

Best Practices for Medicaid Coverage of Doula Care

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Acknowledgements

I want to express profound gratitude and appreciation to the many doulas, advocates, and others that I have spoken with over the years. What I am hoping to do with this publication is to reflect the tremendous implementation work you all have done in your respective states and regions. I sincerely hope that these Best Practices for Medicaid Coverage of Doula Care do right by all of your tireless collective efforts to expand access to the life-changing and life-saving support of doula care.

I am also grateful to the Pritzker Children's Initiative and the Irving Harris Foundation for their support of the Doula Medicaid Project.

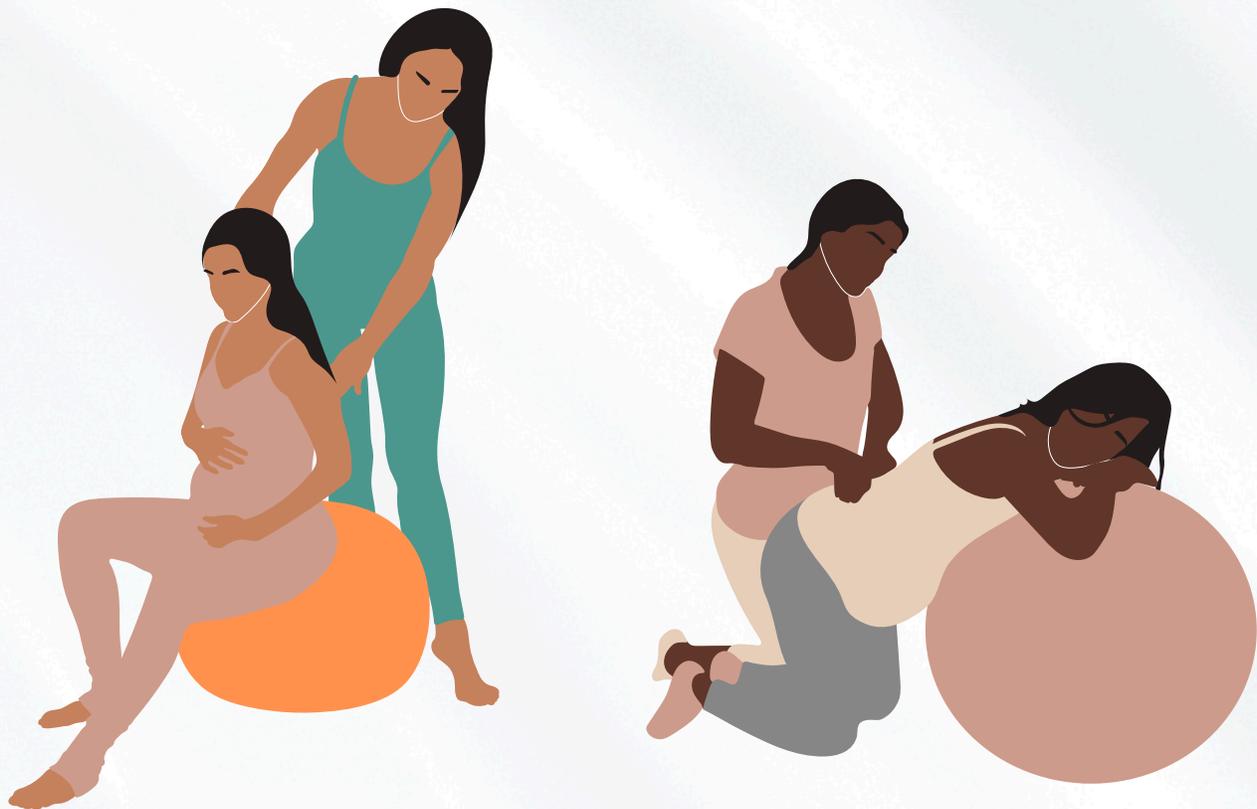


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Introduction



The National Health Law Program’s [Doula Medicaid Project](#) was founded in 2018 with the goal of helping to support doulas and advocates across the country in expanding access to sustainable, equitable, and inclusive public and private insurance coverage of doula care, with a focus first on expanding access to Medicaid coverage of doula care. Over the past seven years, I’ve spoken with doulas, policy advocates, researchers, state agency staff, legislators, health plan representatives, and others from all over the country about expanding access to doula care in their states or regions. I have provided advice and technical assistance, connected doulas and advocates with their counterparts in other states, and above all, learned a tremendous amount about the different ways states can implement Medicaid coverage of doula care.

