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March 22, 2023

Senator Melissa Wiklund
Chair, Health and Human Services Committee
2107 Minnesota Senate Bldg.
St. Paul, MN 55155

Dear Chair Wiklund and Committee Members:

The Minnesota Council of Health Plans represents Minnesota's nonprofit health plans and, importantly, five of the managed care organizations (Blue Cross and Blue Shield of Minnesota, HealthPartners, Hennepin Health, UCare, and Medica) which together serve 84 percent of Minnesota's public program enrollees. Council plans have long been working to address the unacceptable disparities in maternal and infant health through a number of initiatives, including the Healthy Start Performance Improvement Project, the Minnesota Council of Health Plans' Health Equity Committee, as well as supporting Everyday Miracles and other nonprofits dedicated to improving maternal and infant health outcomes. We actively supported last year's legislation to expand Medicaid postpartum coverage from 60 days to 12 months, and this year we enthusiastically support SF 2923 to increase the Medicaid reimbursement rates for doula care during the prenatal and labor and delivery periods.

It is well established that rates of maternal morbidity and mortality in the United States are at unacceptable levels, and are particularly worrying for Black, Indigenous, and Hispanic women and birthing people. Black women in the United States are three times more likely to die from complications related to pregnancy and childbirth than white women, and the dire reality in Minnesota is this - while 6.4% of Minnesotans are Black, they represent 15% of maternal deaths in our state. The rate is 2.8 times higher when compared to white Minnesotans. For Black mothers who do survive, their newborns are twice as likely as white newborns to die before they turn one. Additionally, a recent study by researchers at the University of Minnesota Rural Health Research Center found that these disparities are even more pronounced when a person is covered by Medical Assistance, and are compounded further in rural areas of the state.

We know that access to doula services is an evidence-based approach that leads to markedly improved outcomes. Minnesota has led the nation in covering doula care under Medicaid, first covering doula care in 2013, well before every other state except Oregon. However, there is still work to be done to make sure doula care is accessible to everyone who can benefit from it. We have heard time and again from community advocates and doulas themselves that the current Medical Assistance rates are a significant barrier to expanding coverage. While commercial rates support doulas at sustainable levels, doulas very often must make the difficult decision to reduce services to Medicaid patients in order to provide higher-paid care to commercial patients. For this reason, we are grateful to Sen. Morrison for her bill to increase the Medicaid reimbursement rates for doula care to more closely align with commercial rates. We firmly believe that doing so will increase the availability of critical doula services to those who need it most, and will go a long way toward reducing the racial disparities that have remained stubbornly persistent in Minnesota.

Sincerely,

A handwritten signature in black ink, appearing to read "Lucas Nesse".

Lucas Nesse
President and CEO