

2020 STATE BILLS RELATED TO DOULA SERVICES								
STATE	BILL NUMBER	TITLE OF BILL	AUTHOR or PRIMARY SPONSOR	DESCRIPTION	STATUS	LAST DATE UPDATED	NOTES	
Arizona	HB 2670	Doulas; voluntary certification	Rep Kelly Townsend	<p>Application for certificate; certification; renewal; fingerprint clearance card; continuing education</p> <p>A. A person may apply to the director for a certificate to practice as a certified community doula on a form prescribed by the director and shall furnish the information required by the director.</p> <p>B. The director shall grant a community doula certificate to a person who:</p> <ol style="list-style-type: none"> Meets the qualifications prescribed by this article and rules adopted pursuant to this article. Pays the applicable fees. Possesses a valid fingerprint clearance card issued pursuant to title 41, chapter 12, 3.1. <p>C. A community doula certificate is valid for three years and may be renewed every three years by applying to the director and paying the applicable fees.</p> <p>D. A person shall file an application for renewal at least thirty days and not more than sixty days before the date the current community doula certificate expires. A community doula must complete fifteen hours of continuing education before the community doula's certificate may be renewed.</p> <p>36-766.02. Powers and duties of director; rules; waiver</p> <p>A. The director, by rule, shall:</p> <ol style="list-style-type: none"> Prescribe the scope of practice and the core competencies of certified community doulas, including skills and areas of knowledge that are essential to expand health and wellness in diverse communities and to reduce health disparities. Describe and define reasonable and necessary minimum qualifications, including education and training requirements, for certified community doulas. Training for certified community doulas must include all of the following: <ol style="list-style-type: none"> At least thirty hours of in-person classroom instruction on the following topics: <ol style="list-style-type: none"> Anatomy and physiology of pregnancy, labor and delivery. The role of certified community doulas and standard services. Cultural diversity regarding pregnancy and childbirth. Business practices and requirements of certified community doulas. Professional courtesy and best practices of certified community doulas. Prenatal contact and obligations. Comfort techniques for labor and delivery. Working with the father and other family members. Needs of at-risk women and families. Social services. Interventions during childbirth. Current hospital policies. Complications of childbirth. Cesarean section and vaginal birth after a cesarean section. Universal precautions. Unexpected outcomes. Breastfeeding. Newborn care. Postpartum care. Standards of practice and the code of ethics of certified community doulas. At least one documented observation of a birth after training is completed. Attending at least three births while serving as the primary doula support person. Passing a written examination as prescribed by the department. Instruction on first aid and cardiopulmonary resuscitation. <p>3. Adopt standards and requirements to establish certified community doula education and training programs in this state.</p> <p>4. Adopt standards to approve or accept continuing education courses and programs for renewing community doula certificates.</p> <p>5. Establish minimum education, training, experience and other qualifications that a certified community doula must possess to qualify as a trainer in any education, training or continuing education program for certified community doulas.</p> <p>6. Establish the criteria for granting, denying, suspending and revoking community doula certificates in order to protect the public health and safety.</p> <p>B. The director may adopt rules:</p> <ol style="list-style-type: none"> That are necessary to administer and enforce this article. That allow for reciprocity agreements, including with the Indian health service. <p>C. The director shall waive the minimum training and education requirements for certification for applicants who provide documentation of current certification with a nationally recognized doula organization.</p> <p>36-766.03. Denial, suspension or revocation of certificate; hearings; disciplinary action; appeal</p> <p>A. The director may deny, suspend or revoke the certificate of any community doula who:</p> <ol style="list-style-type: none"> Violates any provision of this article or rule adopted pursuant to this article. Is convicted of a felony or a misdemeanor involving moral turpitude. Indulges in conduct or a practice that is detrimental to the public health or safety. <p>B. The department may deny, suspend or revoke a community doula certificate without holding a hearing. After receiving notification of the denial, suspension or revocation, the applicant or community doula may request a hearing to review the denial, suspension or revocation and, if requested, the department shall conduct the hearing pursuant to title 41, chapter 6, article 10.</p> <p>C. If the director determines pursuant to a hearing that grounds exist to deny, suspend or revoke a community doula certificate, the director may do so permanently or for a fixed period of time and may impose conditions as prescribed by rule.</p> <p>D. A certified community doula who is employed by an Indian tribe and who violates this section shall be under tribal government jurisdiction. If the certified community doula is determined to have violated this section, the information provided to the director may result in the denial, suspension or revocation of the community doula's certification. Internal hearings, appeals or penalties resulting from disciplinary actions by a tribal government are deemed to be the final decision in accordance with this section.</p>	Senate read second time	3/3/2020		