In these conversations, I found that I was often lifting up and repeating some of the same key takeaways I had seen work in other states. While every state is different, and strategies that work in one state will not necessarily be successful in another, there were nonetheless guiding principles that often held true across states. Other times, there were a handful of states, or even just a single state, doing something truly innovative, that I sought to lift up and share, in the hopes that other states might follow suit.

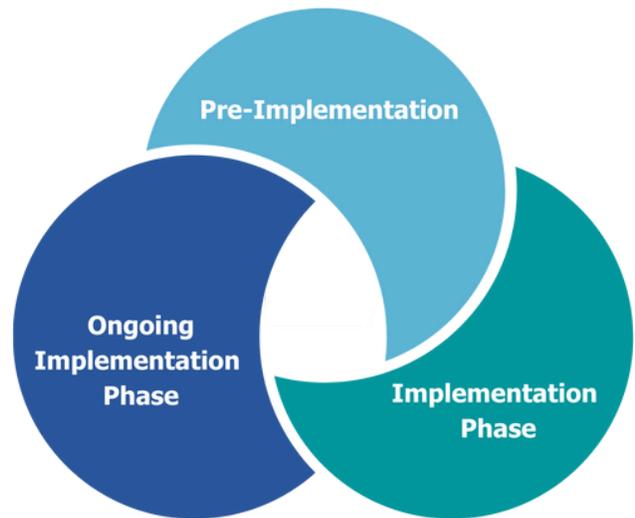
It was out of these hundreds of conversations that took place over the past seven years, that this publication came about. To create these Best Practices for Medicaid Coverage of Doula Care, I tried to collect the key takeaways, strategies, guiding principles, innovations, and other recommendations from all of the work that has been taking place across the country, into a single document. I hope that this collection of Best Practices will help to guide the strategies, decisions, and priorities of all types of stakeholders invested in Medicaid coverage of doula care.



How To Navigate These Best Practices

These Best Practices for Medicaid Coverage of Doula Care can be organized into three broad chronological categories:

- **First is the Pre-Implementation Phase, focusing on Program Design.** There is a great deal that doulas, advocates, and state agency staff can do during this phase to help set up their Medicaid doula programs for success. Also, note that many of the best practices in the Pre-Implementation Phase can and often do continue through the two later phases as well.



- **Next is the Implementation Phase, focusing on Program Roll-Out.** I have found that the implementation phase can sometimes last for much longer than advocates and state agencies anticipate. Since doulas are generally coming into state Medicaid programs as a brand new category of Medicaid provider, the ramp up time for them to successfully enroll as Medicaid providers is often longer than expected. It also takes some time for Medicaid enrollees to become sufficiently aware of the new benefit to be able to effectively utilize it.
- **Last is the Ongoing Implementation Phase, focusing on Program Sustainability.** So many advocates and states focus heavily on the Pre-Implementation and Implementation Phase, that some of the longer term challenges that can threaten program sustainability go neglected. Particularly salient are ongoing issues of funding, workforce development, and public outreach.



As mentioned above, some of the Best Practices may by necessity belong in more than one chronological category, or may shift from one category to another depending on the particular circumstances in the state. The image on the previous page is meant to illustrate this potential flow from one category to the next. Advocates are advised to keep this fluidity in mind when reviewing these Best Practices.

Where relevant, under the enumerated Best Practice, I have listed specific examples of states that have put in place that best practice. To the extent possible, I have included hyperlinks for these examples so that those utilizing the Best Practices for Medicaid Coverage of Doula Care can conduct their own research and track back to the original sources. I have also tried to put in short descriptions where such would be helpful, but in some cases have simply included lists.

While this document stands on its own as of the date of its publication in Spring 2025, I also want to acknowledge that by necessity this is also a living document. As more states move through implementation of Medicaid coverage of doula care, there will be additional examples to include in the list, and indeed likely additional Best Practices to add. I also anticipate that as time goes on, some of the entries in this Best Practices document will become outdated. With that in mind, if you have any edits, corrections, or suggestions, please send them to chen@healthlaw.org.



