Maternal Health
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Leveraging Medicaid Policy to Advance Doula Care

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Introduction

The United States is currently facing a maternal health crisis driving significant racial disparities in maternal morbidity and mortality, particularly within black and indigenous populations. Black women and American Indian/Alaska Native women are three to four times more likely than non-Hispanic white women to die from pregnancy-related causes—during pregnancy, birth, and up to one-year postpartum.[i] Furthermore, Black women are twice as likely as non-Hispanic white women to experience severe maternal morbidity, or life-threatening pregnancy-related complications, which affect 50,000 women in the United States each year.[ii] One solution to reducing disparities in maternal health outcomes and improve experiences of birthing people is increasing access to doulas.

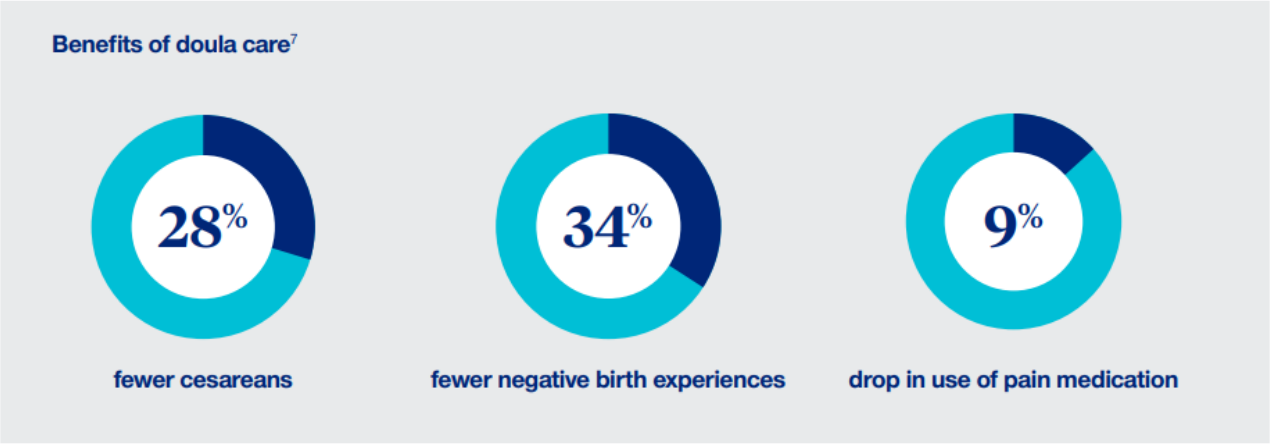
What is a doula?

Doulas are generally defined as non-medical professionals offering educational, emotional, and physical support to women before, during, and after pregnancy.[iii] Doulas are often confused with other birth workers like midwives or community health workers. Midwives provide the medical care that doulas cannot during pregnancy, labor, birth, and the postpartum period. Community health workers are trusted members of the community who act as a liaison between health and social services and the community to facilitate access to services and to improve the quality and cultural competence of service delivery.[iv] While doulas cannot provide clinical care, they complement the care women receive from a medical team. They provide culturally responsive care that can lead to improved maternal health outcomes. There are several types of doulas, but the most common types are listed below:

- Birth Doulas: Support clients during pregnancy, birth, and the early postpartum period
- Postpartum Doulas: Typically focus more on the weeks (or months) following birth
- Full-spectrum Doulas: Provide additional support surrounding miscarriage and abortion
- Community-based Doulas: Often serve clients in under-resourced communities and take on additional responsibilities with a focus on health equity and the social determinants of health

Impact of Doulas on Birth Outcomes and Racial Disparities

Birthing people who have doula support have noted better birthing outcomes, including lower rates of maternal and infant health complications; lower rates of preterm birth and low birth weight infants, lower rates of cesarean sections (C-sections)[v], and higher rates of breastfeeding.[vi] Doulas can help specifically with reducing the need for C-sections, a sometimes unnecessary, risky, and costly procedure associated with higher rates of maternal mortality and morbidity.[vii] In 2021, C-sections increased to 32% of all U.S. births and cost about 50% more than conventional births[viii] Using doulas can reduce the need for a C-section by twenty-five percent.[ix] In addition to improved physical health outcomes, doula support is linked to reduced rates of postpartum depression and anxiety as well as increased positive feelings about the birth experience and ability to influence one's own pregnancy outcomes.[x] Doulas can also help reduce the impacts of racism and racial bias in health care on pregnant people of color by providing individually tailored, culturally appropriate, and patient-centered care and advocacy.[xi] Doulas who understand the physical, social, and emotional impacts of racism can provide much-needed support to their clients, and above all act as their advocates as their clients navigate medical systems of care. While evidence shows that doula support during pregnancy and birth improves the health of both mothers and babies, there are many barriers to accessing doula care.



