

CA Doula Workforce Analysis Webinar Q&A
National Health Law Program
October 29, 2024

PRE-WEBINAR QUESTIONS

NOTE: These are questions that people submitted ahead of time when they registered for the webinar.

- 1. Can you discuss the barriers to accessing Doula service for Medi-Cal folks.**
 - a. The barriers we heard in the survey were:
 - i. Lack of resources to complete enrollment
 - ii. Challenges with medical providers
 - iii. Problems finding clients
 - iv. Hospital access (if a doula experiences issues accessing a hospital by hospital policy or staff)
 - v. Problems billing managed care plans
 - vi. Problems contracting with managed care plans
 - vii. Problems getting actual reimbursement
- 2. What reasonable role can health plans play in building the doula workforce and ensuring access to the benefit?**
 - a. Health plans can make their contracting and billing processes and materials as clear and standardized as possible. This includes having contracts and informational materials specific to doulas.
 - b. Plans can also play a role in making sure that their members are aware of the benefit and serve as a bridge with connecting their members to doula providers.
- 3. What is going on with Anthem not paying its providers?**
 - a. That's distressing to hear. Medi-Cal managed care plans do have until 12/31/2024 to comply with the new higher reimbursement rates that rolled out on 1/1/2024. (See [All Plan Letter 24-007](#).)
 - b. You can try to contact the relevant contact person for the Anthem health plan with whom you are trying to work. The managed care plan contact list is at <https://www.dhcs.ca.gov/services/medi-cal/Documents/Doula-Services-Benefit-MCP-Contact-List.pdf>
 - c. You can also consider submitting a complaint to the advocacy-based doula run CA Medi-Cal Doula Benefit Feedback Form, available at <https://bit.ly/MediCalDoulaBenefitFeedback>

- 4. What type of billing training and support are available for the doulas?**
 - a. DHCS has several resources on their website:
<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Providers.aspx>
 - b. Other groups like Frontline [Doulas](#) and [Birthworkers of Color Collective](#) have offered training and support on navigating the Medi-Cal provider process.
- 5. Are doulas still facing barriers entering hospitals?**
 - a. Yes, we heard in the survey responses and anecdotally that doulas are still encountering barriers to entering hospitals with their clients.
- 6. How has the process of doulas becoming Providers for Medi-Cal, getting referrals and billing been? What is the reimbursement rate?**
 - a. Doulas are enrolling as providers and contracting with managed care plans. I think how smoothly the process is depends on a few factors like location, and individuals' experience with systems like Medi-Cal and managed care plans, engagement with other Medi-Cal doula providers, and other factors.
 - b. The reimbursement rate depends on how many visits a doula attends and the type of birth or end of pregnancy. The maximum possible reimbursement amount for all initial visits and support during a vaginal delivery, and the additional 9 postpartum visits is \$4,611.64. See this page for a breakdown:
<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Providers-Reimbursement-FAQ.aspx>
- 7. Is there a social media toolkit to disseminate these results?**
 - a. We have created a social media toolkit so that advocates and supporters can help share out the information in the California Doula Workforce Analysis.
- 8. What do doulas need to know in order to prevent maternal morbidity/mortality?**
 - a. We firmly believe that doulas can help advocate for their clients throughout the perinatal period, including helping to reduce the impacts of racism and racial bias in health care for pregnant clients of color. We also believe doula support can help improve infant and maternal health. However, we acknowledge that it is not up to doulas alone to address maternal morbidity and mortality, which has its roots in part in individual, institutional, and structural racism. We recommend the following two readings: [Improving Our Maternity Care Now Through Doula Support](#) by the National Partnership, and [ADVANCING BIRTH JUSTICE: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities](#) by Ancient Song Doula Services, Village Birth International, and Every Mother Counts.
- 9. What type of ongoing support do you believe novice doulas would benefit from after their initial training?**

- a. In the survey, doulas often noted the importance of mentorship, hands-on training, and additional skill building like running a small business.

10. What steps would you suggest for one to start their Doula journey?

- a. You can start by learning more about doula care and exploring options for becoming a doula. We recommend the Medi-Cal Birthworker Resource Hub as a good place to start: <https://medi-calbirthworker.com/>
- b. I recommend looking up doula collectives in your area as well.

