maternal Health Advisory Group (MHAG) in June 2023, we have not learned any additional or new data from DHCF regarding the doula benefit implementation. We have not been provided updates on enrollment of doulas, outreach to doulas, DC Health certification, utilization by beneficiaries, or efforts toward communication with perinatal healthcare providers and beneficiaries on this benefit. As a result, we lack significant and important information that would enable us to identify the obstacles to effective implementation of the doula Medicaid benefit in the District. Anecdotally, however, we have heard that doulas have experienced challenges in enrolling as Medicaid providers and joining the relevant managed care organization (MCO) networks. Barriers include onerous and confusing application procedures, lack of timely responses from DHCF and MCOs, and limited certification options.

This is consistent with challenges experienced in other jurisdictions. Based on national reporting, there appear to be three primary types of obstacles to meaningful uptake of the Medicaid doula benefit: (1) restrictiveness of state training or certification requirements;[42] (2) lack of comprehensive training on Medicaid requirements;[43] and (3) low reimbursement rates for doula services.[44] Each is a key barrier to the successful implementation of doula reimbursement in other jurisdictions and may help to explain the low uptake of the doula Medicaid benefit in DC.[45]

DC cannot understand our specific challenges without greater engagement from the Agencies included in this work – both DHCF and DC Health. As we shared during FY2022 performance oversight, we are concerned that during this critical implementation period of the doula benefit, DHCF is no longer receiving input from those executing and utilizing these new services. Successful implementation also requires buy-in from Medicaid perinatal healthcare providers to recommend the doula benefit as well as beneficiaries who desire to use the doula benefit. It is unclear what the governments' communications have been with doulas, providers, or DC residents regarding the doula benefit.

This is why we strongly advocated for the restart of the MHAG which offers a space for the Agencies to meet with doulas, Medicaid enrollees, and other key stakeholders. We were pleased that the MHAG met in June 2023, but have been discouraged that the group as not met since. In order to properly address barriers to

implementation, we must have a space where we can identify them, and problem solve together. Moreover, we need to hear from DC Health regarding their implementation of the doula certification and ensure that there is meaningful engagement and feedback from current practicing doulas. The current certificate list provided by DHCF is relatively more expansive than most states with twenty-one approved programs compared to the ten-twelve approved by most others. It is unclear how the shift from the expansive DHCF list of certifications to just one DC Health certification will be implemented. Other jurisdictions have struggled with the restrictiveness of state training and certification requirements as they are not responsive to the individual needs of the communities with which doulas interact.[46]

Additionally, most of these programs fail to provide legacy pathways for doulas who have been practicing for years prior to these new reimbursement requirements.[47] Understanding how these realities may play out in this transition is something the MHAG could address. DC Health certification is a critical piece, we must ensure it is done with fidelity to the work of doulas. While we appreciate that there are ways to provide feedback on an individual or case-by-case basis, this is not the most effective or efficient way to ensure successful implementation. The MHAG offered a way to avoid such a piecemeal approach to implementation by allowing for government agencies to have one central touchpoint for those working on perinatal health issues in the District.

Many jurisdictions have recognized that doula implementation will take time but also that there must be space provided to find identify barriers and find solutions that are preventing meaningful enrollment of doulas, engagement with providers, and utilization by beneficiaries. This is why many jurisdictions have launched a hub or advisory committee for doulas.[48] These hubs and advisory committees were not only used for the establishment of the benefit but continue to serve through implementation. Hubs and advisory committees, amongst many other tasks, provide administrative support, mentorship to doulas, communication strategies, and engage with Medicaid enrollees. Finally, hubs and advisory committees also help to create a more seamless entry into the Medicaid system and could begin to address some of the barriers described above.[49] The original goal of Medicaid reimbursement for doulas was to bring community-based healthcare to DC residents. We cannot afford to lose the community aspect of this work. As other jurisdictions begin to address implementation barriers they are experiencing through shared space and partnership, DC needs to do the same.

