Testimony to House Health Care Committee

S. 53

5/7/25

Maria Rossi, MSW & Doula

Thank you for having me today. I was here last year when this committee took up this bill, and it's nice to see so many familiar friendly faces. Thank you for your support in getting this bill to this point. For those of you who I have not met yet, I am excited to share with you today the history of this bill and the bipartisan support it had.

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 a Doula program.

14 years ago, with the help of Mary Moulton, our Executive Director at the time, I created The Doula Project (TDP) at WCMHS. TDP provides prenatal, birth and postpartum community doula support to those who receive Medicaid assistance and qualify for services. Our funding is a mix; relying on grants and scholarships to pay for birth support. We are Community Based Perinatal Doulas. Community Based Doulas provide intensive, longer-range support with an emphasis on culturally congruent, community-based care to underserved individuals and families.

I also co-founded our statewide doula group, the Doula Association of Vermont. I am here today as part of the legislative and advocacy committee of DAV.

I am so grateful and excited to see the state of Vermont commit to maternal and infant health. This last year with the passage of S.53 (Act 97) and the work by OPR and DVHA to move that legislation forward. This is especially important for the most vulnerable families in our communities, who often experience the worst outcomes. Almost 40 years of data tell us clearly that doulas improve medical and mental health outcomes of birthing people including reduced risks of premature birth, cesarean birth, higher rates of breastfeeding, and lower rates of perinatal mood and anxiety disorders. All of which work to reduce health care costs in addition to improving birth outcomes.

Community Based Doulas are also in a unique role to provide early intervention support when families are struggling. Doulas are a protective factor for families and have been underutilized for far too long.

Dr. John Kendell, a pediatrician and researcher once said “If a doula were a drug, it would unethical not to use it”

Since the last session, there has been incredible work building a thoughtful and thorough process for regulating Community Doulas through OPR and payment recommendations from DVHA as directed by Act. 97. Both entities have collaborated with the Doula Association and other

stakeholders to recommend a regulatory process and outline a potential reimbursement model which was strongly supported in the Senate.

DAV wholeheartedly supports OPR's Sunrise Report on certifying Community Based Doulas in Vermont, and we ask that you support this bill this year. Your support will enable us to move forward and spend a year continuing to develop a just and in-depth regulation process which will take at least one year. Forty states are actively covering community doula support or in the process of implementing Medicaid coverage. Vermont has the advantage of learning from them, and we know that a solid foundation is the key to successful utilization.

On a personal note, I helped to write the first doula bill eight years ago and am so grateful to be sitting here talking to you about this today. We have been working hard to bring this work to fruition, and it means so much to so many people, thank you for listening.