11. Can you comment on how many doulas need to be trained to meet the need in CA?

- a. It's hard to say what a specific number would be. In 2022, there were 168,963 births in California financed by Medi-Cal. Certainly, it would be wonderful for every pregnant Medicaid enrollee in California to have access to a doula, and indeed for every pregnant person in California, full stop, to have access to a doula. However, at minimum California does need to train up enough doulas across the state to be able to have an adequate number of doulas in network in each of the managed care plans, as well as for Medicaid enrollees in fee-for-service, for Medicaid enrollees who seek to access the benefit. This number will likely vary based on factors including the managed care plan in question, geography, and other factors. Helping to figure out what those numbers are per California county and region, was part of the goal of our survey.

12. Barriers and supports a virtual birth doula program, focusing on recruitment of doulas.

- a. There's a lot of variation in virtual birth doula programs. Barriers to virtual birth doula programs are typically feeling less connected and the lack of physical touch and presence. They might be helpful for folks who can't be in person with their doula.

13. This question is in regards to the Medi-Cal Doula Benefit. My question is, has anyone had any challenges with the billing side?

- a. Challenges with billing have been frequently noted in our survey, during DHCS' stakeholder meetings, and heard by us anecdotally.

14. How many Doula agencies exist in CA? What percentage of Doulas in CA are a part of at least one agency?

- a. It was beyond the scope of this survey to survey all the doula groups, organizations, collectives, etc. in California. However, for purposes of those that responded to the survey, slightly over half of respondents said they were part of a doula group.

15. What ratio of Doulas to births is a good proxy for planning purposes?

- a. This is outside of NHeLP's area of expertise. However, in our [Doula Pilots Lessons Learned Project](#), we did survey doula pilot programs in California about issues

including the number of doulas participating in the pilot and the goal for number of clients served.

16. Small 'bites' that southern states without full medicaid expansion and less political will can take towards solutions?

- a. A number of states that have not yet expanded Medicaid, have nonetheless taken action on Medicaid coverage for doula care. In fact, both Florida and Kansas are already reimbursing for Medicaid coverage for doula care. Neither state has expanded Medicaid. Tennessee is also in the process of implementing Medicaid coverage for doula care, and has also not expanded Medicaid. For more information about state efforts across the country, please see NHeLP's state efforts tracker at <https://tinyurl.com/NHeLPStateTracker>.

17. How responsive have MCPs been to requests for contracts in alternative formats? Do Doulas know how to request accommodations?

- a. This depends a lot on the MCP, we have heard some are very responsive and some aren't. It's hard to say if doulas know how to request accommodations. Doulas that are engaged with a doula collective with a lot of experience with contracting or doulas who are engaged in the DHCS' stakeholder groups likely have more tools and resources to know how to request accommodations.

18. What does the Medicaid landscape look like for uncertified doulas?

- a. In California, a doula does not need to be certified by any specific organization to become a Medi-Cal provider. Doulas interested in becoming a Medi-Cal provider can follow two pathways.
 - i. Training Pathway: Complete a minimum of 16 hours of training in the following areas:
 1. Lactation support
 2. Childbirth education
 3. Foundations on anatomy of pregnancy and childbirth
 4. Nonmedical comfort measures, prenatal support and labor support techniques
 5. Developing a community resource list
 6. Provide support at a minimum of three births
 - ii. Experience Pathway:
 1. At least five years of active doula experience in either a paid or volunteer capacity within the previous seven years.
 2. Attestation to skills in prenatal, labor, and postpartum care as demonstrated by three written client testimonial letters or professional letters of recommendation from any of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled

doula or community-based organization. Letters must be written within the last seven years. One letter must be from either a licensed provider, a community-based organization or an enrolled doula.

- b. For more information on how other states are handling certification check out our state tracker: <https://tinyurl.com/NHeLPStateTracker>

19. Can you address doula support/availability in rural CA, as well?

- a. One of the goals of this survey and report is to ascertain doula availability and support in some of the more rural counties in California, and hopefully help push for advocacy to expand training and other opportunities for doulas who seek to work in those counties and regions. See the full report for more information.

20. When can doulas expect their 2024 back pay? What is the timeline for expanding beyond Medi-cal to commercial insurance plans?