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California	AB 2258	Doula care: Medi-Cal Pilot Program	Eloise Reyes	<p>This bill would require the department to establish, commencing July 1, 2021, a full-spectrum doula care pilot program to operate for 3 years for pregnant and postpartum Medi-Cal beneficiaries residing in 14 counties, including the Counties of Alameda, Sacramento, San Diego, and Solano, that experience the highest burden of birth disparities in the state, and would provide that any Medi-Cal beneficiary who is pregnant as of July 1, 2021, and residing in a pilot program county, is entitled to doula care. The bill would require the department to develop multiple payment and billing options for doula care, and to ensure specified payment and billing practices, including that any doula and community-based doula group participating in the pilot program be guaranteed payment within 30 days of submitting any claim for reimbursement. The bill would require the department to establish a centralized registry listing any doula who is available to take on new clients in each county participating in the pilot program, and would provide several requirements for the registry, such as the information on the registry being accessible by various means, including the internet website. The bill would require each Medi-Cal managed care health plan in any county participating in the pilot program to provide information in its materials, and specified notices, on identified topics related to doula care, including reproductive and sexual health, and to inform pregnant and postpartum enrollees at prenatal and postpartum appointments about doula care, such as the availability of doula care and how to obtain a doula.</p> <p>The bill would require the department to convene a doula advisory board that would be responsible for deciding on a list of core competencies, such as the capacity to employ different strategies for providing emotional support, education, and resources during the perinatal period, required for doulas who are authorized by the department to be reimbursed under the Medi-Cal program. The bill would require a doula to provide documentation that they have met the core competencies specified by the board as a prerequisite to be reimbursed under the Medi-Cal program. The bill would require the department to work with outside entities, such as foundations, to make trainings available at no cost that meet the core competencies to people who are from communities experiencing the highest burden of birth disparities in the state.</p> <p>The bill would require the department to allocate funding and resources for data collection, reporting, and analysis for purposes of conducting an evaluation of the pilot program, to ensure that an evaluation of the pilot program begins no later than July 1, 2023, and that it be completed by January 1, 2024, to submit a report to the appropriate policy and fiscal committees of the Legislature, and to include the board and relevant stakeholders, including practicing doulas, in the department's evaluation design. The bill would authorize the department to consider the feasibility of a statewide doula benefit for Medi-Cal beneficiaries during the perinatal period if, after the first 3 years of the pilot program, the pilot program is achieving improved birth outcomes for people using doulas and their babies, and to terminate the pilot program if the pilot program is not achieving those outcomes during that period.</p>	From committee without further action	11/30/2020		
Connecticut	SB 395	An Act concerning the establishment of the doula advisory council and doula certification	John Hampton	To establish an advisory council to make recommendations concerning the certification of doulas and a deadline for the Commissioner of Public Health to establish a certification process for doulas.	Failed	5/6/2020		
Illinois	HB 5226	Medicaid-Maternal HLTH	Mary Flowers	Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that, to address maternal mental health conditions and reduce the incidence of maternal mortality and morbidity and postpartum depression, pregnant women eligible to receive medical assistance shall receive coverage for prenatal and postnatal support services during pregnancy and during the 24-month period beginning on the last day of the pregnancy. Provides that prenatal and postnatal support services covered under the medical assistance program include, but are not limited to, services provided by doulas, lactation counselors, labor assistants, childbirth educators, community mental health centers or behavioral clinics, social workers, and public health nurses as well as any other evidence-based mental health and social care services that are designed to screen, identify, and manage maternal mental disorders. Permits the Department of Healthcare and Family Services to consult with the Department of Human Services and the Department of Public Health to establish a program of services consistent with the purposes of the amendatory Act. Requires the Department of Healthcare and Family Services to apply for any federal waiver or State Plan amendment required to implement the provisions of the amendatory Act. Requires the Department to adopt rules, upon federal approval, on certification or licensing requirements for providers of prenatal and postnatal support services and rules to provide medical assistance reimbursement for such services.	Failed	12/31/2020		
