

# RECOMMENDATIONS

Following is the complete list of recommendations from the National Health Law Program's report, *Building A Successful Program For Medi-Cal Coverage For Doula Care: Findings From A Survey of Doulas in California.* Read the full report at <a href="https://healthlaw.org/resource/doulareport/">https://healthlaw.org/resource/doulareport/</a>.



## **RECOMMENDATION ON DOULA WORK FORCE**

Diversify doula care work force to be a better match to provide culturally congruent care to the Medi-Cal population. Provide fee waivers and other incentives to help recruit doulas from low-income communities to join the work force.



# **RECOMMENDATION ON ACCESS FOR RURAL AREAS**

More doulas are needed to serve in rural regions of California, where people often have to travel very long distances to access basic health care services. Provide fee waivers and other incentives to help recruit doulas from rural communities who plan to remain in and practice in rural communities.



# **RECOMMENDATION ON SCOPE OF SERVICES**

Medi-Cal should cover the range of services that doulas across the state are already providing, which is full spectrum doula care. Medi-Cal should cover at a minimum three prenatal visits and at a minimum three postpartum visits.



#### RECOMMENDATION ON EXPANDING ACCESS TO DOULA CARE

Doulas provide a valuable service for which they should be fairly compensated. Their services should be made available to all pregnant and postpartum people on Medi-Cal.



#### **RECOMMENDATION ON STATE PARTNERSHIPS**

A successful program for Medi-Cal coverage for doula care requires that the state find ways to partner with individually practicing doulas as well as community-based doula groups and doula collectives.





#### **RECOMMENDATION ON TRAINING**

Any training or core competencies required for Medi-Cal reimbursement must be inclusive of the wide variety of doula training models, traditions, and practices, including those by community-based doula groups and by doula trainers of color. Need-based financial assistance, such as fee waivers and scholarships, must be made available.



### **RECOMMENDATION ON CERTIFICATION**

Doula certification, like doula training, draws from a wide variety of doula care models, traditions, and practices. The state should be flexible and not require specific certification. Additionally, the state should consider alternatives to requiring doula certification in order for doulas to be eligible for Medi-Cal reimbursement.



#### RECOMMENDATION ON DOULA LEADERSHIP

Regardless of the model for Medi-Cal reimbursement that California adopts, doulas must be involved at each step of the process, from initial policy development through implementation. The state should seek direct input from doulas through methods such as town halls, surveys, and a doula advisory board.



#### **RECOMMENDATION ON REIMBURSEMENT RATE**

Doulas deserve to be fairly and equitably compensated for their work with Medi-Cal enrollees. The reimbursement rate must offer doulas a sustainable living wage, and account for the realities of the number of clients that a doula can serve in any given month or time period.