- a. Managed care plans have until December 31, 2024 to issue back payment from the rate increased.
- b. There are efforts to expand doula coverage to commercial insurance plans but no distinct timeline. Some commercial plans have already added doula care though. See this resource: [Private Insurance Coverage of Doula Care: A Growing Movement to Expand Access](#). Since the publication of that blog post, Louisiana, Colorado, Virginia, Illinois, and Delaware have also passed legislation requiring private insurance to cover doula care. Additionally, Utah and California will be covering doula care in some limited plans. We're currently working on an update to that blog post and should be publishing that shortly!

21. How to navigate medicaid coverage with the need for sustainable and dignified income as a doula.

- a. The doulas we have spoken with as part of this project and in our other work have often expressed how challenging it is to navigate work as a Medicaid provider, with the need for a sustainable and dignified income. On 1/1/2024, California's reimbursement rate for doula care increased to what is currently one of the highest in the country. (See [DHCS Doula Reimbursement FAQ](#) for more details.) However, challenges remain. For more reading on this topic, see the [Doula Medicaid Reimbursement Storybook](#) by HealthConnect One, and the [Getting Doulas Paid Policy Brief](#) by HealthConnect One.

22. I would love to know suggestions on how to implement this survey and result data in other states?

- a. Find funding to start the project, include doula stakeholders in the state from the beginning (including budgeting to pay them for their work on the project). Discuss lessons learned from us in CA and other states that are doing similar

work. Please reach out to us robles-fradet@healthlaw.org and chen@healthlaw.org for more information.

b. Also check out these similar surveys in New Jersey: [New Jersey](#) and Maine [Maine](#)

23. Curious about the rates of doulas being successfully and fully paid for services provided to clients billed through Medicaid.

a. This isn't information that we have or have seen provided. DHCS has provided some data on enrollment but this does not include if doulas have been fully reimbursed. The [September stakeholder presentation](#) included the following on doula enrollment:

- i. Applications Received: 309
- ii. Applications Approved: 202
- iii. Applications Assigned: 40
- iv. Applications Withdrawn: 23
- v. Applications Returned: 7
- vi. Applications Denied: 37 * As of September 8, 2023

24. Does Medi-Cal cover postpartum Doula services?

- a. Yes! A postpartum doula does need to fulfill the requirements of the training or the experience pathways but can then provide only postpartum services if they would like to.
- b. A Medi-Cal enrollee can receive up to 11 prenatal or postpartum visits and an additional 9 postpartum appointments with a recommendation from a provider.

25. What would you say is the most important information a new parent seeking doula care should know?

a. This is outside the area of NHeLP's expertise. However, LAist published a guide on doula care and how to choose a doula. You can read the guide at <https://laist.com/news/health/what-do-doulas-do-and-how-can-i-find-one-in-la>

26. Are there opportunities for research collaboration?

a. We do not guarantee that we can engage in research collaboration but we are happy to speak with anyone interested in doing similar research or who has more questions about our work. Please reach out to us robles-fradet@healthlaw.org and chen@healthlaw.org

27. How do you see the role of doulas evolving in future health policy discussions, especially as more states consider adding doula?

a. I hope doulas will be seen as a member of the care team while retaining their patient advocacy lens. Policymakers and researchers should always collaborate with doulas and pay doulas for their advice and expertise in policymaking or research.

28. Is there any organization or law that protects doulas from being left to pay for the hoops and hurdles of this program?

- a. Doulas in California have reported challenges to becoming Medi-Cal providers, from enrollment to billing processes. The CA Department of Health Care Services has created guides, FAQs, and other resources to try to help doulas navigate the process of becoming Medicaid providers. You can view those resources here: <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Providers.aspx>
- b. We also encourage you to review some of the information and resources on the Medi-Cal Birthworker Resource Hub at <https://medi-calbirthworker.com/>
- c. There are some doula groups and doula organizations that provide support for their affiliated doula members around some of the challenges of being a Medi-Cal provider. Also, Los Angeles County is setting up a county specific doula hub that will hopefully help provide support both to doulas seeking to enroll as Medi-Cal providers, as well as Medi-Cal enrollees seeking to access the doula benefit. You can learn more about the [LA County Doula Hub](#)

29. Ensure MCP reimbursements for 024 claim balances paid by 12/21/24

- a. Medi-Cal managed care plans have until 12/31/2024 to comply with the new higher reimbursement rates that rolled out on 1/1/2024. (See [All Plan Letter 24-007](#).)