Pre-Implementation Phase: Program Design

The Pre-Implementation Phase encompasses the period in which, ideally, doulas, advocates, state agency staff, and other stakeholders sit down to design the details of what the Medicaid coverage of doula care program will look like in that state. You will see that this phase has the most Best Practices of any of the three chronological phases. There is good reason for that. It behooves states to be strategic and thoughtful in their program design, and to obtain buy-in from relevant stakeholders early and often. States that do so can avoid having to later engage in time-consuming, costly, and resource-intensive legislative and/or regulatory clean up.

Many state efforts that explore Medicaid coverage for doula care begin through **doula pilot programs** that provide doula care to smaller groups of individuals, typically limited by population, type of insurance coverage, 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](#) offered free doula care primarily in the Anchorage area, with a priority on pregnant and postpartum people who were experiencing housing instability, had no other labor support, had a trauma history or previous traumatic birth experience, had a high-risk medical condition or mental health diagnosis, and/or were BIPOC (Black, Indigenous, or other people of color). The program sunset in May 2024.
- **Alabama:** [BirthWell Partners Community Doula Project](#) serves the Greater Birmingham area, but depending on availability can also serve people birthing in Tuscaloosa, Jasper, Anniston, Montgomery, Huntsville, or Florence. The program is ongoing as of 2025.
- **Arizona:** [UnitedHealthcare Doula Pilot](#) provided doula support to a limited number of Medicaid managed care members from 2023-2024.



- **California:** There were a number of doula pilot programs that ran in the state from 2019 to 2023, many of which were featured in the publications and resources that comprise the National Health Law Program's Doula Medicaid Project's [Doula Pilots Lessons Learned Project](#).
- **Delaware:** The Division of Public Health is funding multiple doula training programs, including the [PIC Community Doula Program](#), [Black Mothers in Power](#), and [Do Care Doula](#). These programs are ongoing as of 2025.
- **Georgia:** [Healthy Mothers, Healthy Babies Georgia](#) is running a pilot program with two Medicaid managed care plans in the state. The program is ongoing as of 2025.
- **Hawai'i:** Healthy Mothers Healthy Babies Coalition of Hawai'i runs a [Community Based Doula Program](#) to help decrease health disparities and improve health outcomes for communities of color in the state. The program is ongoing as of 2025.
- **Iowa:** The Iowa Department of Health and Human Services is piloting a [Maternal Health Doula Project](#) in several counties across the state. Iowa Total Care, a Medicaid managed care plan, is also running an [Iowa Total Care doula pilot](#) for pregnant enrollees in Polk, Johnson, and Muscatine counties. These programs are all ongoing as of 2025.
- **Kansas:** [UnitedHealthcare doula pilot](#) provided doula support to a limited number of Medicaid managed care members from 2023-2024.
- **Kentucky:** Both [Humana](#) and [Anthem](#), two Medicaid managed care plans, are piloting doula services to some of their Medicaid enrollees. Both doula pilot programs are ongoing as of 2025. A third Medicaid managed care plan, [UnitedHealthcare](#), provided doula support to a limited number of Medicaid managed care members from 2023-2024.
- **Louisiana:** As of 2025, a handful of Medicaid managed care plans in the state are reimbursing for doula services, including [Humana Healthy Horizons in Louisiana](#), [AmeriHealth Caritas Louisiana](#), and [Aetna Better Health](#).
- **Missouri:** One Medicaid managed care plan in the state has launched the [Healthy Blue Missouri doula pilot](#) for its members in the St. Louis and Kansas City metro areas, or in Greene County. The program is ongoing as of 2025.
- **Nebraska:** The [Rooted Doula Care and Support Program](#) started in 2023 to provide doulas for high-risk Black, Indigenous, and other people of color (BIPOC) birthing people. The pilot will run from 2023 to 2028.
- **New Mexico:** In July 2023, UnitedHealthcare donated \$150,000 to the New Mexico Doula Association to help fund 22 [doula training scholarships](#).