To Successfully Implement the Forthcoming Task Force Recommendations, the Council must Ensure Interagency Coordination and Community Partnership

Mental illness is the single most common complication of pregnancy, yet it is rarely discussed.[50] In a search for reporting on perinatal mental health in the District there was little to be found.[51] The Perinatal Mental Health Task Force (Task Force), however, provided the opportunity to change the narrative. The Task Force brought

conversations on perinatal mental health to the center stage. Included in the Task Force responsibilities is producing a landscape analysis of perinatal behavioral health programs, treatments, and services which will include notable innovations and gaps in care and coordination and will help determine opportunities for advancement in services, partnerships, and local investments.[52] Since its first meeting in January 2023, the Task Force has created a space for members and other stakeholders to participate in discussions on perinatal mental health topics such as (1) navigation; (2) resources and data; (3) screening, referral, and workforce development; and (4) public awareness.[53]

As of this roundtable, the Task Force report and its recommendations are still forthcoming. When the report is released, we ask the Committee to host another roundtable to provide an opportunity to discuss the findings and identify specific pathways for implementing the recommendations.

In the meantime, the Council can begin supporting effective implementation of the forthcoming recommendations. To ensure that these recommendations are implemented in a way that results in actual improvements in the lives of pregnant, postpartum, and parenting persons and their children, the Council must establish a single space that ensures interagency coordination, community partnership, and private investment in this work.

Fortunately, the Task Force itself offers a solid model for how to move forward in this endeavor.[54] The time and commitment that DHCF gave to the Task Force sets the right tone for how government agencies should engage in a private-public setting and this level of partnership should continue. However, we need more robust public engagement from DHCF's sister agencies – including DC Health and DBH, as well as the agencies responsible for housing and transportation.[55] Community stakeholder participation is also necessary to create systemic reform – so ensuring a future space that is committed to regular convening and communication between government and community stakeholders is critical. We already know that there is strong commitment from community stakeholders including healthcare providers, doulas, residents, and advocates to participate in this work. Finally, we encourage the Committee to be a space to increase data collection and collaboration efforts. We know from our landscaping efforts of perinatal health in the District that data is severely lacking.[56]

There have been continued efforts to support pregnant and postpartum people, infants, and their families in the District with increased focus over the last few years. Further, there are some exciting opportunities coming up with Warmline/211 relaunch, continued workforce investment, the continued carve-in of behavioral health services into MCOs, the 1115 waiver, and the Task Force report. In thinking through next steps, we must not silo the public and societal health factors of children, parents, and families because that is not how families experience the day-to-day.[57] Let us use the momentum

of past, current, and future efforts to lean in, not away, by creating a meaningful, coordinated effort in the District to ensure robust, accessible perinatal and infant health care in the District and begin to see improved outcomes for all residents.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

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[1] We have chosen to use perinatal health instead of maternal health in this testimony. Perinatal health recognizes that not everyone who carries a pregnancy is a woman, and we respect the diversity of all people who have given birth. At times we may use maternal health when it is needed either to ensure consistency to with programmatic names or to stay true to reports/information we are referencing. We utilize this inclusive language, when we are more broadly discussing this population who people who can be pregnant, have been pregnant, or have recently given birth. We have also chosen to utilize the term pregnant and postpartum people to encompass those who do not identify as a woman but can and do become pregnant and give birth.

[2] Johnson S, Kasparian NA, Cullum AS, Flanagan T, Ponting C, Kowalewski L, Main EK. Addressing Adverse Childhood and Adult Experiences During Prenatal Care. Obstet Gynecol. 2023 Jun 1;141(6):1072-1087. doi: 10.1097/AOG.0000000000005199. Epub 2023 May 3. PMID: 37141600; PMCID: PMC10184824; Howard LM, Khalifeh H. Perinatal mental health: a review of progress and challenges. World Psychiatry. 2020 Oct;19(3):313-327. doi: 10.1002/wps.20769. PMID: 32931106; PMCID: PMC7491613; 3 Casey Family Programs, Are Home Visiting Programs Effective in Reducing Child Maltreatment?, (September 27, 2022), *available at*: https://www.casey.org/home-visiting-programs/; Centers for Disease Control and Prevention, Supporting Parents to Help Children Thrive, *available at:* https://www.cdc.gov/childrensmentalhealth/features/supporting-parents.html; Centers for Disease Control and Prevention, Supporting Parents to Help Children Thrive, available at: https://www.cdc.gov/childrensmentalhealth/features/supporting-parents.html; American Psychological Association, Parents and Caregivers Are Essential to Children's Healthy Development, available at: https://www.apa.org/pi/families/resources/parents-caregivers; Child Welfare Information Gateway,

Protective Factors Approaches in Child Welfare, Issues Briefs March 2020, *available at*: https://www.childwelfare.gov/pubpdfs/protective_factors.pdf. HealthySteps, Risk Factors for Child Abuse and Neglect, *available at*: https://www.healthysteps.org/our-impact/the-evidence-base/risk-factors-for-abuse-neglect/; HealthySteps, HealthySteps Specialist Competencies, 2022, *available at:* https://www.healthysteps.org/wpcontent/uploads/2022/02/HS_SpecialistCompentencies.pdf; Center for the Study of Social Policy, Strengthening Families, *available at*: https://cssp.org/our-work/project/strengthening-families/; Center for the Study of Social Policy, Strengthening Families Through Home Visiting, *available at*: https://cssp.org/resource/sf-through-home-visiting/.

