

Best Practices for Medicaid Coverage for Doula Care
National Health Law Program's Doula Medicaid Project
July 2024

Pre-Implementation Phase/Program Design

Many state efforts at exploring Medicaid coverage for doula care begin through **doula pilot programs** that are limited by population, community, and/or geography. These pilot programs allow local, regional, and state actors to test out different types of doula projects, and can help troubleshoot issues before broader statewide expansion.

- Alaska: [Due North Support Services Community Doula Program](#) (sunset in May 2024)
- Alabama: [BirthWell Partners Community Doula Project](#) (ongoing as of 2024)
- Arizona: [UnitedHealthcare doula pilot](#) (2023-2024)
- California: Had a number of doula pilot programs, many of which were featured in NHeLP's Doula Medicaid Project's [Doula Pilots Lessons Learned Project](#) (2019-2023)
- Delaware: Division of Public Health is funding doula training programs, including [Parent Information Center](#), [Black Mothers in Power](#), and [Do Care Doula](#) (ongoing as of 2024)
- Georgia: [Healthy Mothers, Healthy Babies Georgia](#) is running a pilot program with two Medicaid managed care plans in the state (ongoing as of 2024)
- Hawai'i: [Healthy Mothers Healthy Babies Coalition of Hawai'i Community Based Doula Program](#) (ongoing as of 2024)
- Iowa: [Maternal Health Doula Project](#) (ongoing as of 2024), [Iowa Total Care doula pilot](#) (ongoing as of 2024)
- Kansas: [UnitedHealthcare doula pilot](#) (2023-2024)
- Kentucky: [Humana doula pilot](#) (ongoing as of 2024), [Anthem doula pilot](#) (ongoing as of 2024), [UnitedHealthcare doula pilot](#) (2023-2024)
- Louisiana: [Humana Healthy Horizons in Louisiana](#) (ongoing as of 2024), [AmeriHealth Caritas Louisiana](#) (ongoing as of 2024), [Aetna Better Health](#) (ongoing as of 2024)
- Missouri: [Healthy Blue Missouri doula pilot](#) (ongoing as of 2024)
- North Carolina: [Dept of Health and Human Services funded training](#) (2022-2024)
- Nebraska: [Rooted Doula Care and Support Program](#) (2023-2028)
- New Mexico: [UnitedHealthcare funded training scholarships](#) (July 2023)
- New York: [New York State Doula Pilot Program](#) (2019-2024), [NYC Citywide Doula Initiative](#) (2022-2024)
- South Carolina: <https://birthmatters.org/doula-care-services/> (ongoing as of 2024)

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- Texas: [Dell Children’s Health Plan doula pilot](#) (2022-ongoing as of 2024), [Blue Cross and Blue Shield of Texas doula pilot](#) (2023-ongoing as of 2024), [UnitedHealthcare doula pilot](#) (2023-2024)
- Vermont: [Washington County Mental Health Services Doula Project](#) (2021-ongoing as of 2024)
- Washington: [UnitedHealthcare doula pilot](#) (2023-2024)
- Washington DC: [Department of Health Care Finance pilot program for Medicaid reimbursement of doula services](#) (2021-2022)
- Wisconsin: [WeRISE Community Doula Program](#) (2021-2022), [Birth Outcomes Made Better \(BOMB\) Doula Program](#) (2021-2023)
- West Virginia: [Unicare Doula Project](#) (2023)

In some cases, doulas and state advocates push for the creation of **Doula Advisory Boards, Committees, or other such entities** to partner with state agencies on implementation of Medicaid coverage for doula care. It is important that such entities are set up to have explicit decision making power, and not merely serve as a toothless vehicle for advice or input which can permissibly be ignored.