- **New York:** New York State had a [Doula Pilot Program](#) that ran from 2019 to 2024. New York City had a [Doula Initiative](#) that ran from 2022 to 2024.
- **North Carolina:** The Department of Health and Human Services has [provided funds](#) to help hire and train doulas in Edgecombe, Halifax, Nash, and Pitt counties. In June 2024, Blue Cross and Blue Shield of North Carolina's Medicaid managed care plan, Healthy Blue, began [covering doula services](#) for their enrollees in specific counties.
- **South Carolina:** [BirthMatters](#) provides doula services to birthing people age 25 and under at no charge, and follows the families until the infant is one year old.
- **Tennessee:** The [Root to Rise Community Doula Pilot Program](#) provides doula services to pregnant TennCare enrollees who are Black and who live in specific Memphis zipcodes. The program is ongoing as of 2025.
- **Texas:** The [Dell Children's Health Plan doula pilot](#) has been offering doula support to its Medicaid enrollees since late 2022. [UnitedHealthcare doula pilot](#) provided doula support to a limited number of Medicaid managed care members from 2023-2024. Beginning in 2023, Blue Cross and Blue Shield of Texas began offering doula services to some of its enrollees through its [Special Beginning program](#).
- **Vermont:** The Washington County Mental Health Services has a [Doula Project](#) that, since 2014, has provided doula support to women who receive or are eligible to receive services from the organization. The program is ongoing as of 2025.
- **Washington:** [UnitedHealthcare doula pilot](#) provided doula support to a limited number of Medicaid managed care members from 2023-2024.
- **Washington DC:** The Department of Health Care Finance initially [piloted Medicaid reimbursement of doula services](#) in 2021. The program was later made permanent through legislation.
- **Wisconsin:** The Wisconsin Department of Health Services funded two programs in Milwaukee, the [WeRISE Community Doula Program](#) from 2021-2022, and the [Birth Outcomes Made Better \(BOMB\) Doula Program](#) from 2021-2023.
- **West Virginia:** In 2022, the Unicare Health Plan of West Virginia provided \$132,000 in funding to the West Virginia Perinatal Partnership to [train and provide doula services](#) in underserved and vulnerable communities in the state.



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. These Boards or Committees are groups of, ideally, mostly doulas, that provide expert guidance to state agencies during the implementation process. It is important that they be 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)
- **Colorado:** [Doula Advisory Committee](#) (2025-ongoing as of 2025)
- **Connecticut:** [Doula Advisory Committee](#) (2022-ongoing as of 2025)
- **Delaware:** [Doula Ad Hoc Committee](#) (2023-ongoing as of 2025)
- **Indiana:** [Doula Reimbursement Advisory Board](#) (unclear if Board has yet convened as of 2025)
- **Louisiana:** [Doula Registry Board](#) (2022-ongoing as of 2025)
- **Michigan:** [Michigan Doula Advisory Council](#) (2023-ongoing as of 2025)
- **Nevada:** [Doula Certification Advisory Committee](#) (2022-ongoing as of 2025)
- **Ohio:** [Doula Advisory Board](#) - type "Doula Advisory Group" into Events search - (2023 ongoing as of 2025)
- **Pennsylvania:** Doula Advisory Board required by [HB 1608](#), which was signed into law in October 2024
- **Tennessee:** [Tennessee Doula Services Advisory Committee](#) (2023-ongoing as of 2025)