[3] Recently, the D.C. Network for Expectant and Parenting Teens (DC NEXT!), a collective innovation network empowering young parents to make healthy decisions, released a report that centers the voices of young parents discussing the need for better childcare options in the District *See* Robyn Russell, Nkechi Enwerem, and Zillah Jackson Wesley, *Child Care for Young Parents: A Missing Key to Intergenerational Upward Mobility in the District*, September 2023, *available at*: https://www.dcpca.org/resources-publications/september-2023-report-child-care-for-young-parents-a-missing-key-to-intergenerational-upward-mobility-in-the-district.

[4] In the most recent Maternal Mortality Review Committee case review, of the 4 maternal deaths reviewed from 2018, 100 precent of the cases were birthing people of color. Additionally, during a five-year period (2014-2018), 36 District-residents' lives were lost during pregnant or within one year following the end of pregnancy from any cause. One maternal death was to a Hispanic birthing person, one was to a Non-Hispanic White person, and one maternal death was to a birthing person with race classified as Other and ethnicity non-Hispanic. The other 33 deaths were attributable to Non-Hispanic Black birthing persons. *See* District of Columbia's Maternal Mortality Review Committee Annual Report, 2021, published September 2023, *available at:* https://ocme.dc.gov/sites/default/files/dc/sites/ocme/MMRC2021Annual%20ReportFinal.pdf; *See also* District of Columbia's Maternal Mortality Review Committee Annual Report, 2014-2018, published December 2021, *available at:* https://ocme.dc.gov/sites/default/files/dc/sites/ocme/page_content/attachments/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Finalv2.pdf. In a recent report from the Georgetown University Center for Child and Human Development, examined the role of racism, racial disparities, and social determinants of health play in perpetuating perinatal health disparities in access and outcomes for Black mothers in wards 5, 7, and 8. *See* Perinatal Needs Assessment, 2023, Georgetown University Center for Child and Human Development, *available at*: https://gucchd.georgetown.edu/Perinatal.php.

[5] Notably, it is difficult to find consistent reporting on DC's maternal mortality rate. This highlights a gap in data reporting on perinatal health which will be discussed throughout this testimony. One stat shared is from the United Health Foundation, which found the city's maternal mortality rate in 2018 was roughly 36 per 100,000 live births, compared to the national rate of 20.7. According to Georgetown University Center for Child and Human Development Needs Assessment, DC's maternal mortality rate is 39 deaths per every 100,000 live births (no year given). According to the Maternal Mortality Review Committee, DC pregnancy-related mortality rate for 2014-2018 is 44.0 deaths per 100,000 live births. And according to March of Dimes, which uses the National Center for Health Statistics, mortality data, 2018-2021, DC's maternal mortality rate was 30.7 per 100,000 births, which shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends. These numbers all appear to be higher or near the reported national maternal mortality rate for 2021, which was 32.9 deaths per 100,000 live births, compared with a rate of 23.8 in 2020 and 20.1 in 2019. Colleen Grablick, *Black People Accounted For 90% Of Pregnancy-Related Deaths In D.C., Study Finds*, April 28, 2022, DCist, *available at*: https://dcist.com/story/22/04/28/dc-maternal-mortality-study-2022/;

District of Columbia's Maternal Mortality Review Committee Annual Report, 2014-2018, published December 2021, *available at:* https://ocme.dc.gov/sites/default/files/dc/sites/ocme/page_content/attachments/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Finalv2.pdf; Perinatal Needs Assessment, 2023, Georgetown University Center for Child and Human Development, *available at*: https://gucchd.georgetown.edu/Perinatal.php: 2023 March of Dimes Report Card for District of Columbia, *available at*: https://www.marchofdimes.org/peristats/reports/district-of-columbia/report-card; and Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2021,* Centers for Disease Control and Prevention, March 2023, *available at*: https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#Table.