30. What are the main impediments for coverage of doulas under Medi-Cal and for billing Medi-Cal?

- a. The barriers we heard in the survey were:
 - i. Lack of resources to complete enrollment
 - ii. Challenges with medical providers
 - iii. Problems finding clients
 - iv. Hospital access (if a doula experiences issues accessing a hospital by hospital policy or staff)
 - v. Problems billing managed care plans
 - vi. Problems contracting with managed care plans
 - vii. Problems getting actual reimbursement

31. Are you planning to support Spanish training for doulas?

- a. NHeLP does not provide training for doulas. When possible, we do translate our resources into other languages.
- b. Large organizations like DONA and CAPPa have doula training in Spanish. Other organizations also offer Spanish doula courses like [For the Village](#) and [Birth Companions Community Center](#)

32. How do you support birthing people with disabilities during the perinatal period? Are there trainings available?

- a. [Here's a blog post](#) from NHeLP that begins to explore doula support for the disability community.

- b. Birthing Advocacy Doula Training has some recorded courses on [Birth & Disability](#).
- c. I also recommend reaching out to specific doula collectives that have experience providing doula support to folks with disabilities and asking their advice on finding training or skill building courses.

33. How can we advocate for equitable doula compensation for Medicaid programs? How can we hold orgs accountable for timely payment?

- a. It's important to highlight the [positive impacts of doula care on maternal and infant health, the cost-saving of doula care in medical systems](#), and the amount of time that doulas spend with their clients. See the [Doula Data Consortium Time Use Study](#)
- b. It is very helpful to document any issues with payment. If a doula or Medi-Cal enrollee encounters any issues please fill out this form: [CA Medi-Cal Doula Benefit Feedback Form for Community Doulas \(Providers\) and Pregnant People \(Beneficiaries\)](#). This form is run by independent advocates for the California doula benefit who compile and share these issues with DHCS and other stakeholders.

WEBINAR QUESTIONS

NOTE: These are questions that attendees asked during the webinar.

- 1. How long will it be before ALL commercial insurances cover Doula services for all expectant mothers?**
 - a. Great question! We have a blog post: [reviewing private insurance coverage for doula care](#). Since the publication of that blog post, Louisiana, Colorado, Virginia, Illinois, and Delaware have also passed legislation requiring private insurance to cover doula care. Additionally, Utah and California will be covering doula care in some limited plans. We're currently working on an update to that blog post and should be publishing that shortly!
- 2. Abortion doulas not mentioned - some may see abortion as part of all their work but some do specialize is my understanding - can you clarify they were included? Thanks.**
 - a. Yes, we did have a question asking what type of doula care that doulas provided, including abortion care.
- 3. To what extent can [AB 904](#) be used as leverage to increase doula access? I see the health plans as being major players here but some are**

still not prioritizing the doula benefit. I've also heard some concerns that the penalties associated are not severe enough to motivate prioritization of doula access.

- a. My understanding is that some health plans in California will be including doula care in their private plans starting 1/1/2025 as part of their implementation of AB 904. I think you're correct though that some of the health plans have been slower than others to prioritize doula care.

4. In one of the slides covering Gender and Sexuality, it said something along the lines of how most of the doulas who completed the survey were not part of the LGBTQIA+ community but identified with it? I believe it was slide 40 or 41. Can you clarify what this means?

- a. MOST of the total doulas who responded to the survey did not identify as part of the LGBTQIA+ community. However, there were still a significant number of doulas responding to the survey who did identify as part of the LGBTQIA+ community. Also, most survey respondents did report working with LGBTQIA+ clients even if they didn't personally identify with the LGBTQIA+ community.

5. Did the survey inquire about additional certifications Doulas have? Thinking of how many may be stacking their certs (e.g. CHW/Doula, Doula/IBCLC. etc).

- a. Great question, I don't think we asked specifically about non doula but possibly related training, such as CHW, IBCLC, etc. I think some of the respondents may still have included this information though since we had an open ended question about training. We'd have to take a look at the individual responses. This is a good idea for a potential future survey question though.

6. Is there a graph of the connection between length of time of doula service (how long doulas have been practicing) and the number of clients served? It might be helpful to know how many clients doulas who have been practicing for <1 year are serving (this may already be in the chart), and also possibly identified by where they work to identify potential challenges and areas of need (apologies if this is in the charts).

- a. We have graphs of estimated births supported per month, per year, and over the course of a doula's career thus far. I don't think we have one with length of time of doula service along w/ clients served, but that may be data we could pull into a chart.