Louisiana	HB 502	Provides for health insurance coverage for maternity services provided by doulas	Matthew Willard	AN ACT to enact R.S. 22:1057, relative to health insurance coverage for doula services; to require health insurance coverage for maternity services provided by doulas; to provide for legislative findings; to prohibit discrimination; to define key terms; to provide for applicability; to establish an effective date; and to provide for related matters.	Read by title, under the rules, referred to the Committee on Insurance	03/09/2020		
Maryland	SB 110	Maryland Medical Assistance Program - Doulas	Senator Ellis	<p>For the purpose of requiring the Maryland Medical Assistance Program, subject to certain limitations, to provide certified doula services; authorizing the Secretary of Health to contract with certified doulas for the provision of care under the Maryland Medical Assistance Program; providing that certified doulas need not be under the supervision of a physician for purposes of certain provisions of this Act; defining a certain term; and generally relating to the Maryland Medical Assistance Program and doulas.</p> <p>"CERTIFIED DOULA" MEANS AN INDIVIDUAL WHO HAS RECEIVED A CERTIFICATION TO PERFORM DOULA SERVICES FROM THE INTERNATIONAL CHILDBIRTH EDUCATION ASSOCIATION, THE DOULAS OF NORTH AMERICA, THE ASSOCIATION OF LABOR ASSISTANTS AND CHILDBIRTH EDUCATORS, OR THE CHILDBIRTH AND POSTPARTUM PROFESSIONAL ASSOCIATION.</p> <p>The Secretary may contract with insurance companies or nonprofit health service plans or with individuals, associations, partnerships, incorporated or unincorporated groups of physicians, chiropractors, dentists, podiatrists, optometrists, pharmacists, hospitals, nursing homes, nurses, including nurse anesthetists, nurse midwives and certified nurse practitioners, opticians, CERTIFIED DOULAS, and other health practitioners who are licensed or certified in this State and perform services on the prescription or referral of a physician.</p>	First Reading Finance	1/8/2020		
Maryland	HB 1067	Doulas - Technical Assistance Advisory Group and Certification	Jheanelle Wilkins	Establishing the Doula Technical Assistance Advisory Group; providing for the composition, chair, and staffing of the Advisory Group; requiring the Advisory Group to study certain programs, review certain studies and reports, invite certain stakeholders to meetings, and make certain recommendations; requiring the Advisory Group to submit a final report to the Maryland Department of Health and certain committees of the General Assembly by January 1, 2022; etc.	Hearing 3/06/2020	2/10/2020		
Maryland	SB 914	Doulas - Doula Technical Assistance Advisory Group and Certification	Clarence Lam	Establishing the Doula Technical Assistance Advisory Group; providing for the composition, chair, and staffing of the Advisory Group; requiring the Advisory Group to study certain programs, review certain studies and reports, invite certain stakeholders to meetings, and make certain recommendations; requiring the Advisory Group to submit a final report to the Maryland Department of Health and certain committees of the General Assembly by January 1, 2022; etc.	Hearing 3/10/2020	2/7/2020		
Massachusetts	H 4448	An Act to reduce racial disparities in maternal health	Kay Khan, Liz Miranda	There shall be a special legislative commission established pursuant to section 24A of chapter 111 of the general laws to examine and make recommendations to reduce or eliminate racial disparities in maternal mortality and severe maternal morbidity in the Commonwealth. A doula shall be on the commission and the commission will policies such as access to affordable doula services.	New draft substituted, see H4818	6/29/2020		

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Massachusetts	H.1182	An Act relative to Medicaid coverage for doula services.		<p>Defines doula as a trained professional who provides physical, emotional, and educational support, but not medical care to mother before, during, and after childbirth. Doulas coverage eligibility through private insurance and MassHealth.</p> <p>Lays out standards for doula certification and training, establishes a statewide registry of doulas, sets up payment (\$1500 inclusive).</p> <p>To be covered doulas must: apply for a National Provider ID Number, have a training certificate through a certified organization (examples provided), and have at least 24 contact hours of in-person education that include any combination of childbirth education, birth doula training, antepartum doula training, and postpartum.</p> <p>Once enrolled as a MassHealth provider, a doula will be eligible to enroll as a provider with Fee-for-Service, Managed Care, and Accountable Care Payers, affiliated with MassHealth.</p>		6-15-2020		

Accompanied a new draft, see H4780