[6] 2023 March of Dimes Report Card for District of Columbia, *available at*: https://www.marchofdimes.org/peristats/reports/district-of-columbia/report-card.

[7] Inaugural Maternal Mental Health State Report Card (2023), Policy Center for Maternal Mental Health, *available at*: https://state-report-cards.mmhmap.com/. The inaugural Maternal Mental Health Report Card provides the first-ever comprehensive view into the state of maternal mental health in America. The U.S. is failing mothers – only scoring a D grade. Just one state has received the highest grade of a B-, and 40 states and DC received Ds and Fs. The report card grades states in three domains: Providers and Programs; Screening and Screening Reimbursement; and Insurance Coverage and Payment. Washington DC did the best in insurance coverage and payment but the worse in screening and screening reimbursement. This presentation is the inaugural report and there are several pieces that could be improved but it gives an initial look into how DC is measuring for perinatal mental health. This is particularly important given the lack of local data reporting on perinatal mental health in the District.

[8] Please review DC Health's Needs Assessment to understand DC Health identified priorities and areas of need. District of Columbia Department of Health, Five-Year Maternal and Child Health Needs Assessment Summary, 2021-2025, September 2020, *available at*: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/MCH%20Five%20Year%20Needs%20Assessment%20Summary%202020_FINAL.pdf.

[9] The national average for Medicaid programs was 9.7% which DC was at 12.7%. Only Louisiana at 13.1% and Mississippi at 14.3% scored lower. *See* Medicaid and CHIP 2023 Scorecard, Live Births Weighing Less Than 2,500 Grams, available at: https://www.medicaid.gov/state-overviews/scorecard/live-births-weighing-less-than-2500-grams/index.html.

[10] Perinatal Health and Infant Mortality Report, 2019-2020 Report, 2017-2018 Supplemental Report, DC HEALTH, January 30, 2023, *available at*: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2022-07-CPPE-PHIMreport-9-web.pdf

[11] *Id.*

[12] *Id.*

[13] Perinatal Health and Infant Mortality Report, 2019-2020 Report, 2017-2018 Supplemental Report, DC HEALTH, January 30, 2023, *available at*: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2022-07-CPPE-PHIMreport-9-web.pdf; Perinatal Health and Infant Mortality Report, DC HEALTH, May 2018, *available at:* https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/Perinatal%20Health%20Report%202018_FINAL.pdf.

[14] Centers for Disease Control and Prevention, Pregnancy Complications, *available at*: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html.

[15] Office of the Surgeon General (OSG). The Surgeon General's Call to Action to Improve Maternal Health [Internet]. Washington (DC): US Department of Health and Human Services; 2020 Dec. PMID: 33661589.
[16] A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District (December 2021), available at: https://childrenslawcenter.org/wpcontent/uploads/2021/12/BHSystemTransformation_Final_121321.pdf. This report is released by Children's Law Center, Children's National Hospital, the District of Columbia Behavioral Health Association, Health Alliance Network, Early Childhood Innovation Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition.
[17] Child Welfare Information Gateway, Protective Factors Approaches in Child Welfare, Issues Briefs March 2020, *available at*: https://www.childwelfare.gov/pubpdfs/protective_factors.pdf; HealthySteps, HealthySteps Specialist Competencies, 2022, *available at:* https://www.healthysteps.org/wpcontent/uploads/2022/02/HS_SpecialistCompentencies.pdf; Center for the Study of Social Policy, Strengthening Families, *available at*: https://cssp.org/our-work/project/strengthening-families/; Center for the Study of Social Policy, Strengthening Families Through Home Visiting, *available at*: https://cssp.org/resource/sf-through-home-visiting/.
[18] HealthySteps, *available at*: https://www.healthysteps.org/.
[19] HealthySteps, Family Screening and Connection to Services, *available at*: https://www.healthysteps.org/our-impact/the-evidence-base/family-screening-and-connection-to-services/.
[20] HealthySteps Specialists can deliver clinic-based mental health visits with families to address critical needs in areas such as maternal depression, grief and loss, and child behavior management. Specialists can also answer questions about behavioral health as well as facilitate the development of attachment, self-regulation skills, and family resiliency. Early Childhood Innovation Network, Innovation Spotlight: HealthySteps DC, May 2019, ECIN Newsletter, available at: https://www.ecin.org/newsletter-may-2019.
[21] Rhitu Chatterjee, *How to break the cycle of childhood trauma? Help a baby's parents,* NPR, November 29, 2023, *available at*: https://www.npr.org/sections/health-shots/2023/11/29/1215606941/parent-help-to-prevent-childhood-trauma.
[22] District of Columbia, B25-0321 Home Visiting Services Reimbursement Act of 2023 and B25-0419 Childhood Continuous Coverage Act of 2023, Testimonies, October 4, 2023, *available at*: https://lims.dccouncil.gov/Hearings/hearings/87.
[23] *Id.*
[24] Because of the variety of funding sources and authorities, home visiting programs across the District have been plagued by fluctuations in funding that lead to instability of the programs. Unstable funding leads DC home visiting programs to experience high workforce turnover, undermining the effectiveness of the program. In order to improve physical, mental, and emotional health outcomes, home visitors must build trusting, long-term relationships with the families. As we have previously testified, stable and sufficient funding for home visiting is necessary to foster consistent, meaningful relationships between home visitor and participant. Medicaid reimbursement for home visiting services is a crucial source of funding that the District is currently missing. Leah Castelaz, Children's Law Center, Testimony before the District of Columbia Council Committee on Health, (October 4, 2023), *available at*: https://childrenslawcenter.org/resources/testimony-home-visiting-services-reimbursement-and-childhood-continuous-coverage-acts-of-2023/.
[25] Notably, Medicaid reimbursement cannot be the only funding source for home visiting programs in the District. It must be skillfully braided with other funding sources like MIECHV and local dollars. We, therefore, ask that in addition to moving forward Medicaid reimbursement for evidence-based home