- Arizona: [AZ Doula Community Advisory Committee](#) (2022-2023)
- California: [DHCS Doula Stakeholder Workgroup](#) (2021-2023) and [DHCS Doula Implementation Workgroup](#) (2023-2025)
- Connecticut: [Doula Advisory Committee](#) (2022-ongoing as of 2024)
- Delaware: [Doula Ad Hoc Committee](#) (2023-ongoing as of 2024)
- Indiana: [Doula Reimbursement Advisory Board](#) (unclear if Board has yet convened as of 2024)
- Louisiana: [Doula Registry Board](#) (2022-ongoing as of 2024)
- Michigan: [Michigan Doula Advisory Council](#) (2023-ongoing as of 2024)
- Nevada: [Doula Certification Advisory Committee](#)
- Ohio: [Doula Advisory Board](#) (2023-ongoing as of 2024)
- Tennessee: [Tennessee Doula Services Advisory Committee](#) (2023-ongoing as of 2024)

Doulas and state advocates should come together and **self-organize around advocacy** for legislation or administrative efforts to advance expanding access to doula care, including in Medicaid. A statewide doula coalition of this type can help ensure that doulas and state advocates have a voice in the process, and provide them a vehicle to life up their priorities and demand that their concerns be addressed.

- Alabama: Alabama Committee including March of Dimes, Women’s Foundation of Alabama, BirthWell Partners Community Doula Project
- Connecticut: [Doula 4 Connecticut Coalition](#)
- Florida: [Florida Doula Alliance Project](#)
- Georgia: [Georgia Doula Access Working Group](#)
- Indiana: [IN4Doula](#)
- Kansas: [Kansas Doula Alliance](#)
- New York: [New York Coalition for Doula Access](#)
- Maine: [Maine Doula Coalition](#)
- Massachusetts: [Massachusetts Doula Coalition](#)
- Missouri: [Missouri Community Doula Council](#)
- New Jersey: [New Jersey Doula Learning Collaborative](#)
- Nevada: [DOULA CO-OP](#)
- New Mexico: [New Mexico Doula Association](#)
- New York: [New York Coalition for Doula Access](#)
- North Carolina: [North Carolina Doula Organization](#)
- Oregon: [Oregon Doula Association](#)
- Pennsylvania: [Pennsylvania Doula Commission](#)
- Rhode Island: [Rhode Island Families Deserve Doula](#)
- South Carolina: [South Carolina Doula Steering Committee](#)
- South Dakota: [South Dakota Doula](#)
- Texas: [Texas Doula Association](#)
- Washington: [Doula For All Coalition](#)
- Wisconsin: [Wisconsin Doula Project](#)

Doula and advocates working together to advocate for expanding access to doula care, should consider **creating a survey, series of focus groups or town halls, or other mechanisms to gather collective input** from doula in the state and publish their findings. Reports and issue briefs of this type are helpful because they allow doula and advocates to publicly share their recommendations as well as concerns. Legislators, state agencies, and other stakeholders can then later use these publications to help guide legislation or implementation action.

- California: [Building A Successful Program for Medi-Cal Coverage For Doula Care: Findings From A Survey of Doula in California](#) (2019); [California Doula Pilots Lessons Learned Project](#) (2022); [California Doula Workforce Survey](#) (forthcoming summer 2024)
- Colorado: [Advocating for Birthworkers in Colorado](#) (2022)
- Georgia: [Georgia Doula Study](#) (2022-2023)

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- Kansas: [Coverage of Community Based Doula Care: A Summary of Initial Stakeholder Convenings with Kansas Doulas](#) (2023)
- Massachusetts: [Summary of Doula Town Halls and Doula Survey in Massachusetts](#) (2019), [Expanding doula support services in Massachusetts: Considerations for Successful Implementation](#) (2022)
- Minnesota: [Medicaid Coverage of Doula Services in Minnesota - Preliminary findings from the first year](#) (2015)
- Nebraska: [Doula Care to Improve Outcomes and Reduce Disparities in Nebraska](#) (2024)
- New Mexico: [Expanding Access to Doula Care: Birth Equity and Economic Justice in New Mexico](#) (2020)
- New York: • [Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities](#) (2019), [The State of Doula Care in NYC in 2023](#) (2023), [Next Steps for Doula Services in New York State: Medicaid Benefit Design and Reimbursement](#) (2023)
- North Carolina: [Doulas in North Carolina: A Landscape Analysis and Summit Report](#) (2023)
- Oregon: [Advancing Health Equity for Childbearing Families in Oregon: Results of a Statewide Doula Workforce Needs Assessment](#) (2018)
- Tennessee: [Tennessee Doulas: Practical and Policy Recommendations](#) (2022)
- Vermont: [Medicaid Coverage for Doula Services in Vermont](#) (2017)
- Virginia: [Report of the VA Medicaid Benefit for Community Doula Services Work Group](#) (2020)
- Washington: [Washington state Medicaid reimbursement: Survey of birth doulas](#) (2020), [Methods to secure doula reimbursement approval from CMS](#) (2020)