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				<p>SECTION 10M: Medicaid Coverage for Doula Services.</p> <p>(a) For purposes of this section, the following words shall have the following meanings: "A perinatal doula" or referred to hereafter as "doula", is a trained professional who provides physical, emotional, and informational support, but not medical care, for pregnant individuals, surrogates, foster care parents and adoptive parents during and after pregnancy, labor, childbirth, miscarriage, stillbirth or loss. Doulas provide services, including but not limited to: (1) providing continuous labor support to pregnant individuals, families, surrogates, and adoptive parents; (2) conducting prenatal, postpartum, and bereavement home or in-person visits throughout the perinatal period, lasting until 1 year after birth, pregnancy loss, stillbirth, or miscarriage; (3) accompanying pregnant individuals to health care and social services appointments; (4) providing support to individuals for loss of pregnancy or infant from conception through age 1; (5) connecting individuals to community-based and state- and federally-funded resources, including those which address needs within the social determinants of health; (6) engaging in administrative tasks related to these services; and (7) making oneself available (being on-call) around the time of birth or loss as well as providing support for any concerns of pregnant individuals throughout pregnancy and until 1 year after birth, pregnancy loss, stillbirth, or miscarriage.</p> <p>(b) (1) Coverage of Doula Services: The division shall provide coverage for doula services throughout the Commonwealth of Massachusetts for pregnant individuals, surrogates, foster parents and adoptive parents. (2) In partnership with the doula care commission, MassHealth and the department of public health shall establish and maintain a registry of doulas who are eligible for reimbursement; establish processes for billing and reimbursement of doula services; and determine competencies a doula must demonstrate in order for their services to be reimbursed by MassHealth; and establish processes for doulas to demonstrate proof of competencies. (i) Competencies shall include, but are not limited to: (A) understanding of basic anatomy and physiology as related to pregnancy, the childbearing process, the postpartum period, breast-milk feeding, breastfeeding and chestfeeding; (B) capacity to employ different strategies for providing emotional support, education and resources during the perinatal period; (C) knowledge of and ability to assist families with a wide variety of non-clinical labor coping strategies; (D) strategies to foster effective communication between clients, their families, support services and health care providers; (E) awareness of and ability to provide information on integrative health care systems and various specialties of care to address client needs beyond the scope of practice of the doula; (F) knowledge of community-based, state- and federally-funded, and clinical resources available to address client needs beyond the scope of practice of the doula; and (G) knowledge of HIPAA compliance and client confidentiality. (ii) In addition to the above competencies, doulas serving members of MassHealth shall also show competency or demonstrate actively seeking training or engagement in the areas of: (A) health equity; (B) implicit bias; (C) racism, including structural, interpersonal, and institutionalized racism; (D) reproductive and birth justice; (E) cultural sensitivity and humility; (F) trauma-informed care, including for survivors of sexual assault or birth trauma; (G) parental mental health needs; (H) needs of persons with disabilities or disabled persons; (I) sexual and gender identities; and (J) social determinants of health.</p> <p>(c) Creation of Doula Care Commission There is hereby created a doula care commission. The commission shall provide recommendations on the implementation and evaluation of doula care reimbursement. (1) The commission shall consist of no more than 15 members, including the commissioner of public health, or designee; the commissioner of insurance, or designee; the commissioner of the department of children and families, or designee; the director of Medicaid, or designee; at least 5 doulas to be appointed by the commissioner of public health, or designee; and no more than 6 other members to be appointed by the commissioner of public health, or designee. (2) At least 5 of the members of the commission shall be doulas; provided, that a majority of the doula members shall be from racial or ethnic populations most affected by inequities in birth outcomes in the Commonwealth, as evidenced by the most current perinatal data supplied by the MA Department of Public Health. Other members of the commission shall include at least: (i) 2 persons who have experienced pregnancy as a MassHealth member or are currently recipients of MassHealth; (ii) 1 person who identifies as belonging to the LGBTQIA+ community; (iii) 1 person who is a survivor who has experienced sexual assault and/or birth trauma; (iv) 1 person who is a survivor who has experienced a severe maternal morbidity, a perinatal mental health or mood disorder, or a near-death experience while pregnant or in maternity care; (v) 1 person who is a family member affected by infant loss, miscarriage, or infertility; (vi) 1 person who identifies as a person with disabilities or disabled person; (vii) 1 person who has an advanced degree in health economics or public health; (viii) 1 person who is qualified in actuarial sciences; (ix) 1 person who is a representative from the Massachusetts Association of Health Plans; (x) 1 person who is an