Source: 2021 United HealthCare: Medicaid-Reimbursed Doula Care

Barriers

Despite the benefits of doulas, a 2013 study found that only six percent of U.S. births involved doula services.[xii] First, there is a lack of awareness of doula services among Medicaid beneficiaries and the general population precludes many expectant and new mothers from benefitting from these services.[xiii] Second, mothers with few resources—such as those enrolled in Medicaid during pregnancy—are often unable to afford the out-of-pocket cost of doula services, especially since doula services are often not reimbursed by health coverage programs including most state Medicaid programs. Medicaid covers over 40% of all births across the U.S. and is an important source of coverage for populations experiencing poor maternal health outcomes.[xiv] In particular, Medicaid covers over 60% of all births among Black and AI/AN individuals.[xv] As a result, doula care is often available only to affluent mothers. Also, mothers living in rural US are often unable to access doula care due to fewer doulas practicing in those areas.

Another factor that leads to low utilization is the lack of uniformity for the definition of a doula or for doula training and certification. Organizations, like hospitals or community-based organizations differ in their definition, scope of work, and the position of doulas in the healthcare system.[xvi] Furthermore, doula training and certification is not standardized across the U.S. and when establishing Medicaid requirements for reimbursing doula services, states specify what training and skills doulas must possess.[xvii]Often it is left up to the individual doula to decide which training best aligns with their background and career goals. The fragmentation and complexity of the doula landscape indicates the future of birth doula services in the U.S. A way to handle this complexity is to have multiple partners, including doulas, work together to define doula legislation that can be a starting point for the states to mitigate some of the issues doulas are facing.

Greater awareness of the benefits of doula care, a more defined scope of doula activities for Medicaid enrollees, and better access to doula care, could go a long way towards reducing health disparities by ensuring that pregnant women who face the greatest health risks during pregnancy and postpartum are able to get the added support they need. With these barriers, the major evidence gap for policymakers is how policy efforts can best ensure access to evidence-based doula support and whether and how particular policy strategies can more effectively produce the value of doulas and doula care to potentially reduce disparities in birth outcomes.

Funding Challenges

Private and public medical coverage generally does not cover doula services.[xviii] Doulas usually learn their skills from doula programs and are sometimes hired through doula agencies or choose to operate as solo practitioners. Doula agencies have large teams of certified, insured, reliable, and vetted doulas to handle their clients. Solo practitioners handle all the work for the clientele by themselves and some practitioners find it challenging to make a living as a self-employed doula because they lack the productive capacity that doula agency would have.[xix]However, in the cases when doula services are covered by Medicaid, the level of payment, the ease of enrolling in insurance, and the administrative burden of getting paid all may affect access and availability of doula services.

Moreover, Medicaid coverage of doula care currently varies widely across states. As of 2022, nine state Medicaid programs cover doula services—namely, Oregon, Nevada, Minnesota, Virginia, Florida, Washington D.C., Maryland, New Jersey, and Rhode Island.[xx] Doula programs would like their funding to fully cover costs so that they may be equipped to pay doulas a salary that represents a livable wage. Between 2019 and 2022, Medicaid reimbursement per birth, including labor and delivery, ranged from $770-$1500, a significant amount for doulas, but adequate reimbursement is still a barrier to doula entry and an obstacle to retain doulas.[xxi] Without a direct pathway toward adequate and reliable compensation, the doula labor supply remains too low to meet the communities' demand. Legislation is urgently needed to support the growth of a strong doula workforce and provide sustainable government funding at the federal, state, and local levels for this community-based work in perpetuity.

Though improving access to doula services would not singlehandedly address the ongoing maternal crisis., coverage for doula services is one option to improve the maternity care experience for patients and provide supports that can contribute to improved maternal health outcomes.

State Examples

Since 2019, several states have taken steps to make doula care a covered Medicaid benefit. Establishing this type of benefit is a multi-year planning process which requires engaging various stakeholders, where the inclusion of the state's current doula workforce is critical. States across the nation are currently in various stages of implementing doula coverage from being in the planning stage to actively reimbursing doula services on Medicaid plans. Other states are taking actions that are adjacent to Medicaid doula benefits (e.g., implementing a pilot program or a doula registry) and still others have proposed action but have made little to no progress.

In November 2022, eight states and Washington DC were providing doula coverage. As of September 2023, eleven states and Washington DC are actively reimbursing doula services and eight states are in the process of implementing Medicaid doula benefits The National Health Law Program's Doula Medicaid Project charts current doula Medicaid efforts by state. It outlines each state's implementation status, timeline, implementation strategy, summary of implementation efforts, billing/payment structure, training, credentialing and/or certification requirements, and available resources.