visiting programs, the Council ensure that the current funding levels for all locally funded home visiting programs remain stable and examine opportunities for additional local investment in home visiting programs. Continued local investment in home visiting is critical to ensure the non-reimbursable elements of home visiting as well as programs that do not qualify for reimbursement continue to operate at full capacity. DC home visiting programs cannot afford to lose any of their current investment. We must build up these programs so they can continue to serve DC children and families in the earliest years of development.

[26] Hearing on Home Visiting Service Reimbursement Act of 2023 and Childhood Continuous Coverage Act of 2023, 3:27.58 through 3:29.43, *available at* https://www.youtube.com/watch?v=K8JH7OoxfJw.

[27] *Id.*

[28] "In the last five years or so how many state plan amendments have been related to expanding coverage around maternal health services or children?" Response from DHCF" "I believe postpartum and doula. Did we do a state plan to allow depression screening at well-child visits? No that was just covered. Those are the two I can think of now. Of course, all our services impact children and women. The other thing I will say is we do have some new services forthcoming on the behavioral health side that are specific to children… one is ABC (attachment and behavioral catch up). We have some new services coming online that will impact women and children from a behavioral health perspective." Hearing on Home Visiting Service Reimbursement Act of 2023 and Childhood Continuous Coverage Act of 2023, 3:27.58 through 3:29.43, *available at*: https://www.youtube.com/watch?v=K8JH7OoxfJw.

[29] DEPARTMENT OF HEALTH CARE FINANCE
PUBLIC NOTICE OF PROPOSED AMENDMENT TO CHILDREN'S HEALTH INSURANCE PROGRAM STATE PLAN. *See* https://www.dcregs.dc.gov/Common/NoticeDetail.aspx?NoticeId=N133048.

[30] A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District (December 2021), available at:
https://childrenslawcenter.org/wpcontent/uploads/2021/12/BHSystemTransformation_Final_121321.pdf.

[31] *A Path Forward*, Financing, Recommendation 2, page 59.

[32] *Id.*

[33] *A Path Forward*, Special Populations, Prenatal to age five, Recommendation 29, page 181.

[34] *A Path Forward*, Special Populations, Prenatal to age five, Recommendation 30, page 181.

[35] Alexis Robles-Fradet and Mara Greenwald, Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost, National Health Law Program, August 8, 2022, *available at*: https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/#:~:text=Community%2Dbased%20doulas%20are%20particularly,the%20additional%20support%20they%20require; Mallick LM, Thoma ME, Shenassa ED. The role of doulas in respectful care for communities of color and Medicaid recipients. Birth. 2022 Dec;49(4):823-832. doi: 10.1111/birt.12655. Epub 2022 Jun 2. PMID: 35652195; PMCID: PMC979602; Community-Based Doulas and Midwives, Center for American Progress, April 14, 2022, *available at*: https://www.americanprogress.org/article/community-based-doulas-midwives/.