obstetrician, family physician or midwife; and (xi) 1 person who has experience in workforce development, supervision, training and mentoring of community doulas. Representatives on the Doula Care Commission shall strive to include representation from areas within the Commonwealth where maternal and infant outcomes are worse than the state average, as evidenced by the most current perinatal data supplied by the MA Department of Public Health. (4) The purposes of the commission shall include, but not be limited to: (a) developing recommendations for required doula competencies; (b) developing recommendations for standards of proof or demonstration of competency or equivalency for required doula competencies; (c) developing recommendations for a diverse doula and doula trainer workforce development strategy, including, but not limited to, a focus on accessible continuing education/training activities, mentorship and career growth opportunities; (d) developing recommendations for standards and processes around billing for and reimbursement of services; (e) ensuring the racial, ethnic, cultural, geographic, and professional diversity of standing membership of the commission; (f) representing the interests of doulas in communication with state entities and the health care system; (g) receiving any grievances from doulas, doula clients, healthcare providers, and health systems and making recommendations to resolve those grievances; (h) overseeing communications to the public and various stakeholders about access to doula care and reimbursement; (i) advising on the evaluation of outcomes, access to, and satisfaction with doula care services; (j) approving a reimbursement amount for doula services and related activities listed in subsection (a) that constitutes a living and fair wage for doulas who reside in all areas of the commonwealth, as well as establishing a recurring timeframe to review the established wage in light of recent data on living and fair wages in the commonwealth; (k) establishing a plan for the scaling of provision doula services and growing the workforce of doulas, in order to increase access to MassHealth members; and (l) ensuring all aims of the commission, the establishment of reimbursement for doula services, the growth of a diverse workforce of doulas, and all</p>	No further action taken			

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Massachusetts	H 4818	An Act to reduce racial inequities in maternal health	House Committee on Ways and Means	<p>There is hereby established a special legislative commission pursuant to section 2A of chapter 4 of the General Laws to examine and make recommendations to reduce or eliminate racial inequities in maternal mortality and severe maternal morbidity in the commonwealth. The special legislative commission shall meet no less than 4 times in locations across the commonwealth in communities experiencing high or disparate rates of maternal mortality or severe maternal morbidity, to gather information and to raise awareness of maternal mortality and severe maternal morbidity.</p> <p>Commission must have one member who is a doula and Black.</p> <p>The Commission shall investigate and report on evidence-based, best or promising practices, including approaches taken by other states or grass-roots organizations to reduce or eliminate racial inequities in maternal mortality or severe maternal morbidity, including, but not limited to, community driven strategies, approaches and policies including, but not limited to, access to racially and ethnically diverse, culturally competent and affordable doula services, accessibility and affordability of birthing centers and maternal medical homes and the diversity and cultural competency of maternal health care providers; (ii) barriers to accessing prenatal and postpartum care, how the care is delivered and the quality of care; (iii) how historical and current structural, institutional and individual forms of racism, including implicit bias or discrimination affect the incidence and prevalence of maternal mortality and severe maternal morbidity in communities of color and potential community level and state level solutions, which may include, information related to mandatory implicit bias training for hospital facilities and birthing centers in the commonwealth; (iv) the availability of data collected by the commonwealth and the Massachusetts maternal mortality and morbidity review committee, including, outpatient data, and identifying what additional data is needed, including data related to family interviews, 5 of 5 resources and staffing; (v) the definition of and associated limitations in defining severe maternal morbidity, including: (A) what conditions or outcomes constitute severe maternal morbidity, (B) extending the timeframe within which severe maternal morbidity should be measured to 1 year and (C) data and screening criteria necessary to track and measure severe maternal morbidity; (vi) the availability, affordability and adequacy of insurance coverage, public or private, relative to prenatal and postpartum care, including, insurance coverage for doula services; (vii) any relevant findings of the health policy commission pursuant to section 88 of chapter 41 of the acts of 2019; and (viii) any other factors that the commission considers relevant to reducing and 66 eliminating racial inequities in maternal mortality and severe maternal morbidity in the commonwealth.</p>	Signed by Governor, Chapter 348 of the Acts of 2020	1/13/2021		