Any training or certification requirements that doulas must meet in order to be eligible for reimbursement must be flexible and not constitute an undue burden for doulas or serve as an excessive barrier to entry.

- Rather than provide a list of certification organizations and require that a doula be certified by one of the organizations on the list, states can consider instead, or also, allowing doulas to meet a set of core training competencies that are not tied to a specific organization.
 - [California](#)
 - [Kansas](#)
 - [Massachusetts](#)
 - [New York](#)

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- [Ohio](#) (proposed doula rules)
- [Pennsylvania](#)
- [Rhode Island](#)
- In order to allow more experienced doulas to be able to participate in the benefit, states should create **“experience” or “legacy” pathways** that are alternatives to having to present new training or certification criteria.
 - [California](#)
 - [Louisiana](#)
 - [Massachusetts](#)
 - [New York](#)
 - [Oregon](#)
 - [Pennsylvania](#)

Doulas that serve Medicaid enrollees must receive **[equitable and sustainable reimbursement for their services at a rate at or above market rate](#)**. In most communities this should be at least \$1500-\$2000 for the total set of services, and in some cases should be [upwards of \\$3000+](#).

Expansions in access to doula care should **prioritize those communities most at need**, such as [Medicaid enrollees](#); Black, Indigenous, and other People of Color (BIPOC) who are most impacted by [racial disparities in care](#); members of the [LGBTQ+ community](#); [people with disabilities](#); and [people with opioid and/or substance use disorder](#).

Medical professionals in leadership positions in the state government can pass **statewide standing recommendations** recommending doula care as beneficial for all pregnant, postpartum, and post-pregnancy Medicaid enrollees in the state. Such statewide standing recommendations meet the requirements of [440.130\(c\) of title 42 of the Code of Federal Regulations](#) and will go a long way to reducing a further barrier to doula access.

- [Michigan](#)
- [California](#)
- [Massachusetts](#)
- [Minnesota](#)
- [New York](#)

State advocacy and expansion efforts should lift up the **importance of [community-based doulas and doula care](#)**, but may not want to actually require that doulas be trained as community based doulas in order to be eligible for reimbursement.

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Doula care should be full spectrum, meaning doula care provided for all the ways in which a pregnancy can end not just prenatal care, postpartum care, and presence at labor and delivery, but also doula care for abortion, miscarriage, and stillbirth.

- [California](#)
- [Massachusetts](#)

Implementation Phase/Program Roll-Out

The most successful programs for Medicaid coverage for doula care will be implemented in **close and direct partnership with doulas and doula groups**, especially community-based doulas and doula groups, Black doulas and Black-led doula groups, and doulas and doula groups already serving Medicaid enrollees and low-income clients. State Medicaid Agencies must devote staff, time, and resources to creating, building, and sustaining partnerships with the doulas and doula groups that will help them implement the doula Medicaid benefit, and give them valuable information and insight into the new doula Medicaid workforce.

Doulas may want to join together in a more formal business arrangement to form groups, organizations, and/or co-ops to serve as a go-between third party agency between the doulas and the State Medicaid Agency and/or Medicaid managed care plans. Such groups can provide doulas with administrative support in enrollment, billing, and reimbursement, as well as mentorship and other critical support.