[36] Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163; Alexis Robles-Fradet and Mara Greenwald, Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost, National Health Law Program, August 8, 2022, *available at*: https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/#:~:text=Community%2Dbased%20doulas%20are%20particularly,the%20additional%20support%20they%20require

[37] LaToshia Rouse, Doula Support Improves Maternal and Child Health Outcomes, Patient and Family Engagement, March 24, 2023, *available at:* https://nichq.org/insight/doula-support-improves-maternal-and-child-health-outcomes-patient-and-family-engagement#:~:text=Additionally%2C%20doula%2Dassisted%20mothers%20were,more%20likely%20to%20initiate%20breastfeeding; Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. J Perinat Educ. 2013 Winter;22(1):49-58. doi: 10.1891/1058-1243.22.1.49. PMID: 24381478; PMCID: PMC3647727; Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163; Alexis Robles-Fradet and Mara Greenwald, Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost, National Health Law Program, August 8, 2022, *available at*: https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/#:~:text=Community%2Dbased%20doulas%20are%20particularly,the%20additional%20support%20they%20require

[38] Falconi AM, Bromfield SG, Tang T, Malloy D, Blanco D, Disciglio RS, Chi RW. Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. EClinicalMedicine. 2022 Jul 1;50:101531. doi: 10.1016/j.eclinm.2022.101531. PMID: 35812994; PMCID: PMC9257331. Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163.; Hans, Sydney & Thullen, Matthew & Henson, Linda & Lee, Helen & Edwards, Renee & Bernstein, Victor. (2013). Promoting Positive Mother–Infant Relationships: A Randomized Trial of Community Doula Support For Young Mothers. Infant Mental Health Journal. 34. 10.1002/imhj.21400.

[39] Medicaid did not cover the costs associated with doula care. Therefore, hiring a doula is an out of-pocket expense for most Medicaid beneficiaries. See Doula services are provided as a value-added service by some MCOs in the District. Dr. Pamela Riley, Maternal Health Projects Kickoff Meeting, Department of Health Care Finance, (December 14, 2021), *available at*: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Slides%20Maternal%20Health%20Kickoff%20121421.pdf. With fees ranging from $600 to $2,000 per appointment, the cost is prohibitive for most Medicaid beneficiaries – the majority of whom are Black. See Karen S. Greiner, et al., The Cost-Effectiveness of Professional Doula Care for a Woman's First Two Births: A Decision Analysis Model, J. Midwifery Women's Health, 2019, available at: https://pubmed.ncbi.nlm.nih.gov/31034756/; In FY2020, 285,392 District residents were on Medicaid, 197,969 of whom were Black. Note that this does not break down gender or age. Based on December 2021 Medicaid enrollment data. DHCF, Monthly Enrollment Report – December 2021, Reflecting Period of November 2020-November 2021.

[40] This was until the passage of Fiscal Year 2022 Budget Support Act of 2021, which required DHCF to submit to the Centers for Medicare and Medicaid Services (CMS) a state plan amendment (SPA) to reimburse for doula services. D.C. Act 24-159. Fiscal Year 2022 Budget Support Emergency Act of 2021. The doula SPA was approved by CMS in October 2022, permitting eligible doulas to register with DHCF and enroll in individual managed care organizations (MCOs). Office of the Senior Deputy Director and Medicaid Director, Doula Benefit, Provider Qualifications and Enrollment, Rates and Reimbursement Standards, Transmittal #22-34, September 30, 2022, *available at*: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Transmittal-22-34-Doula-Benefit-Provider-Qualifications-and-Enrollment-Rates-and-Reimbursement-Standards.pdf.