Some notable state actions are highlighted below:

Oregon

Oregon was one of the first states to adopt Medicaid-covered doula care. The legislation was passed in 2011 with approval by the State Plan Amendment in 2012, and the state initiation of covered doula benefits in 2014. ***Oregon has incrementally added to and expanded upon their doula benefit over the years***. They have increased their doula reimbursement rates twice—from $75 to $350 per pregnancy in 2017 and from $350 to **$1500** per pregnancy in 2022. The recent rate increase followed years of advocacy by doulas in the state. Birth doulas were recognized as important traditional health workers who provide culturally responsive care that can lead to improved maternal health outcomes. The Oregon Health Authority believes that increased reimbursement rates lead to increased access which can help advance the state's goal to eliminate health inequities by 2030.[xxii]

Challenges. From 2016 to 2020, doulas were challenged with **low reimbursement rates**, **difficult billing processes**, **low doula uptake by Medicaid beneficiaries**, and other barriers surrounding covered doula care. In 2022, a Permanent Administrative Order went into effect that removed some barriers to accessing doula care (e.g. it removed the requirement for a referral from a licensed provider and reduced the administrative burden on doulas.)

Where are they now? HB 2525 was introduced in January 2023, signed by the governor in July 2023, and is set to go into effect September 2023. This bill requires the Department of Corrections to establish a doula

program for adults in custody at the Coffee Creek Correctional Facility who are pregnant and during one-year postpartum. It will prevent shackling of adults in custody during labor, childbirth, and postpartum recovery in the hospital, and prohibit other restrictions that would interfere with a person's postpartum recovery and lactation needs.

Rhode Island

Rhode Island is currently the only state to require the coverage of doula services by both Medicaid and private insurance. Legislation was passed in May 2022 and Medicaid beneficiaries had access to doula benefits as of July 1, 2022. The State Plan Amendment proposed the addition of doula services to support pregnant individuals, improve birth outcomes, and support new mothers and families with culturally specific antepartum, intrapartum, and postpartum services.[xxiii] The reimbursement rate for doulas certified by the Rhode Island Certification Board is up to **$1500** per pregnancy. Senator Quezada commented on the legislation: ***"There is no question that this bill will save lives and be good for women of color in Rhode Island, but it also makes strong economic sense. Women who use doulas often require fewer expensive medical interventions during childbirth, which will save them, the hospitals, and the insurance companies money and make the childbirth process much easier for all involved."***

Michigan

Michigan is one of the most recent states to implement doula Medicaid coverage under the Michigan Department of Health and Human Services (MDHHS) Doula Initiative effective January 1, 2023. The State Plan Amendment was approved in June of 2022.[xxiv] There are 18 MDHHS-approved qualified doula training programs or organizations to support access to services statewide. To receive reimbursement (up to **$1150** per pregnancy) doulas must be Medicaid-enrolled and listed on the MDHHS Doula Registry.

Lessons Learned and Recommendations from California & Washington

- Lessons Learned from Panel Discussion on California Doula Pilot Programs revealed concerns around the program's integration with health care systems; advised that doulas should be present and involved with program development; highlighted the need for adequate reimbursement; and recommended exploring payment models.
- The Survey of Birth Doulas in Washington State was conducted to support the state's exploration of ways to reimburse doulas through Medicaid to reduce health inequities. ***Some of the main topics explored through the survey and the main findings included:***
    - *Demographics of the Doula Workforce in Washington State*
        - In order to best serve birthing individuals in the state through Medicaid reimbursement, the state must continue to diversify its doula workforce.
    - *Requirements for Reimbursement*
        - There is a need to explore pathways for trained, non-certified doulas to be reimbursed through Medicaid and find ways to ensure that doulas are adequately prepared to serve the Medicaid population.
        - If cultural competency trainings are required, the state must consider affordability and accessibility, particularly for rural, low-income, and/or time-constrained doulas.
    - *Doula Services and Reimbursement Rates*
        - The state should consult community-based doula programs and other stakeholders who provide doula services to the Medicaid population before deciding on the number of visits covered. A final decision should inform the reimbursement rate.
    - *Billing Methods and Timely Payments*
        - The state should explore how birth doulas can bill for services through community organizations or by billing managed care organizations directly.

- Review the State Plan Amendments of states actively reimbursing for doula care to learn about covered services and reimbursement methodology.
- Consider how most states' Medicaid programs cover doula care as a preventive service (the benefit category), and some as extended service.

Considerations for States Exploring Ways to Implement Medicaid-covered Doula Care

- **Survey the current doula workforce**. Identify what services doulas are currently providing and what skills/experiences they have; consider what specific/crucial services or bundle of services should be covered initially (e.g. community doula or birth doula?).
- **Discern what certification/training/experience** is needed to provide covered services.
- **Determine how these services or bundle of services will be reimbursed** and at what rate. (e.g. Should doulas independently bill, bill under a licensed provider or through a doula service agency or all of the above?)
- **Leverage available resources and evaluate lessons learned** so that states can get ahead of identified challenges and barriers.

Additional Resources

- MHLIC Podcast Episode 6: *Medicaid Coverage for Doula Services: A Conversation with Averjill Rookwood and Amy Chen*
  - In this episode, host Deitre Epps, founder, and CEO of Race for Equity, is joined by Averjill Rookwood, founder of The Corporate Doula, and Amy Chen, senior attorney at the National Health Law Program, to discuss the importance of accessible doula coverage and the National Health Law Program's Doula Medicaid Project.

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