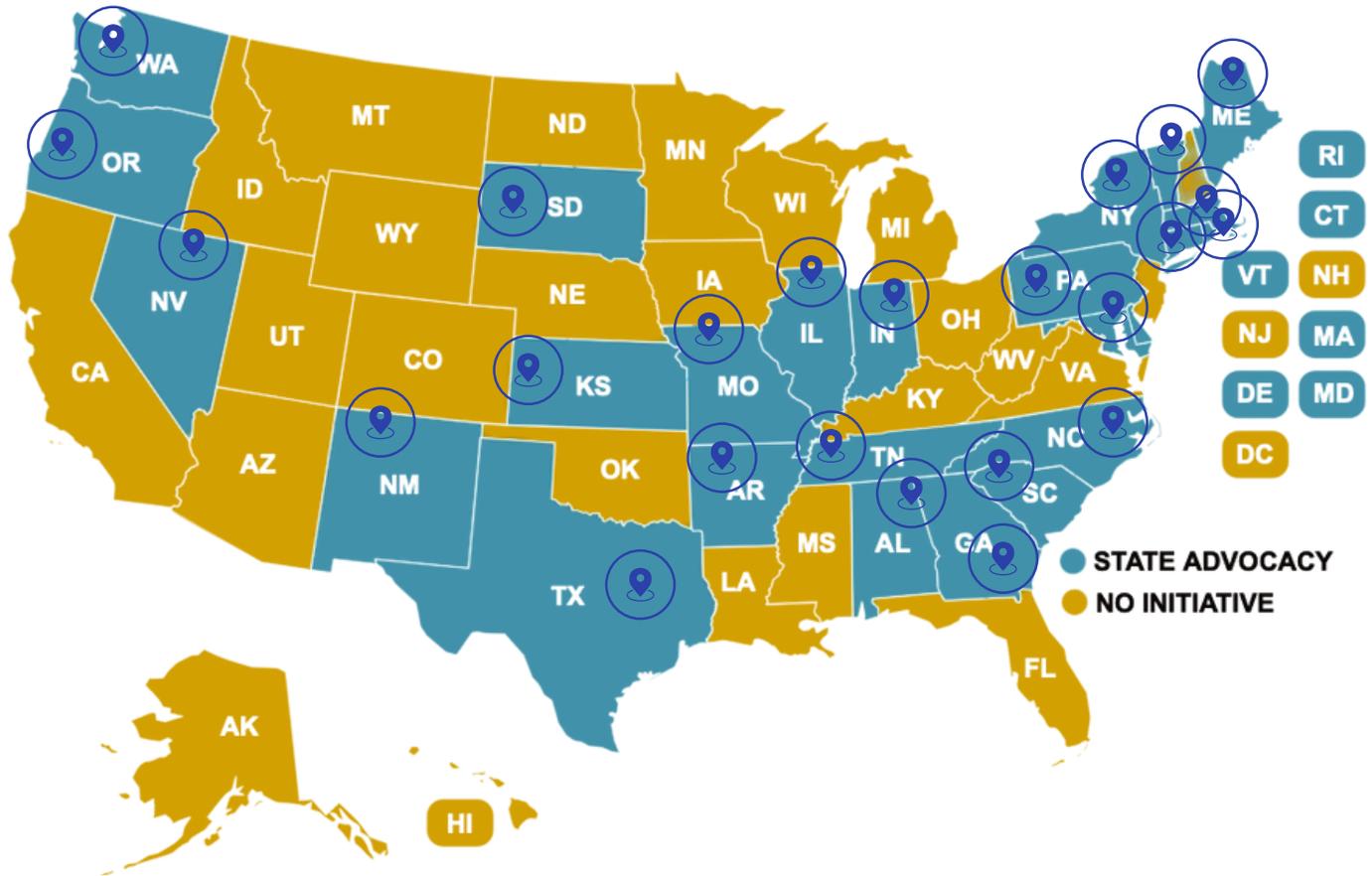


Doulas and state advocates should come together and **self-organize around advocacy** for legislation or administrative efforts to advance expanding access to doula care, including in Medicaid. A statewide doula coalition of this type can help ensure that doulas and state advocates have a voice in the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

- **Alabama:** Committee including March of Dimes, Women’s Foundation of Alabama, BirthWell Partners Community Doula Project
- **Arkansas:** [Doula Alliance of Arkansas](#)
- **Connecticut:** [Doulas 4 Connecticut Coalition](#)
- **Georgia:** [Georgia Doula Access Working Group](#)
- **Illinois:** [Chicago Illinois Doula Coalition Network](#)
- **Indiana:** [IN4Doulas](#)
- **Kansas:** [Kansas Doula Alliance](#)
- **Maine:** [Maine Doula Coalition](#)
- **Maryland:** [Doula Alliance of Maryland](#)
- **Massachusetts:** [Massachusetts Doula Coalition](#)
- **Missouri:** [Missouri Community Doula Council](#)
- **Nevada:** [DOULA CO-OP of Nevada](#)
- **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 Doulas](#)
- **South Carolina:** [South Carolina Doula Steering Committee](#)
- **South Dakota:** [South Dakota Doulas](#)
- **Tennessee:** [Tennessee Doulas Association](#)
- **Texas:** [Texas Doula Association](#)
- **Vermont:** [Doula Association of Vermont](#)
- **Washington:** [Doulas For All Coalition](#)



This map links to the statewide doula advocacy coalitions, groups, and/or organizations listed on the previous page.



