



# Promoting Maternal and Child Health Through State Medical Coverage for Doula Care

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The United States faces a growing crisis in maternal and infant mortality. This country fares worse than any economically comparable nation despite spending nearly twice as much on health care.<sup>i</sup> The Centers for Disease Control and Prevention reports that as many as two thirds of these deaths are preventable.<sup>ii</sup> Of great concern is the staggering racial and ethnic disparities in these numbers. Black and American Indian/Alaska Native people are three times more likely to die of pregnancy-related causes and in childbirth than White women.<sup>iii</sup> Even when factors such as income, education, and access to health care are the same as their White counterparts, Black pregnant and birthing people and their babies are at greater risk of death or dangerous complications from pregnancy.<sup>iv</sup> Although the reasons are nuanced, a history of interactions with systemic racism across the life course and in health care contributes to these outcomes.<sup>v</sup>

One approach to improve maternal and infant health outcomes and address these historic inequities is to include payment for birth doula care in Medicaid programs. Because Medicaid pays for almost half of all births, Medicaid coverage provides an opportunity to reach many families who might not otherwise have access to this service.<sup>vi</sup>

Doulas are trained professionals who provide education and support, both physical and emotional, before, during, and after labor and delivery.<sup>vii</sup> They can aid families in creating a birthing plan, attend pre- and postnatal visits, and provide education around nutrition, smoking and alcohol cessation, and infant care. During labor and delivery, doulas provide nonmedical continuous support to the birthing person including emotional and physical comfort and coaching. Doulas also can act as advocates for birthing people during labor, including efforts to reduce birthing interventions such as cesarian sections. Doulas may be particularly effective when they provide racially and culturally concordant care, meaning that the race and culture of the provider match that of their client.<sup>viii</sup> Racially concordant care has been found to improve birth outcomes of Black babies.<sup>ix</sup> Racially concordant care has been found to improve birth outcomes of Black babies and patient-provider communication.<sup>x</sup>

When carefully implemented, Medicaid coverage of doulas could be an important strategy to improve maternal and child health outcomes, potentially paying for itself in reduced Medicaid costs associated with birth care.<sup>xi</sup> In one study, the birthing mothers who elected to work with doulas had four times less incidence of low birth weight infants, were two times less likely to experience complications of either the mother or the baby, and had higher incidence of initiating breastfeeding.<sup>xii</sup> Doulas have also been found to reduce the incidence of preterm births and the use of cesarian section, a costly birth intervention that increases overall risks for the baby and mother.<sup>xiii</sup>



## IMPLEMENTING MEDICAID COVERAGE FOR DOULAS IN STATES

Oregon and Minnesota began covering doula care through Medicaid in 2014. Early implementation was slow and these states faced challenges that can offer lessons to other states as they determine the most appropriate way to integrate doula care into Medicaid.

**Oregon** was the first state to offer doula coverage through Medicaid in 2014. Being the first state has come with some difficulties. The state offered low reimbursement rates—\$350 for two prenatal home visits, labor support, and two postpartum visits—and doulas struggled to obtain any payment.<sup>xiv</sup> Oregon also requires a significant training commitment over a wide range of topics. There is no one program providing this training, which leaves prospective doulas to piece together certification requirements.<sup>xv</sup> Data from 2016–2020 show that 204 births were attended by doulas covered by Medicaid, a tiny percentage of the 19,000 a year who give birth while enrolled in the Oregon Medicaid plan.<sup>xvi</sup> In 2018 the Oregon Doula Association created a doula workforce needs assessment outlining steps the state can take to make the program more accessible and widespread.<sup>xvii</sup>

**Minnesota** began implementation of doula care in 2014, but also faced many obstacles. Doulas were required to pay \$200 certification fees and could be paid only when serving under a licensed medical provider, which was hard to find because of liability concerns.<sup>xviii</sup> Reimbursement rates were low and almost impossible to claim through existing systems. In 2019 rates were



increased to \$770 for the package (\$448 for the birth and \$47 for each home visit) though uptake on higher reimbursement rates has been slow. In 2021 [legislation](#) was passed that moved doula certification to the Minnesota Department of Health in the Health Regulation Service Division, similar to certification for other health professionals. Advocates are working closely with doulas to present legislation that would remove the supervision requirement and add doulas as a listed provider for an upcoming universal home visiting bill.

A few additional states began covering doula care through Medicaid in recent years and are just beginning to implement this benefit:

**Florida** began to offer doula services in 2020 as an optional expanded benefit for Medicaid Managed Care, meaning those enrolled in managed care plans have access to doulas. This applies to most plans in Florida.<sup>xix</sup> Individual plans determine the reimbursement amount for doula services rather than a statewide rate. Reimbursement rates range from \$800–\$1,200 for up to eight home visits and labor support.<sup>xx</sup> Each plan is responsible for determining appropriate credentials, and most have delegated credentialing to the National Doula Network.<sup>xxi</sup>

**New Jersey** began offering doula coverage through Medicaid in 2021 after passing a bill to include doula care as part of the covered comprehensive maternity care services.<sup>xxii</sup> Doulas must complete training on a range of specific topics. Reimbursement for standard care is up to \$900 for eight perinatal home visits and labor and delivery support. Enhanced care for patients 19 years old and younger includes 12 perinatal home visits and labor and delivery support for \$1,066. Both options offer a \$100 incentive to doulas for a postpartum visit within 6 weeks of delivery.<sup>xxiii</sup>