- Florida: [G.R.O.W. \(Guidance, Resources and Openhearted Wisdom\) Doula Model](#)
- Oregon: [Doula hubs](#) exist throughout the state
- Massachusetts: [Accompany Doula Care](#)
- Rhode Island: [Rhode Island Birthworker Co-Op](#)
- [The Doula Network](#) (in multiple states)

Create **centralized doula registries** so that Medicaid enrollees, health plans, advocates, doulas and doula groups, agencies, and other stakeholders know what doulas are signed up and eligible to be reimbursed for providing services to Medicaid enrollees. Break down the registry by geography, race/ethnicity, languages spoken, specialties (such as providing services to youth, people with substance use disorder, or survivors of domestic violence).

- California: [Department of Health Care Services Doula Directory](#), Frontline Doulas [Black Doula Directory](#)
- Louisiana: [Doula Registry Board](#)

- Massachusetts: [MassHealth Doula Provider Directory](#) (part of MassHealth Provider Directory)
- Michigan: [Department of Health and Human Services Doula Registry](#)
- Minnesota: [Minnesota Doula Registry](#)
- New York: [New York State Medicaid FFS Doula Directory](#)
- Oregon: [Traditional Health Worker Registry](#)
- Pennsylvania: [Approved Certified Perinatal Doulas](#)
- Virginia: [Virginia Doula Registry](#)

For states that have Medicaid managed care plans, to the extent possible **standardize application forms, billing paperwork, and other processes** so that doulas enrolling with both the State Medicaid Agency and individual managed care plans do not need to jump through multiple hoops. In the alternative, states can also opt for the State Medicaid Agency to centralize the **provision of doula services as a “wrap around” or “carved out” service**. (See for example [temporary carve-out in New York](#), and permanent carve-out in Massachusetts)

Provide **specific individuals** at the State Medicaid Agency and health plans that doulas can contact if they have questions or encounter challenges or barriers.

- California: Managed Care Plan [Point of Contact List](#)

When partnering with doula groups, state agencies and health plans should **prioritize funding doula groups that are already on the ground** doing the work with low-income clients and/or with BIPOC clients.

Doulas, state agencies, health plans, and other stakeholders should bear in mind that the **ramp up time for doula Medicaid programs can be long**. There is often a period when the benefit is technically live, but not yet truly accessible, as a sufficient number of doulas will not yet have successfully enrolled as Medicaid providers.

Ongoing Implementation/Program Sustainability

State agencies, legislators, funders, doula groups, and other stakeholders, must **dedicate funding for outreach** about the doula benefit, including educating medical providers, agency and health plan staff, and members of the general public about what a doula is and the benefit of doula care, as well as informing Medicaid enrollees that doulas services are available to them.

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- Colorado: Governor’s [2023-2024 budget](#) included \$30,000 for outreach to Medicaid enrollees about the doula Medicaid benefit
- New Jersey: State provides some funding support for the [New Jersey Doula Learning Collaborative](#)
- Washington: [2024 state budget](#) included a \$100,000 allocation for a doula hub and referral system

Dedicated funding to **creating and subsidizing training and certification programs** for doulas who want to serve Medicaid enrollees. Consider offering fee waivers, grants, and other support for individuals from low-income and underserved communities.

State agencies, health plans, hospital associations, and other relevant stakeholders, must **ensure that doulas have access to their clients, and that clients have access to their doulas**, during prenatal and postpartum appointments, as well as during labor and delivery. Some states have addressed the issue by creating recommendations, guidelines, and best practices for doula and hospital interactions. In other states, doulas and advocates have passed legislation requiring hospitals allow doulas access to their patients, and vice versa.

- California: [Best Practices for Hospital-Doula Relations](#)
- Connecticut: [Connecticut Doula Integration Toolkit](#)
- New Jersey: [Guide for Doula Hospital Policy Creation](#)
- Legislation requiring doulas access to hospitals
 - Colorado: [SB 21-193](#)
 - New Jersey: [S4119](#)

States should **expand universal access to doula care**, in both Medicaid and other public programs, as well as private insurance.

- California: [AB 904](#) (requires plans to create maternal and infant health equity programs that address racial disparities in care through the use of doulas)
- Louisiana: [HB 272](#)
- Rhode Island: [H5929A](#)
- Utah: [HB 415](#) (requires Utah's Public Employees' Benefit and Insurance Program -- which covers state employees -- to cover doula services and access to birth centers)
- Virginia: [SB 118](#)