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Doulas 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 doulas in the state and publish their findings. Reports and issue briefs of this type are helpful because they allow doulas 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 Doulas in California](#) (2019) - report based on a survey and focus groups
 - [California Doula Pilots Lessons Learned Project](#) (2022) - various publications and a webinar based on a survey and series of interviews
 - [California Doula Workforce Survey](#) (2024) - report and a webinar based on a survey
- **Colorado:** [Advocating for Birthworkers in Colorado](#) (2022) - report based on a series of conversations with birthworkers in the state
- **Georgia:** [Georgia Doula Study](#) (2022-2023) - multiple publications on full spectrum doula capacity and access in Georgia based on community collaboration
- **Kansas:** [Coverage of Community Based Doula Care: A Summary of Initial Stakeholder Convenings with Kansas Doulas](#) (2023) - report based on a series of convenings between the Kansas Department of Health and Environment, the Kansas Birth Justice Society, and community-based doulas representing regions across the state
- **Maine:** [Maine Doula Workforce Assessment](#) (2024) - report based on a survey and series of interviews with doulas across the state
- **Massachusetts:**
 - [Summary of Doula Town Halls and Doula Survey in Massachusetts](#) (2019) - report based on three town hall meetings and a survey
 - [Expanding doula support services in Massachusetts: Considerations for Successful Implementation](#) (2022) - report based on a survey and focus groups



- **Minnesota:** [Medicaid Coverage of Doula Services in Minnesota - Preliminary findings from the first year](#) (2015) - report based on focus groups, responses from managed care organizations, and interviews with doulas, Medicaid beneficiaries, doula program administrators
- **Nebraska:** [Doula Care to Improve Outcomes and Reduce Disparities in Nebraska](#) (2024) - report written with community input
- **New Jersey:** [NJ Doula Roll Call Survey 2024](#) (2024) - report based on statewide survey
- **New Mexico:** [Expanding Access to Doula Care: Birth Equity and Economic Justice in New Mexico](#) (2020) - report based on interviews and community input
- **New York:**
 - [Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities](#) (2019) - report written with community input
 - [The State of Doula Care in NYC in 2023](#) (2023) - report includes data from the New York City Health Department, as well as community input
 - [Next Steps for Doula Services in New York State: Medicaid Benefit Design and Reimbursement](#) (2023) - report based in part on written and oral testimony from a public hearing on integrating doulas into New York's maternal health care system
- **North Carolina:** [Doulas in North Carolina: A Landscape Analysis and Summit Report](#) (2023) - report based in part on a survey and doula summit
- **Oregon:** [Advancing Health Equity for Childbearing Families in Oregon: Results of a Statewide Doula Workforce Needs Assessment](#) (2018) - report based on listening sessions, informant interviews, and online surveys
- **Tennessee:** [Tennessee Doulas: Practical and Policy Recommendations](#) (2022) - report based on a needs assessment survey and a virtual doula town hall
- **Vermont:**
 - [Medicaid Coverage for Doula Services in Vermont](#) (2017) - based on research and conversations with doulas
 - [Doula Sunrise Report](#) (2025) - required by Vermont bill [S.109](#), completed in consultation with stakeholders



- **Virginia:** [Report of the VA Medicaid Benefit for Community Doula Services Work Group](#) (2020) - report based on five stakeholder workgroup meetings and data from doulas in the state
- **Washington:**
 - [Washington state Medicaid reimbursement: Survey of birth doulas](#) (2020) - report based on survey of doulas in the state
 - [Methods to secure doula reimbursement approval from CMS](#) (2020) - report based on stakeholder workgroup that included doulas and doula partners



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. Such competencies typically consist of a list of core training topics that are considered crucial for competency as a doula, such as childbirth education, anatomy of pregnancy and childbirth, labor support techniques including non-medical comfort measures, lactation support, and other topics. The states below all include core competencies in their training or certification requirements.
 - [California](#)
 - [Kansas](#)
 - [Massachusetts](#)
 - [New York](#)
 - [Ohio](#)
 - [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. Such pathways allow doulas to enroll as Medicaid providers based on their more extensive years of experience as practicing doulas. This experience is typically confirmed through testimonial letters or letters of recommendation. The states below all have an experience or legacy pathway.
 - [California](#)
 - [Louisiana](#)
 - [Massachusetts](#)
 - [New York](#)
 - [Oregon](#)
 - [Pennsylvania](#)