**Maryland** began offering doula services to Medicaid recipients in 2022. The program allows doulas to be reimbursed for eight home visits and labor support. The total reimbursement possible is \$977.84. Maryland is accepting certification from nine national doula certification programs.<sup>xxiv</sup>

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**Virginia's** 2021 State Plan Amendment added the offering of doula services through Medicaid in 2022. Virginia policy makers worked to bring diverse stakeholders in to the planning process to better address concerns and challenges. The program will offer \$859 for eight prenatal/post-

partum visits and birth attendance with additional incentive payments up to \$100 for parent postpartum and newborn care visits of \$50 per visit. The Virginia Certification Board is the approved body identified by Virginia Department of Health to grant state certifications to doulas.<sup>xxv</sup>

## POLICY CONSIDERATIONS

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**Engage with existing community stakeholders throughout the process.** Program success requires that lawmakers seek out and listen to stakeholders from the communities who will both provide and benefit from doula services as well as the existing organizations. Gather input from doulas as well as parents, maternal health providers, and home visitors to ensure a coordinated state approach to maternal health that meets families' needs. Of particular importance is including doulas in planning, implementation, and evaluation of programs.

**Define doula services and scope of work.**

Working collaboratively with doulas and the groups who will be served, determine the appropriate scope of work including how many home visits pre- and postnatally as well as labor and delivery support. Gather input from existing community-based organizations to delineate doula services from other services offered in the state, including home visitation programs.

**Provide multiple pathways to credentials.** There is no one official agency that monitors or awards certifications or credentials for doulas. Medicaid reimbursement is likely to require some form of credential for registration. States should consider how to reduce barriers to increase access to community-based doulas with flexible credentialing policies, including recognition of work experience.

**Diversify the workforce.** Invest in community organizations to increase access to training and education especially to Black, Indigenous, and LGBTQ people. One of the main benefits

of doulas is the opportunity to offer culturally and racially concordant care, so it is important to have doulas from the communities being served. States can consider offering scholarships for training and waiving registration fees for doulas who come from or agree to work in communities with more at risk birthing people.

**Set reimbursement rates high enough to create sustainable provider capacity.** Reimbursement rates should be adequate compared to average rates for private pay doulas in the community. States that set low reimbursement rates for services will discourage participation.

**Fund outreach and education.** Develop community outreach campaigns that inform (a) doulas about opportunities to participate in Medicaid, (b) birthing people about the doula care availability, and (c) medical clinicians about the complementary services doulas can offer.

**Reduce/remove administrative barriers for participating in Medicaid.** Work with existing community organizations to determine appropriate credentialing and simplify payment processes. Ensure that doulas can work independently or through doula-specific hubs and be paid for their services.

**Continuous quality improvement.** As states navigate implementing doula care services to improve perinatal health, it is important to continually review plans and services for opportunities for improvement. Ongoing study including needs assessment, analysis of outcomes, and stakeholder input should guide future program adjustments.

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## RESOURCES

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### [Racism Creates Inequities in Maternal and Child Health, Even Before Birth](#)

This ZERO TO THREE brief explores the disparities in maternal and child health, applying a targeted racial and ethnic equity lens to lay out recommendations for policymakers and practitioners to promote equity and improve maternal child health outcomes.

### [State Doula Medicaid Efforts](#)

A tracker from the National Health Law Program of state efforts to cover doulas through Medicaid.

## STATE PLANNING AND IMPLEMENTATION

### [Community-Based Doulas and Midwives: Key to Addressing the U.S. Maternal Health Crisis](#)

The Center for American Progress report on benefits and policy recommendations to using doula and midwife care to address maternal mortality and infant morbidity.

### [The Doula Option: An Opportunity to Improve Birth Outcomes in Washington State](#)

A policy brief from the University of Washington Center for Health Innovation and Policy Science exploring state-level opportunities to implement Medicaid coverage of doula services.

### [Issue Brief: A Guide to Proposed and Enacted Legislation for Medicaid Coverage for Doula Care](#)

An issue brief from the National Health Law Program with guidelines on how to use Medicaid reimbursement programs to provide birthing people with doula support as a means to address maternal mortality.

## MEDICAID COVERAGE

### [Routes to Success for Medicaid Coverage of Doula Care. Amy Chen, National Health Law Program](#)

This National Health Law Program paper discusses the benefits of doula care and different coverage options states might consider for implementing Medicaid coverage of doula care. Further exploration of lessons learned by states as well as barriers and possible solutions to overcome the barriers.

### [Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health](#)

This issue brief from National Partnership for Women and Families explores funding doula care through both Medicaid and private insurers including discussion of barriers and policy recommendations at the federal and state levels.

### [Medicaid Coverage of Social Interventions: A Road Map for States](#)

This issue brief from the Milbank Memorial Fund is not specifically about doula care but provides detailed information about the Medicaid system and strategies to leverage opportunities to address health outcome disparities with Medicaid funding.

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## ENDNOTES

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