[41] DHCF, Performance Oversight Response to Q59, *available at*: https://dccouncil.gov/wp-content/uploads/2023/03/Binder1.pdf

[42] Chen, *Current State of Doula Medicaid Implementation Efforts in November 2022*, November 14, 2022, *available at*: https://healthlaw.org/current-state-of-doula-medicaid-implementation-efforts-in-november-2022/#:~:text=Many%20doulas%2C%20particularly%20community%2Dbased,train%20doulas%20to%20serve%20Medicaid; Guarnizo, Tomás and Maggie Clark, *Lessons Learned from Early State Experiences Using Medicaid to Expand Access to Doula Care*, December 15, 2021, *available at*: https://ccf.georgetown.edu/2021/12/15/lessons-learned-from-early-state-experiences-using-medicaid-to-expand-access-to-doula-care/; Doula Medicaid Project, *Current State Doula Medicaid Efforts*, October 2023), *available at*: https://healthlaw.org/doulamedicaidproject/; Center for Health Care Strategies, *Covering Doula Services Under Medicaid: Design and Implementation Considerations for Promoting Access and Health Equity*, December 2022, *available at*: https://www.chcs.org/resource/covering-doula-services-under-medicaid-design-and-implementation-considerations-for-promoting-access-and-health-equity/.

[43] *Id.*

[44] *Id.*

[45] *Id.*

[46] *Id.*

[47] *Id.*

[48] *LA County launches hub to expand doula services*, Spectrum News 1, June 9, 2023, *available at*: https://spectrumnews1.com/ca/la-west/inside-the-issues/2023/06/09/la-county-launches-hub-to-expand-doula-services-; Primary Maternity care, Connecticut Doula Integration Toolkit, *available at*: https://www.primarymaternitycare.com/ct-doula-integration; Rhode Island Birthworker Co-op, *available at: https://www.ribirthworkercoop.com/*; Colorado Department of Health Care Policy & Financing Birth Equity: Doulas and Donor Breast Milk, *available at*: https://hcpf.colorado.gov/birthequity; The State of Doula Care in NYC 2023, New York City Department of Health and Mental Hygiene, *available at*: https://www.nyc.gov/assets/doh/downloads/pdf/csi/doula-report-2023.pdf; Massachusetts Executive Office of Health and Human Services, Doula Initiative, *available at*: https://www.mass.gov/info-details/doula-initiative; and Oregon Doula Association, *available at*: https://ordoulas.org/.

[49] *Id.*

[50] Suicide is a leading cause of maternal mortality. Chin K, Wendt A, Bennett IM, Bhat A. Suicide and Maternal Mortality. Curr Psychiatry Rep. 2022 Apr;24(4):239-275. doi: 10.1007/s11920-022-01334-3. Epub 2022 Apr 2. PMID: 35366195; PMCID: PMC8976222; *See also* Aimee Danielson, *Opinion: We don't talk enough about the single most common complication of pregnancy* CNN, July 14, 2023, *available at:* https://www.cnn.com/2023/07/14/opinions/motherhood-maternal-mental-health-programs-danielson/index.html; Amy Tubb, *Suicide still a leading cause of maternal death,* Maternal Mental Health Alliance, October 12, 2023, *available at*: https://maternalmentalhealthalliance.org/news/mbrrace-2023-suicide-still-leading-cause-maternal-death/#:~:text=Suicide%20continues%20to%20be%20the,or%20existing%20mental%20health%20condition ; Policy Center for Maternal Mental Health, Facts About Maternal Suicide, *available at*: https://www.2020mom.org/maternal-suicide.

[51] For example, the DC Health Needs Assessment report recommends that "in order to ensure women in the District have an equitable opportunity to access mental health resources, DC Health must be mindful 20 of funding services that diversify the workforce as well as placement of services." See DC Health, FiveYear Maternal and Child Health Needs Assessment Summary 2021-2025, September 2020, *available at*: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/MCH%20Five%20Year%20Needs%20Assessment%20Summary%202020_FINAL.pdf. However, the Needs Assessment does not

provide any sort of meaningful data or explanation of the landscape of perinatal mental in the District. The Needs Assessment provides this short paragraph in regard to maternal mental health, "The mental health of women emerged as an important finding as women often prioritize the needs of their family before their own. According to 2018 BRFSS data, 13% of women in the District reported experiencing 14 days or more of their mental health not being good compared to 12.1% of men." This egregiously limited as well as a biased data point. Id. There has been no publicized follow-up on this Needs Assessment to check progress or amend. Through the Task Force there is an opportunity to connect with those who are collecting the data like hospitals, Managed Care Organizations, and community-based providers and to begin to compile a greater understanding of the gaps and need for perinatal mental services in the District like the Needs Assessment suggests. Understanding if, and when mothers are being screened and treated for maternal mental health disorders, for example, are critical data points for ensuring mothers get the timely and appropriate care they need. See Britt, R., and Burkhard, J., U.S. Maternal Depression Screening Rates Released for the First Time Through HEDIS, November 14, 2022, *available at*: https://www.2020mom.org/blog/2022/11/14/us-maternal-depression-screening-rates-released-for-the-firsttime-through-hedis.