Michigan	SB 0965	Human services; medical services; coverage for doula services	Erika Geiss	<p>A bill to amend 1939 PA 280, entitled "The social welfare act," (MCL 400.1 to 400.119b) by adding section 109n. The people of the state of Michigan enact:</p> <p>Sec. 109n. (1) An individual who is eligible for medical assistance and who is an expectant mother may receive doula services before, during, and after childbirth for up to 60 days postpartum. If a federal waiver is necessary to modify the medical assistance state plan and implement the provisions of this section, the department shall promptly seek the federal waiver.</p> <p>(2) As used in this section, "doula" means a professional trained in childbirth who provides continuous physical, emotional, and informational support to an expectant mother.</p>	Referred to Committee on Health Policy and Human Services	06/10/2020		
Minnesota	SB 3060	Doulas listed on the registry of certified doulas certifying organization modification	Melisa Franzen	<p>A bill for an act relating to health occupations; modifying the list of certifying organizations for doulas to be listed on the registry of certified doulas; amending Minnesota Statutes 1.42018, section 148.995, subdivision 2.</p>	Referred to Health and Human Services Finance Policy	2/13/2020		
Minnesota	HB 3165	Doula certifying organization list modified to be listed on certified doulas registry	Heather Edelson	<p>"Certified doula" means an individual who has received a certification to perform doula services from the International Childbirth Education Association, the Doulas of North America (DONA), the Association of Labor Assistants and Childbirth Educators (ALACE), Birthworks, the Childbirth and Postpartum Professional Association (CAPPA), Childbirth International, the International Center for Traditional Childbearing, or Commonsense Childbirth, Inc., or Modern Doula Education (MDE).</p>	Failed	5/17/2020		
New Jersey	SB 1910	Directs DOH to develop standardized perinatal health curriculum for community health workers	Nilsa Cruz-Perez	<p>The Department of Health shall develop a standardized perinatal health curriculum for training community health workers in the provision of education and support services to women of childbearing age. The curriculum shall include basic educational information and materials concerning factors and behaviors that affect maternal and infant health and childbirth, including, but not limited to: alcohol and substance use during pregnancy; maternal medical conditions that affect pregnancy; premature births and low birthweight babies; cesarean sections and labor induction; labor and delivery; infant mortality; breastfeeding; shaken baby syndrome; perinatal mood disorders ; and the signs, symptoms, and risk factors most commonly associated with maternal and infant mortality and morbidity. The curriculum shall further include information on: shared decision making; informed consent; and resources available in the State for women, including, but not limited to, the resources and referrals available through the county central intake agencies.</p> <p>As it related to doulas: the department shall promote and share the curriculum as best practices for community doulas.</p>	Introduced & Referred to Senate Health, Human Services and Senior Citizens Committee	2/24/2020	Note: carryover of AB 4940	
New York	SB 7977	Relates to the Chrisholm Chance Act; repealer	Zellnor Myrie	<p>The legislature further finds and declares that a plan should be established to address the severe maternal morbidity crisis.</p> <p>§ 2561. Administrative hub.</p> <p>1. The department shall develop, establish and administer a community led and operated administrative hub in Kings county and Bronx county to contract with multiple payers in order to coordinate outreach by specially trained community-based organizations and community health workers to find and engage the highest need women and children in Kings county and Bronx county. The department shall also:</p> <ul style="list-style-type: none"> (a) establish the administrative hub's infrastructure; (b) establish an advisory board and governance structure for the administrative hub; (c) hire and train community health workers and doulas, up to one per community-based organization; (d) establish a single point of entry for addressing social determinants of health; (e) synchronize systems across networks of community-based organizations with healthcare, behavioral and social service delivery systems; and (f) achieve certification from the Pathways Community Hub Institute within six months of the beginning of operations. <p>2. Community health workers shall be contracted to identify and address standardized health risks via shared metrics or standardized pathways that have demonstrated an impact on the social determinants of health.</p> <p>3. The administrative hub shall coordinate participating community based organizations and community health workers to address gaps in the systems of care for the highest need women and children in Kings county and Bronx county.</p> <p>4. The administrative hub shall begin operations before the first of January next succeeding the effective date of this title.</p>	Referred to Health Committee	03/06/2020		