- Allow **reciprocal certification** for doulas that are already certified as Medicaid providers in other states. This will allow doulas that have already successfully enrolled as Medicaid providers and been providing services to Medicaid enrollees in one state, to more easily transition their practice to another state. My guess is that such reciprocal certifications will become more common as more states implement Medicaid coverage of doula care.
 - [Arizona](#): offers a reciprocal certification for doulas that have held a “valid professional license” issued by another state for at least one year
 - [Massachusetts](#): allows out of state doulas to participate as MassHealth providers if they are authorized to work as a doula in their own state and participate in their state’s Medicaid program
 - [Ohio](#): allows the Board of Nursing to issue a doula certificate if the doula holds a “substantially similar out-of-state occupational license to engage in practice as a doula”
 - [Washington](#): one pathway to become a Washington state certified birth doula is for those who have been certified in another state or U.S. territory for at least two years

Core Training Competencies

States should allow doulas to meet a set of core training competencies that are not tied to a specific organization.

Experience or Legacy Pathways

These pathways allow doulas to enroll as Medicaid providers based on their more extensive years of experience as practicing doulas.

Reciprocal Certification

This allows doulas that have already successfully enrolled as Medicaid providers in one state, to more easily transition their practice to another state.



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 \$2000 for the complete package of services, and in many cases should be upwards of \$3000+. This is particularly true for states that are covering postpartum doula care for up to 12 months after the end of pregnancy. Reimbursement rates should be reviewed periodically every few years, and such review should include input from stakeholders including practicing doulas.

Expansions in access to doula care should **prioritize those communities most at need**, such as Medicaid enrollees; immigrants; 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 disorders.

Communities to Prioritize for Doula Care to include:



- Medicaid enrollees
- Immigrants
- Black individuals
- Indigenous individuals
- People of Color (BIPOC)
- LGBTQ+ individuals
- People with disabilities
- People with opioid and/or substance use disorders

