

Incorporating Community-Based Doulas into Medicaid: State and Plan Considerations to Encourage Doula Participation

Doulas are trained professionals who provide emotional, physical, and informational support during the prenatal, labor and delivery, and postpartum periods of pregnancy.

Doulas are shown to improve health outcomes for the pregnant person and their infant, including reducing high-risk pregnancies, low birthweight babies, and rates of cesarean sections, as well as increasing breastfeeding initiation rates.^{1,2} Community-based doulas, who are typically from the same communities as their clients, can bridge language and cultural barriers to pregnancy care and provide linkages to health and social services.³



Pregnancy-related mortality rates among Alaska Native and American Indian (AIAN) and Black women are more than two and three times higher, respectively, compared to the rate for white women.⁴ Black, AIAN, and Native Hawaiian and other Pacific Islander women also have higher shares of preterm births, low birthweight births, or births for which they received late or no prenatal care compared to white women. With 42 percent of births in the U.S. financed by Medicaid and 64 percent of adult women in their reproductive years covered by Medicaid, states and health plans have an opportunity to improve maternal care for women and birthing individuals.^{5,6} To provide doula care that is effective, person-centered, and equitable, it is important for Medicaid agencies to learn how to best recruit skilled doulas who reflect the identities and lived experiences of Medicaid members.

As of November 2022, eight states — **Florida, Maryland, Minnesota, Nevada, New Jersey, Oregon, Rhode Island, and Virginia** — and the **District of Columbia** are actively reimbursing for doula services.⁷ When designing doula coverage, Medicaid programs and managed care organizations (MCOs) need to co-create the benefit with doulas by developing training and credentialing requirements, contracting procedures, scope of services, and reimbursement rates that support state policy goals and reflect the doula care model.

Opportunities to Support Doulas in Becoming Medicaid Providers

Currently, most doulas contract directly with clients and have not worked with Medicaid agencies or MCOs. To become Medicaid providers, doulas face new challenges, such as complex training, credentialing, and contracting requirements, which can create barriers for expanding the doula workforce. Medicaid agencies and MCOs can play a role in making these processes easier for doulas. This fact sheet, made possible through support from the California Health Care Foundation, outlines three strategies to guide state agencies and

MCOs in helping doulas enroll as Medicaid providers, including: (1) engaging with doulas to inform benefit design and implementation; (2) ensuring appropriate training for doulas; and (3) providing resources and supports to overcome Medicaid participation barriers. Each strategy is illustrated by practical examples to help Medicaid agencies shape approaches to support doulas.

1. Engage doulas to inform benefit design and implementation.

It is important for doulas — particularly doulas of color and doula organizations led by people of color — to be at the table when making decisions about benefit design. The concerns of doulas should be incorporated into the development and implementation of the Medicaid doula benefit to be responsive to the needs of Medicaid members. Medicaid agencies and MCOs can ensure that community-based doulas — who represent the populations served by Medicaid — are part of the decision-making process in designing the doula service benefit.

STATE	STRATEGIES TO ENGAGE DOULAS IN BENEFIT DESIGN AND IMPLEMENTATION
Maryland	Doula stakeholders led a doula technical assistance advisory group to support the design of the provider enrollment process. This group also worked with the Department of Public Health and MCOs to review materials for doulas. According to the state, this has been a valuable process to build trust with doula champions.
New Jersey	Prior to implementing the doula service benefit, New Jersey Medicaid began hosting stakeholder meetings with representatives from state agencies, doula organizations, and MCOs. The goals of these meetings were to better understand the community-based doula model and how it compared to other models of doula care, to get buy-in from doulas to enroll as Medicaid providers, and to learn how doulas wanted to practice and provide care to members.
Rhode Island	Currently, Rhode Island is the only state that requires both Medicaid MCOs and private insurers to cover doula services. Doula professional associations pursued coverage for private insurance to achieve equitable doula care in the state. Doula professional associations also provided subject matter expertise to the Medicaid agency while it was designing the benefit. Many of these organizations have also positioned themselves to provide support for doulas in enrolling with and billing Medicaid.

2. Allow different types of doula training organizations to cover diverse needs.

Doulas are required to complete approved training to enroll with Medicaid and provide care for members. To support participation, Medicaid agencies can allow different types of training organizations. Limiting approved training to national organizations may exclude doulas who were trained at local organizations, which are often Black, Indigenous, and People of Color (BIPOC)-led. Doulas trained with local organizations are usually from the same communities as the members they will serve and may have a better understanding of cultural and social needs and preferences.

Some state agencies have curated a list of training organizations that includes both national as well as local training organizations that include BIPOC-led training entities to better reflect the communities served by Medicaid. Other states focus on training competencies, rather than training organizations, which may provide more flexibility regarding where doulas receive their education.

