ASSEMBLY COMMITTEE ON HEALTH  
Jim Wood, Chairman  
**BACKGROUND INFORMATION REQUEST**

*Please complete and return* ***one hard copy of this form and all supporting materials*** *(including support/opposition letters)* ***within 5 working days*** *of receipt of this form****.***

*A bill cannot be heard if a completed worksheet is not returned.*



***NEW POLICY– PLEASE READ!!***

**The Assembly Health Committee has implemented a more efficient way of accepting**

**Position Letters. Please make sure the letters are uploaded through the Advocate Portal:**

<https://calegislation.lc.ca.gov/Advocates/>

**In addition, please e-mail this background information request form electronically to:**

[**Marshall.Kirkland@asm.ca.gov**](mailto:Marshall.Kirkland@asm.ca.gov)

**Scott.Bain@asm.ca.gov**

**Measure:** AB-2258

**Author:** Reyes

**Subject:** Doula care: Medi-Cal pilot program.

**Staff Contact Number:**

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| 1.    Does this bill have a sponsor? Please provide name, phone and email. |
| 2.    Please explain the problem or deficiency in the existing law, and how this bill seeks to remedy that problem.  While doula care is a proven method of improving outcomes for women having babies, few of the women facing the greatest risk can access doulas because of the out-of-pocket costs for this service. Doulas in California often cost more than $1000 which is prohibitive for many families, especially given how many of California’s families of color live in poverty (24.9% of Black Californians, 22.9% of Latinx Californians and 23% of Native American Californians live below 100% FPL).[1]  [1] **Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 10.0 [dataset]. Minneapolis, MN: IPUMS, 2020. https://doi.org/10.18128/D010.V10.0** |
| 3.    Describe how your bill solves the problem described in 2) above.  4. Is there a budget request associated with this bill? |
| 5.    Please cite existing law. |
| 6.    Please present significant facts, research studies, and pertinent background information.  Community-based doula programs across the United States have shown to improve birth outcomes specifically for low-income women of color.1-5 Additionally, research evaluating doula-attended births in all communities has proven this to be a safe, effective, and promising intervention.6 The American College of Obstetricians and Gynecologists revised their Care Consensus Statement in 2014 to say “published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula…given that there are no associated measurable harms, this resource is probably underutilized.”7  The key outcomes associated with doula support include:   |  |  | | --- | --- | | * Reduced caesarian section rates6,8,9 * Reduced instrumental vaginal birth rates6 * Reduced preterm birth rates4,10 * Reduced rates of low birth weight1,4 * Shorter duration of labor6 | * Reduced negative feelings about birth experience6 * Reduced medical expenditures on birth8,9,11 * Increased initiation of breast feeding4,5 * Potential savings of $986 per birth9 |  1. Thomas, M. P., Ammann, G., Brazier, E., Noyes, P., & Maybank, A. (2017). Doula Services within a Healthy Start Program: Increasing Access for an Underserved Population. Maternal and child health journal, 21(1), 59-64. 2. Mottl-Santiago, J., Walker, C., Ewan, J., Vragovic, O., Winder, S., & Stubblefield, P. (2008). A hospital-based doula program and childbirth outcomes in an urban, multicultural setting. Maternal and child health journal, 12(3), 372-377. 3. Oregon House Bill 3311: Requires Oregon Health Authority to explore ways to use doulas to improve birth outcomes for women who face disproportionately greater risk of poor birth outcomes and to report to legislative committees in February 2012. Official bill available at: http://gov.oregonlive.com/bill/2011/HB3311/. Formal assessment report of bill available at:<http://www.oregon.gov/oha/legactivity/2012/hb3311report-doulas.pdf> 4. Gruber KJ, Cupito SH, and Dobson CF. (2013). Impact of doulas on healthy birth outcomes. J Perinat Educ, 22(1):49–58. 5. Hans, S. L., Edwards, R. C., & Zhang, Y. (2018). Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health. Maternal and child health journal, 1-9. 6. Bohren, M. A., Hofmeyr, G. J., Sakala, C., Fukuzawa, R. K., & Cuthbert, A. (2017). Continuous support for women during childbirth. The Cochrane Library. 7. Lothian JA. Safe Prevention of the Primary Cesarean Delivery: ACOG and SMFM Change the Game. *The Journal of Perinatal Education*. 2014;23(3):115-118. doi:10.1891/1058-1243.23.3.115. 8. Kozhimannil KB, Attanasio LB, Jou J, et al. (2014).Potential benefits of increased access to doula support during childbirth. Am J Manag Care, 20(8):e340–e352. 9. Kozhimannil KB, Hardeman RR, Alarid-Escudero F, Vogelsang CA, Blauer-Peterson C, and Howell EA. (2016). Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. Birth (Berkeley, Calif.), 43(1), 20–27. 10. Kozhimannil, K. B., Hardeman, R. R., Attanasio, L. B., Blauer-Peterson, C., & O’brien, M. (2013). Doula care, birth outcomes, and costs among Medicaid beneficiaries. American journal of public health, 103(4), e113-e121. 11. Chapple, W., Gilliland, A., Li, D., Shier, E., & Wright, E. (2013). An economic model of the benefits of professional doula labor support in Wisconsin births. WMJ, 112(2), 58-64. |
| 7.    Are any amendments planned for this bill? |
| 8.    If yes, provide a brief summary of planned amendments. |
| 9.    Please include an author's statement explaining the need for this bill. |
| 10.    Has a similar bill been introduced before in either this session or a previous session of the legislature? |
| 11.    Has there been an interim committee report or subject hearing on this bill? |
| 12.    Please specify the report or provide information from the subject hearing. |
| 13.    Please describe any concerns that you anticipate may be raised in opposition to your bill, and state your response to those concerns. |
| 14.    The committee generally limits testimony to 2 witnesses, 3 minutes each. Please list the name and title of the witnesses: |
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| 15.    Which state agencies are affected by this bill? Have you met and/or discussed the bill with the agency? |

**COMMITTEE POLICY ON AUTHOR'S AMENDMENTS**

**Author's amendments must be submitted to the Committee Secretary (in Legislative Counsel Form) no later than 5:00 p.m. seven calendar days preceding the hearing of your bill. We require the signed original, six copies, and a copy of the "in context" version. If amendments are submitted after the deadline the Chair may reschedule the bill hearing and the "set" will count against the author's limit of three sets.**