7. Was doula's current education attainment also asked? Just curious.

- a. No, I believe we only asked about education and/or training related to doula care or midwifery.

8. How do training programs address the "attend 3 live births" requirement?

- a. Here's more information about the different certification pathways in California:

<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Providers-Enrolling-As-A-Doula-FAQ.aspx>.

- b.

9. What are "initial recommendation visits" ? prenatal visits? How many are included?

- a. California has a statewide standing recommendation for doula services (<https://www.dhcs.ca.gov/services/medi-cal/Documents/Medi-Cal-Doula-Standing-Recommendation.pdf>).

- b. This recommendation authorizes:

- i. One initial visit.
- ii. Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits.
- iii. Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage.
- iv. Up to two extended three-hour postpartum visits after the end of a pregnancy.

- c. More info at

<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services-Members.aspx>

10. Were there any discussions about additional visits being covered if the infant is in the NICU or other complications happen?

- a. California's statewide standing recommendation authorizes the following services:

- i. One initial visit.
- ii. Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits.
- iii. Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage.
- iv. Up to two extended three-hour postpartum visits after the end of a pregnancy.

- b. Up to nine additional visits can also be covered with a recommendation from a physician or other licensed Medicaid provider. A client who needs additional visits because of an infant in the NICU could have those covered hopefully within those nine additional visits. More info at

<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services-Members.aspx>

- 11. Did you ask whether doulas were interested in going into nursing or medicine in addition to whether they were interested in going into midwifery?**
 - a. We only asked about midwifery. This could be an interesting question for a potential future survey, though.
- 12. A client just texted me to ask, When should she request the additional 9 visits and how long does it take to get approved?**
 - a. To be honest, I'm not sure how long those additional visits have taken to get approved. I think if the doula and client together believe they'll need more than the initially authorized benefits, they can work with a licensed Medicaid provider, perhaps the client's OB or midwife, to request those.
- 13. How much does it cost to enroll in MediCal**
 - a. Here's more information for doulas interested in enrolling as Medi-Cal providers:
<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Providers.aspx>
- 14. Do you know if, among contracted/enrolled doulas, how many are operating with a Network Lead Entity (commonly w/ Kaiser) or Hub? Curious to know whether working through an NLE or Hub could be a major facilitator.**
 - a. We had a question about if doulas were part of a partnership, group, or collective. There are a number of such doula groups across California and I know many of them have indeed provided support in helping doulas to enroll in Medi-Cal, bill, etc.
 - b. LA County did recently launch a county specific doula hub (more info at https://drive.google.com/file/d/1YIIwfm5P3Fm5mzNn_tIY9V0F2raQNV-S/view and <https://www.frontlinedoulas.com/doula-champions-contact-inquiry>) and this may be something that other counties or regions in the state duplicate as well.
- 15. On slide 72, to be eligible for Medi-Cal through the Training Pathway, doulas must attend 3 live births.**
 - a. Oh yes, that's an attestation that they have provided support at three births. Some of the doula training programs include a portion helping to connect doulas with clients.
- 16. I may have missed this, sorry, but what are the basic requirements to become a Doula?**
 - a. Here's info about how doulas can enroll as a Medi-Cal provider:
<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Providers-Enrolling-As-A-Doula-FAQ.aspx>

- 17. How, if in anyway, did the survey results reflect doulas or community birthworkers hesitancy to joining medi-cal due to fear of surveillance/institutionalization of the profession?**
- a. We didn't ask that specific question but we had a couple of open ended questions pertaining to Medi-Cal. We'd have to take a closer look to see if this was something any of the doulas had mentioned and written in. That is a good question for a potential future survey though.
- 18. Follow up question to mult. certs. Is CA approving doulas as mult. provider types?**
- a. There are doulas that have multiple certifications or licenses
- 19. Does Medicaid allow them to be approved/reimbursed as multiple provider types?**
- a. This is outside the area of NHeLP's expertise. Please reach out to DHCS DoulaBenefit@dhcs.ca.gov for guidance on this question.
- 20. Will there be a communications toolkit to share the findings from this work?**
- a. We plan to create a social media toolkit so that advocates and supporters can help share out the information in the California Doula Workforce Analysis.
- 21. Where can we see how to properly bill Medi-Cal?**
- a. Here's info for doula Medi-Cal providers:
<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Providers.aspx>