STATE	STRATEGIES TO ALLOW DIFFERENT TYPES OF DOULA TRAINING ORGANIZATIONS
Maryland	Maryland Medicaid approved nine organizations for doulas to receive training to become a Medicaid provider. ⁸ This list includes national organizations like the Childbirth and Postpartum Professional Association and Doulas of North America and local and BIPOC-led organizations like Black Doula Training in Maryland and Mamatoto Village in Washington, D.C. Maryland created a process to add more training organizations to the list, if needed.
Rhode Island	In Rhode Island, doulas are required to be trained in at least 20 hours of certain competencies, rather than with specific organizations. The competencies include: (1) birth care; (2) postpartum care; (3) loss, bereavement, and termination; (4) advocacy; (5) cultural competency; (6) communication and interpersonal skills; (7) professional skills; (8) safety and self-care; and (9) professional and ethical responsibility. ⁹ A competency-based requirement could be a more flexible approach than requiring that doulas receive training at certain organizations.

3. Simplify and support the Medicaid enrollment process for doulas.

The process of enrolling as a Medicaid provider and contracting with MCOs can be challenging for doulas, particularly because doulas have generally not worked with Medicaid. The process can be both complex and sometimes costly for doulas, such as paying for application and background check fees. Since doulas often received payment directly from their clients, it is important to train doulas on how to work with Medicaid and MCOs.

State agencies and MCOs are exploring ways to simplify the enrollment and contracting processes by removing enrollment fees, identifying points of contact to help answer doulas’ questions, and providing trainings on how to enroll with Medicaid and submit claims information.

STATE	STRATEGIES TO SUPPORT THE MEDICAID ENROLLMENT PROCESS FOR DOULAS
Virginia	Virginia Medicaid educates doulas about the enrollment process so that they are not surprised about the need to complete finger printing, have liability insurance, and fulfill other requests. MCOs have also agreed to accept the Medicaid enrollment requirements and have not asked for further credentialing documentation.
New Jersey	New Jersey Medicaid identified staff as “doula guides,” individuals who help doulas move through the process of becoming a Medicaid provider. ¹⁰ New Jersey-based Medicaid MCOs also have points of contacts that support doulas through the credentialing and contracting process. New Jersey Medicaid provided several trainings about how doulas can enroll as Medicaid providers and added recordings of these sessions to its website. ¹¹ To remove financial barriers, doulas in New Jersey are not subject to standard Medicaid enrollment fees.

Looking Ahead

Transitioning doulas from private pay clientele to Medicaid reimbursement will require foundational support from the state, MCOs, and community- and doula-based organizations. Medicaid agencies and MCOs need to invite doulas into design and implementation conversations to ensure that their voices and ideas are valued and incorporated. Fostering trust and building meaningful relationships are critical to building a diverse and skilled doula workforce that will meet the needs of birthing individuals.



ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

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ENDNOTES

¹ National Health Law Program. “What is a Doula?” April 2020. Available at: https://healthlaw.org/wp-content/uploads/2020/04/WhatIsADoula_4.16.2020.pdf.

² Thomas, M., Ammann, G., Brazier, E., Noyes, P., and Maybank, A. “Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population.” *Maternal and Child Health Journal*, 21 (2017): 59-64.

³ HealthConnect One. Community Based Doulas. Available at: <https://healthconnectone.org/our-work/community-based-doulas/>.

⁴ Kaiser Family Foundation. Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them. Available at: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/#:~:text=Black%20and%20AIAN%20women%20have,disparities%20increase%20by%20maternal%20age>.

⁵ Gomez, I., Ranji, R., Salganicoff, A., and Frederiksen, B. *Medicaid Coverage for Women*. Kaiser Family Foundation, February 2022. Available at: <https://www.kff.org/womens-health-policy/issue-brief/medicaid-coverage-for-women/>.

⁶ Kaiser Family Foundation. Births Financed by Medicaid. 2020. Available at: <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.

⁷ National Health Law Program. *Current State Doula Medicaid Efforts*. Available at: <https://healthlaw.org/doulamedicaidproject/>.

⁸ Maryland Department of Health. Maryland Medical Assistance Program, March 2022. Available at: <https://health.maryland.gov/mmcp/MCOupdates/Documents/PT%2037-22%20Coverage%20of%20Doula%20Services%20for%20Healthchoice%20and%20Medicaid%20Fee-for-Service%20Enrollees.pdf>

⁹ Rhode Island Certification Board, Certified Perinatal Doula Application. Available at: https://www.ricertboard.org/sites/default/files/applications/RICB_CPD_App_2022.pdf.

¹⁰ Steps for individuals to enroll in FFS NJ FamilyCare (Medicaid), August 2021. Available at: https://www.nj.gov/humanservices/dmahs/info/NJFC_Doula_Steps.pdf.

¹¹ Department of Human Services, Division of Medical Assistance and Health Services. Doula Care. Available at: <https://www.state.nj.us/humanservices/dmahs/info/doula.html>.