[52] The extensive landscaping analysis the Task Force conducted identified numerous programs that are supporting perinatal mental health (many of which simultaneously support physical health) in the District. Many of the programs utilize dyadic approaches to also support infant development, physical health, and promote positive outcomes for the whole family. As we continue to think about ways to sustain the continuum of care truly needed to address perinatal and infant health outcomes, we must not forget those programs that rely on private and philanthropic dollars to do their work. We should seize opportunities to draw down federal or local dollars to support those programs as well. Programs like CenteringPregnancy, Reach Out, Stay Strong Essentials (ROSE) program, Mothers and Babies program, Safe Babies, Safe Moms, D.C. Network for Expectant and Parenting Teens (DC NEXT!), and many more are doing phenomenal work in the District. We are hopeful for their inclusion in the final PMHTF report to truly give us the full landscape to identify where we can move forward continued innovative thinking on how the District can supports perinatal and infant health.

[53] Department of Health Care Finance, Perinatal Mental Health Task Force, *available at*: https://dhcf.dc.gov/publication/perinatal-mental-health-task-force.

[54] The hearing notice for this roundtable requested participants to reflect on the Perinatal and Infant Health Advisory Committee. B23-0416, Better Access for Babies to Integrated Equitable Services Act of 2019, established the Perinatal and Infant Health Advisory Committee to make recommendations to the Mayor and the Director of DC Health on improving perinatal health and assuring access to quality perinatal health services. However, when we tried to identify any information on this Committee, we came up short and could not find any information on funding for the Committee, meetings, nominations, appointments, or reports from the Committee. The Committee may be the solution to the lack of continued public-private partnership around perinatal mental health. If the Committee is the right space to move this work forward, we would recommend a few considerations including reviewing the legislation for any amendments that would account for the current landscape and already established efforts like MHAG and Task Force. Included in any amendments of the Perinatal and Infant Health Advisory Committee, we encourage representation of all entities that impact the perinatal population including housing and transportation agencies.

[55] Two huge barriers for pregnant and postpartum remain transportation to and from appointments and affordable housing. The barriers to transportation include that it can only go to and from the enrollee's home. This limits the opportunities of where to be picked up but also where to be dropped up and ultimately limits the enrollee's autonomy. Additionally, drop-offs typically require that an enrollee be

ready to arrive an hour before the appointment. Again, prohibiting autonomy for the enrollee but also causing significant disruptions to their lives including longer appointment times taking away from their work, dropping their other children off at school, or other needs to support their family. Moreover, rideshares are rarely equipped with proper infant transportation that would safely transport parent and infant to appointments. Finally, there are cases of ward discrimination where rideshare drivers refuse to come to certain locations and thus limits meaningful access to transportation. As for housing, those who are at risk or are currently unhoused and pregnant cannot access homeless services until their third trimester. *See* Candance Y.A. Montague, *The Struggle for Unhoused Pregnant Women to Find Shelter,* April 16, 2021, *available at*: https://inthesetimes.com/article/pregnant-women-shelter-racial-maternal-justice#:~:text=Pregnant%20women%20in%20their%20second,third%20trimester.%E2%80%9D%20Yet%20adverse%20pregnancy. DC Code. Chapter 7A Services for Homeless Individuals and Families. § 4–751.01. Definitions.

[56] Supra note 49.

[57] "Children, however, do not live in silos. They live across and between them. The resultant effect of [a siloed] systems-disconnect leaves families with limited access to services, community agencies duplicating services, and children ultimately missing out on services to support their healthy early development." *See Johnson, D., Chung, P., Schroeder, J., & Meyers, J. (2012). Bridging Silos, Improving Systems. The Foundation Review, 4(2). https://doi.org/10.4087/FOUNDATIONREVIEW-D-11-00020.1; See also* Sarah Nadeau, RELEASE: Breaking Down Silos of Public Health and Addressing Societal Inequities Will Help the Health of Pregnancies and Families, New CAP Report Finds, Center on American Progress, July 15, 2022, *available at*: https://www.americanprogress.org/press/release-breaking-down-silos-of-public-health-and-addressing-societal-inequities-will-help-the-health-of-pregnancies-and-families-new-cap-report-finds/.