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Health Connect One Issue Brief: Doula Legislation-Creating Policy for Equitable Doula Access—Executive Summary

The United States has one of the worst maternal mortality rates of any developed nation.[1] The most notable disparity in mortality rates in the U.S. is evidently defined by race: Black maternal mortality is more than three times that of women of other races and ethnicities, and this difference in risk has remained unchanged for the past six decades.[2,3]

As attention to maternal mortality rates increases, so has a movement toward legislative approaches to address the issue. One such area gaining state and national attention is coverage for doula services as a way to improve maternal and infant health outcomes.

Benefits of community-based doula:

- Evidence suggests that doula-assisted mothers were four times less likely to have a low birth weight (LBW) baby.
- Two times less likely to experience birth complications involving themselves or their baby, and significantly more likely to initiate breastfeeding. [4]
- Doula care can generate cost savings by reducing cesarean rates, which cost 50% more than vaginal births.
- Doula care can reduce the use of epidural analgesia and the costs associated with anesthesia services. [5]

Community-Based Doula

Community-based doulas are a particularly useful model for underserved and low-income communities. Unfortunately, recent state legislative trends, while attempting to codify accessibility to doula services, are often creating barriers for community-based doulas to serve fellow women of color.

As states consider how best to use the Medicaid program to offer coverage for community-based doulas, two key challenges emerge: One is that provider reimbursement structure in Medicaid is designed to pay for services provided by licensed practitioners, whose credentials and qualifications are clearly identifiable and who has a specific scope of practice. Second is the limited duration of pregnancy-related coverage under Medicaid; postpartum care should ideally last for a longer period than three months and should include the provision of in-home care.[7,8,9] A solution to the first issue is the Medicaid State Plan Amendment (SPA) option which can allow preventive services to be provided by non-licensed providers when recommended by a licensed provider as finalized by the Centers for Medicare and Medicaid Services in 2013.[10]

1. Debra Bingham, N. S. (2011). Maternal mortality in the United States: a human rights failure. *Contraception*, 189-193.
2. SA, W. (2019). Racism Is Real. Racism Is Complicated. Racism Is Real Complicated. *Family Medicine* , 51(1):8-10.
3. Force, T. M. (2018, March 9). Maternal Health in the United States. Retrieved from The Maternal Health Task Force: https://www.mhtf.org/topics/maternal-health-in-the-united-states/
4. "Impact of Doulas on Healthy Birth Outcomes - NCBI." Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/.
5. Strauss, N., Sakala, C., & Corry, M. P. (2016). Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health. The Journal of perinatal education, 25(3), 145–149. doi:10.1891/1058-1243.25.3.145
6. Hans, S.L., Edwards, R.C., Zhang, Y. (2018, May 31). Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6153776/
7. Social Security Act, 42 U.S.C § 1396d; Social Security Act, 42 U.S.C. § 1396a(a)(78).

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While there are federal approaches that could expand Medicaid reimbursement and other coverage for community-based doula services nationwide, to date, most of the action has happened Oregon and Minnesota who are leading the way. Oregon began Medicaid coverage and reimbursement in 2011, with Minnesota following soon after in 2014. More states have started following their lead with New Jersey and New York initiating doula pilot projects in 2018, and Indiana, New Jersey, and Washington enacting Medicaid doula coverage in 2019. Legislation is currently pending in a number of states including New York and Vermont.

However, the experiences in Minnesota and Oregon have revealed challenges in the current approaches, including:

Low reimbursement – this is an especially significant factor leading to low participation in Medicaid by community-based doulas and doulas of color.[11]

Restrictive requirements and confusing practices – these include limits and restrictions on how a doula can provide care to a client (such as limitations on number/duration of visits) as well as administrative barriers to doula practice, which can prevent doulas from contracting with Medicaid.[12]

Overregulation of black birthing professionals – Historically, legislation has restricted Black birthing professionals from practicing, through enacting onerous licensing, training, and certification requirements designed to discourage birth workers of color and lead to less diversity. These legislative measures coupled with poor reimbursements result in fewer community-based doulas who are willing and/or able to contract with Medicaid.[13]

States currently passing or implementing new laws to cover community-based doula services should work to learn from these experiences to ensure that the laws they are passing actually have the intended impact – connecting underserved, low-income communities of color with community-based doulas in order to improve maternal and infant health outcomes.

Recommended State Policy Approaches

- Ensure meaningful engagement and collaboration with women of color and community-based doulas on designing policy solutions.
- Keep legislative language simple.
- Use Medicaid's preventive services SPA option and embrace its flexibility.
- Ensure requirements for doulas (related to training, certification, etc.) are not overly restrictive.
- Consider the interplay with state definitions and regulations for Community Health Workers.

8. Gifford, K., Walls, J., Ranji, U., Salganicoff, A, & Gomez, I. Medicaid Coverage of Pregnancy and Perinatal Benefits: Results from a State Survey. (2017, April 27). Retrieved from https://www.kff.org/report-section/medicaid-coverage-of-pregnancy-and-perinatal-benefits-introduction/.

9. Health Connect One. The Perinatal Revolution. (2014). Retrieved from https://www.healthconnectone.org/hc_one_resources/the-perinatal-revolution/.

10. Social Security Act, 42 U.S.C. § 1396d(a)(13); 42 C.F.R. § 440.130 (2013).

11. Kozhimannil, K. B., & Hardeman, R. R. (2016). Coverage for Doula Services: How State Medicaid Programs Can Address Concerns about Maternity Care Costs and Quality. *Birth (Berkeley, Calif.)*, *43*(2), 97–99. doi:10.1111/birt.12213

12. Kozhimannil, K. B., & Hardeman, R. R. (2016). Coverage for Doula Services: How State Medicaid Programs Can Address Concerns about Maternity Care Costs and Quality. *Birth (Berkeley, Calif.)*, *43*(2), 97–99. doi:10.1111/birt.12213

13. Terreri, Cara. Black History Month: The Importance of Black Midwives Then, Now and Tomorrow. (2019, February 22). Retrieved from https://www.lamaze.org/Connecting-the-Dots/Post/black-history-month-the-importance-of-black-midwives-then-now-and-tomorrow.