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North Carolina	SB 732	Create Medicaid Access to Doula Services	Senators Natalie Murdock; Joyce Waddel; Natasha Marcus	<p>a State Plan amendment to the Centers for Medicare and Medicaid Services adding coverage under the North Carolina Medicaid State Plan for antepartum, intrapartum, and postpartum services provided to a pregnant recipient by a doula. These services shall include services for labor and delivery support and at least four visits during the antenatal period and seven visits during the postpartum period. This coverage shall begin August 1, 2021.</p> <p>SECTION 2. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Health Benefits, the sum of five hundred thousand dollars (\$500,000) in nonrecurring funds for the 2020-2021 fiscal year to be used to make necessary changes to the NCTracks Medicaid Management Information System to add the new coverage required under Section 1 of this act and to enroll new providers of that coverage.</p> <p>SECTION 3. In preparation for the addition of the new coverage required under Section 1 of this act, the Department of Health and Human Services, Division of Health Benefits (DHB), shall study the following:</p> <p>(1) The necessary qualifications possessed by a doula in order to be enrolled as a North Carolina Medicaid provider, including educational requirements and the possession of any professional certification.</p> <p>(2) The scope, definitions, and clinical coverage policy to be used for the provision of these new services.</p> <p>(3) The billing codes and procedure codes to be utilized by the doula providers when submitting claims for services.</p> <p>(4) The way other states have implemented similar coverage, or plan to implement similar coverage, including any costs associated with that implementation and any costs or costs savings associated with the coverage of services provided by a doula.</p> <p>(5) The appropriate rate schedule for the new coverage.</p> <p>(6) Any anticipated costs and costs savings to the North Carolina Medicaid Program that may be incurred or achieved by providing coverage for services provided by a doula.</p> <p>(7) The potential impact that Medicaid coverage of services provided by a doula may have on infant mortality and maternal health in the State.</p> <p>No later than April 1, 2021, DHB shall submit to the chairs of the Senate Appropriations Committee on Health and Human Services, the chairs of the House of Representatives Appropriations Committee on Health and Human Services, and the Fiscal Research Division a report on the study conducted in accordance with this section and shall include in that report a copy of the State Plan amendment to establish coverage under the North Carolina Medicaid State Plan for antepartum, intrapartum, and postpartum services provided to a pregnant recipient by a doula, including the proposed reimbursement methodology to be utilized.</p>	Referred to Committee on Rules and Operations of the Senate	05/14/2020		
Ohio	SB 328	To Require Medicaid to Cover Doula Services	Tina Maharath	<p>Defines doula certification organizations with 6 named organizations.</p> <p>Defines doula services as "physical, emotional, or educational support provided during the prenatal, childbirth, and postpartum periods, other than such support that is considered to be medical, midwifery, or clinical in nature. "Doula services" include all of the following:</p> <p>(a) Prenatal and postpartum visits;</p> <p>(b) Birth support and time spent on call in reasonable anticipation of a birth;</p> <p>(c) Communications between a doula and a pregnant woman or a pregnant woman's support person, including through telephone, electronic, or other means;</p> <p>(d) Connecting a pregnant woman or woman capable of becoming pregnant with nonprofit organizations that provide assistance in locating available health and social services;</p> <p>(e) Time spent on related administrative tasks such as documentation."</p> <p>These services shall be covered by Medicaid when provided by a doula who meets the following qualifications:</p> <p>(1) Proof that the doula has a current, valid certificate issued by a doula certification organization;</p> <p>(2) An attestation that the doula has completed at least sixty hours of in-person classroom instruction and training that includes any combination of childbirth education, birth doula training, antepartum doula training, and postpartum doula training;</p> <p>(3) Proof of attendance at a minimum of all of the following: One breastfeeding class, two childbirth classes, two births</p> <p>(4) At least one positive reference from a birth mother and at least one positive reference from a licenced health professional practicing in public health or a community-based public health organization</p> <p>(5) Proof of completion of instruction in all of the following that meet the standards of the recommendations of the Ohio doula advisory board:</p> <p>(a) Cultural competency;</p> <p>(b) Cardiopulmonary resuscitation;</p> <p>(c) Health information confidentiality, including the privacy standards established under HIPAA</p>	Referred to Committee on Health	11/07/2020		
Rhode Island	SB 2124	AN ACT RELATING TO HUMAN SERVICES – MEDICAL ASSISTANCE – PERINATAL DOULA SERVICES (Provides for medical assistance health care for expectant mothers and establishes medical assistance coverage and reimbursement rates for perinatal doula services.)	Rep Maryellen Goodwin	<p>This act would provide for medical assistance health care for expectant mothers and would establish medical assistance coverage and reimbursement rates for perinatal doula services.</p>	Failed	12/31/2020		
