

A RESOLUTION

1 Creating the House Study Committee on Perinatal Workforce Opportunities; and for other
2 purposes.

3 WHEREAS, the Centers for Disease Control and Prevention define maternal mortality as the
4 death of a woman during pregnancy, at delivery, or soon after delivery, resulting in a tragedy
5 for her family and society as a whole; and

6 WHEREAS, an array of factors contribute to poor maternal health outcomes, including, but
7 not limited to, poor access to quality care, systemic and medical racism, socioeconomic
8 status, and other disparities; and

9 WHEREAS, among those disparities are the lack of education, access to preconception care,
10 hospitals, and prenatal care; and

11 WHEREAS, an estimated one in seven women experiences peripartum (formerly
12 postpartum) depression, and 500,000 women per year suffer from this disease; and

13 WHEREAS, peripartum depression is depression that occurs following pregnancy and
14 delivery. It is one of the most common medical complications during the six months
15 following childbirth and is associated with adverse outcomes for both mother and child; and

16 WHEREAS, peripartum depression can present different symptoms, depending on the
17 person. Common symptoms include, but are not limited to, extreme difficulty in day-to-day
18 functioning; feelings of guilt, anxiety, and fear; loss of pleasure in life; insomnia; bouts of
19 crying; and thoughts of hurting oneself or the infant; and

20 WHEREAS, the risk of developing symptoms of depression has also been associated with
21 being a stay-at-home mother and unwanted pregnancy; and

22 WHEREAS, there are 80 counties in Georgia with no obstetrician/gynecologist; and

23 WHEREAS, the extension of peripartum Medicaid coverage last year in the Georgia budget
24 was a step forward. In the Fiscal Year (FY) 2017 budget, \$387,407.00 was appropriated in
25 the Low-Income Medicaid budget within the Department of Community Health for a
26 \$250.00 add-on payment for newborn delivery in rural counties (those with populations of
27 less than 35,000). In the FY 2018 budget, \$595,653.00 was provided for an additional
28 \$500.00 add-on Medicaid payment for newborn delivery in rural counties. Lastly, the FY
29 2019 budget included \$335,188.00 for a \$250.00 add-on Medicaid payment for delivery in
30 rural counties. These additions are still within the base budget of the FY 2023 and FY 2024
31 budgets, resulting in an available \$1,000.00 add-on payment for each Medicaid delivery by
32 an obstetrician/gynecologist in a qualifying rural county; and

33 WHEREAS, the American College of Obstetricians and Gynecologists and the Society for
34 Maternal-Fetal Medicine report that doula care is "one of the most effective tools to improve

35 labor and delivery outcomes." In 2020, the Centers for Medicare and Medicaid Services
36 recommended doula support during labor as a strategy to improve maternal care
37 management; and

38 WHEREAS, as of October 2022, eight states, including Florida, as well as the District of
39 Columbia are actively providing Medicaid coverage for doula care. Four additional states
40 are in the process of implementing coverage for doula services (California, Illinois, Indiana,
41 and Michigan). There is significant variation in reimbursement rates for doula services at
42 the state level. For example, Rhode Island has a reimbursement rate of up to \$1,500.00
43 across all visits while Oregon reimburses up to \$350.00 for all visits; and

44 WHEREAS, a report titled "State of the State," created by Healthy Mothers Healthy Babies
45 Coalition of Georgia, finds:

- 46 (1) Georgia has the second highest maternal mortality rate in the United States based on
47 pregnancy related deaths per 100,000 live births;
- 48 (2) Black women are two times more likely to die from pregnancy related causes than
49 white women; and
- 50 (3) According to the Maternal Mortality Review Committee (MMRC), 83 percent of
51 maternal deaths in Georgia are preventable, meaning the MMRC determined that there
52 was at least some chance of the death being averted by one or more reasonable changes
53 to patient, family, provider, facility, system and/or community factors; and

54 WHEREAS, a report titled "Doula Care in Georgia," created by Healthy Mothers Healthy
55 Babies and co-led by Healthy Mothers Healthy Babies Coalition of Georgia and academic
56 researchers and funded by the Center for Reproductive Health Research in the Southeast,
57 finds:

- 58 (1) Strong evidence from randomized controlled trials has shown doula
59 care—nonmedical emotional, informational, and instrumental support from a trained lay
60 support person during pregnancy, labor, childbirth, and postpartum—can improve
61 maternal mental and physical health outcomes;
- 62 (2) Continuous labor support creates better birthing experiences, increases spontaneous
63 vaginal births, lowers risk of Cesarean, lowers use of analgesia, and increases five-minute
64 Apgar scores;
- 65 (3) Birthing women supported by doulas also have a higher likelihood of intending to
66 breastfeed and earlier breastfeeding initiation; and
- 67 (4) Given the evidence of improved birth outcomes for both birthing women and their
68 children, accessible and affordable doula care is especially important to improve health
69 outcomes in areas with high maternal and child morbidity and mortality, such as Georgia;
70 and

71 WHEREAS, the conclusion of the report found:

- 72 (1) Doulas face challenges in building businesses and finding clientele, especially from
73 higher-risk populations, including Black people and families on lower incomes; and
- 74 (2) Publicly funded reimbursement, equity focused doula training, and stronger doula
75 networks with mentorship could help address some of these barriers; and

76 WHEREAS, it would be beneficial to study the findings and conclusions contained herein
77 to determine if legislative action is necessary to address such disparities and barriers.

78 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES:

- 79 (1) **Creation of House study committee.** There is created the House Study Committee
80 on Perinatal Workforce Opportunities.

81 (2) **Members and officers.** The committee shall be composed of five members of the
82 House of Representatives to be appointed by the Speaker of the House of
83 Representatives. The Speaker shall designate a member of the committee as chairperson
84 of the committee.

85 (3) **Powers and duties.** The committee shall undertake a study of the conditions, needs,
86 issues, and problems mentioned above or related thereto and recommend any action or
87 legislation which the committee deems necessary or appropriate.

88 (4) **Meetings.** The chairperson shall call all meetings of the committee. The committee
89 may conduct such meetings at such places and at such times as it may deem necessary or
90 convenient to enable it to exercise fully and effectively its powers, perform its duties, and
91 accomplish the objectives and purposes of this resolution.

92 (5) **Allowances and funding.** The legislative members of the committee shall receive
93 the allowances provided for in Code Section 28-1-8 of the Official Code of Georgia
94 Annotated. The allowances authorized by this resolution shall not be received by any
95 member of the committee for more than five days unless additional days are authorized.
96 Funds necessary to carry out the provisions of this resolution shall come from funds
97 appropriated to the House of Representatives.

98 (6) **Report.**

99 (A) In the event the committee adopts any specific findings or recommendations that
100 include suggestions for proposed legislation, the chairperson shall file a report of the
101 same prior to the date of abolishment specified in this resolution, subject to
102 subparagraph (C) of this paragraph.

103 (B) In the event the committee adopts a report that does not include suggestions for
104 proposed legislation, the chairperson shall file the report, subject to subparagraph (C)
105 of this paragraph.

106 (C) No report shall be filed unless the same has been approved prior to the date of
107 abolishment specified in this resolution by majority vote of a quorum of the committee.

108 A report so approved shall be signed by the chairperson of the committee and filed with
109 the Clerk of the House of Representatives.

110 (D) In the absence of an approved report, the chairperson may file with the Clerk of the
111 House of Representatives a copy of the minutes of the meetings of the committee in lieu
112 thereof.

113 (7) **Abolishment.** The committee shall stand abolished on December 1, 2023.