Tennessee	HB 1847	TennCare - As introduced, requires doula services to be provided to certain recipients of TennCare; requires the doula services be performed by a person who has received certain certification	Rep London Lamar	<p>SECTION 1. Tennessee Code Annotated, Section 71-5-107(a), is amended by adding the following as a new subdivision:</p> <p>(27) Doula services performed by a person who has received a certification to perform doula services from the International Childbirth Education Association, the Doulas of North America (DONA), the Association of Labor Assistants and Childbirth Educators (ALACE), Birthworks, the Childbirth and Postpartum Professional Association (CAPPA), Childbirth International, the International Center for Traditional Childbearing, or Commonsense Childbirth, Inc. As used in this subdivision (a)(27), "doula services" means continuous emotional and physical support throughout labor and birth, and intermittently during the prenatal and postpartum periods;</p>	Taken off notice for call in s/c TennCare Subcommittee of Insurance Committee	03/11/2020		

2020 STATE BILLS RELATED TO DOULA SERVICES								
STATE	BILL NUMBER	TITLE OF BILL	AUTHOR or PRIMARY SPONSOR	DESCRIPTION	STATUS	LAST DATE UPDATED	NOTES	
Virginia	SB 946	State plan for medical assistance; doulas	Senator Mamie Locke & Senator Jennifer McClellan	State plan for medical assistance; doulas. Directs the Board of Medical Assistance Services to amend the state plan for medical assistance services to include a provision for the payment of medical assistance for antepartum, intrapartum, and postpartum services provided to a pregnant person by a doula, including services for labor and delivery support and at least four visits during the antenatal period and seven visits during the postpartum period. The bill also directs the Department of Medical Assistance Services to conduct a rate study to determine appropriate reimbursement rates for doula services provided to Medicaid recipients and to report its findings to the Governor and the General Assembly by December 1, 2020.	Continued to 2021 in Finance and Appropriations (15-Y 0-N)	2/4/2020		
Virginia	HB 29	Budget Bill	Luke E Torian	The Secretary of Health and Human Resources shall convene a workgroup to review and make recommendations regarding the state regulation of doulas and establishing a community doula benefit for pregnant women covered by Medicaid. The workgroup shall include representatives from the Department of Medical Assistance Services and the Department of Health Professions, as well as representatives from doula practitioners, stakeholder groups, and community organizations. The workgroup shall examine and report on the 1) federal requirements and permissibility associated with providing a Medicaid doula benefit; 2) impact that state regulation would have on doula practitioners; and 3) the estimated costs to the state and practitioners over the next six years. The workgroup shall report its findings and recommendations to the Governor and to the Chairmen of the House Appropriations and Senate Finance Committees by June 30, 2020.	Chapter 1283 (Final budget as adopted)	4/24/2020		
Virginia	HB 687	Doulas; certification; registry	Delagate Lashrecce Aird	<p>As used in this section, "certified doula" means a trained, nonmedical professional certified by the Department to provide continuous physical, emotional, and informational support to a pregnant person during the antepartum and intrapartum period and the first six weeks of the postpartum period.</p> <p>No person shall use or assume the title "certified doula" unless he is certified by the Department in accordance with this section.</p> <p>The Department shall adopt regulations governing the practice of certified doulas, which shall include (i) requirements for certification as a certified doula, (ii) requirements for renewal of a certificate and continuing education, (iii) appropriate application and renewal fees, and (iv) requirements and standards of practice for certified doulas.</p> <p>The Department shall develop and regularly update a registry of certified doulas, which shall be made available to the public on a website maintained by the Department.</p>	Governor: Approved by Governor-Chapter 724 (effective 7/1/20)	4/6/2020		
Virginia	HB 826	State plan for medical assistance; payment for services provided by certified doulas	Jennifer Carrol Foy	State plan for medical assistance; perinatal birth workers. Directs the Department of Medical Assistance Services to convene a work group to (i) evaluate the potential costs and benefits, including potential reductions in maternal and infant mortality rates, of amending the state plan for medical assistance services to include a provision for the payment of medical assistance for antepartum, intrapartum, or postpartum services provided to a pregnant person or to a person who is up to one year postpartum for labor and delivery support by a certified doula and at least four visits during the antenatal period and at least seven visits during the postpartum period with a certified doula and (ii) develop recommendations related to an appropriate reimbursement rate for such services provided by certified doulas	Approved by Governor	04/07/2020		
Washington	SB 6168	Budget Bill	Braun Rolfes	(32) Within the amounts appropriated in this section, the authority shall reimburse for maternity services provided by doulas.	Governor partially vetoed. Chapter 357, 2020 Laws PV. Effective Date 4/03/2020	4/3/2020		