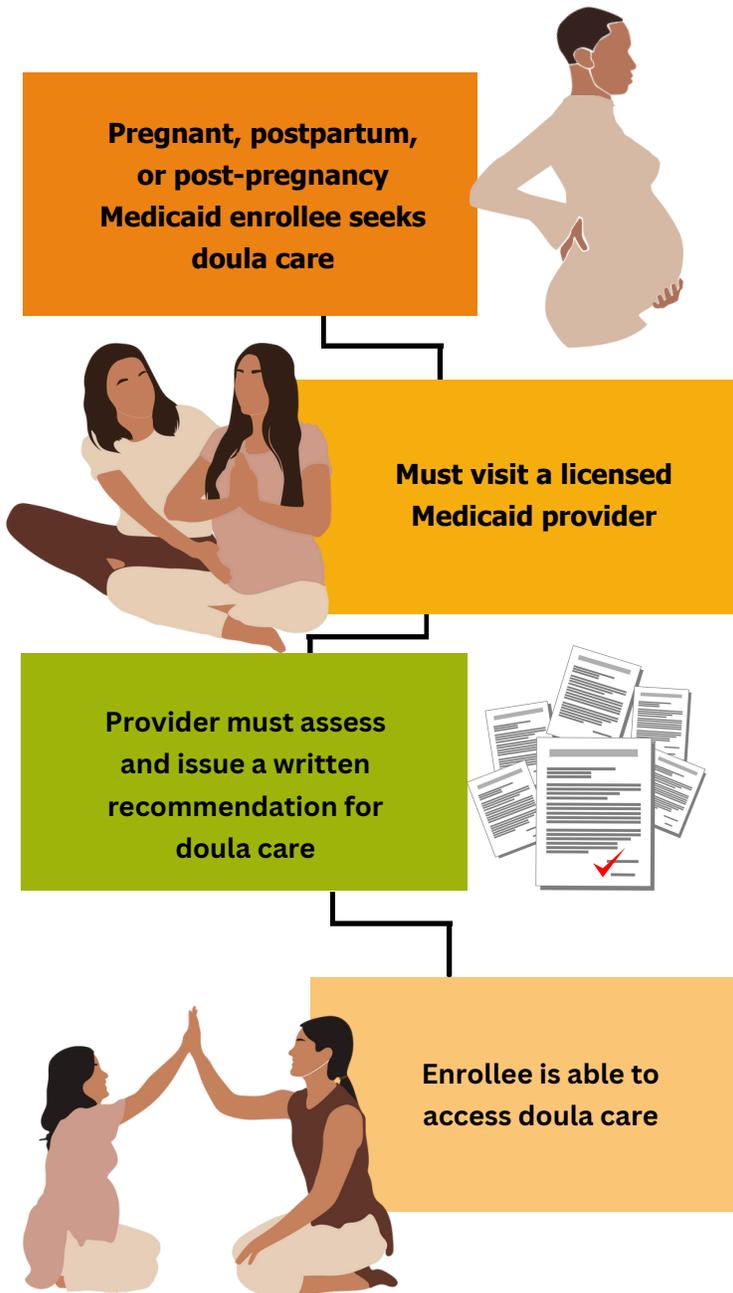


Medical professionals in leadership positions in the state government can pass **statewide standing recommendations** recommending doula care as beneficial for all pregnant, postpartum, and post-pregnancy Medicaid enrollees in the state. Such statewide standing recommendations will go a long way to reducing a key barrier to doula access. Virtually all states that have implemented Medicaid coverage of doula care have included doula care in their Medicaid State Plan as a preventive service. As a preventive service, doula care must meet the requirements of [440.130\(c\) of title 42 of the Code of Federal Regulations](#), which include that the service be “recommended by a physician or other licensed practitioner of the healing arts.” Typically this means that Medicaid enrollees must have a licensed Medicaid provider recommend that doula care would be beneficial for their health. Needless to say, obtaining such a recommendation, which often must be in writing, can be onerous and Medicaid enrollees and impede access to doula services. A statewide standing recommendation obviates the need for Medicaid enrollees to obtain such individual recommendations.

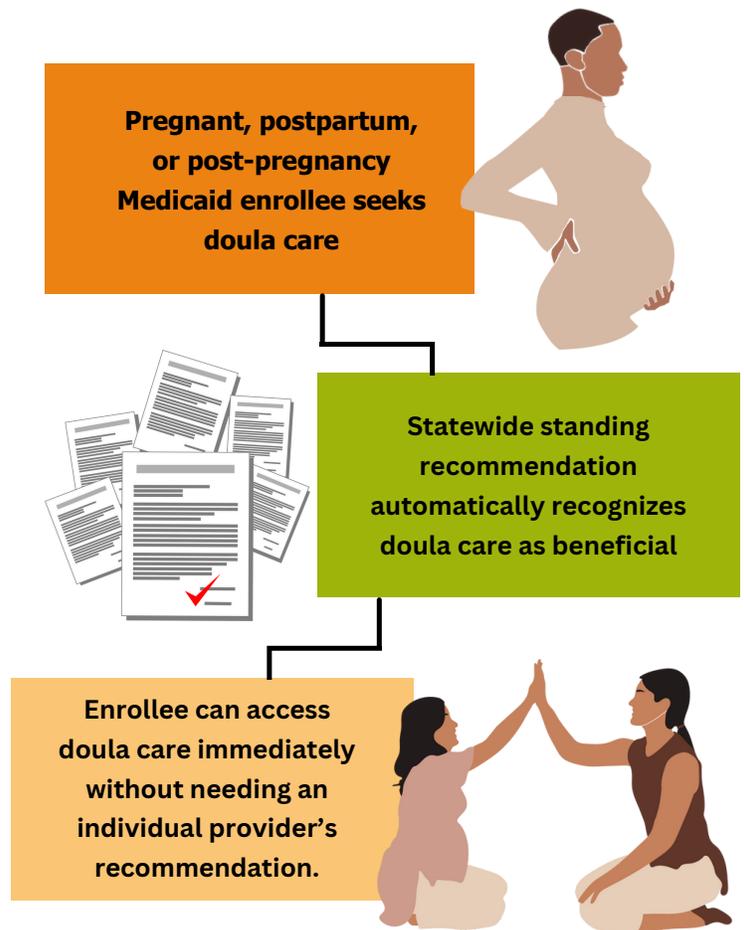
- [Michigan](#): issued on 1/23/2023 by Dr. Natasha Bagdasarian, Chief Medical Executive for the State of Michigan
- [California](#): issued on 11/1/2023 by Dr. Karen E. Mark, California Department of Health Care Services Medical Director
- [Massachusetts](#): issued on 12/8/2023 by Dr. Jatin K. Dave, Chief Medical Officer of MassHealth
- [Minnesota](#): issued on 1/9/2024 by Dr. Nathan T. Chomilo, Medical Director of Medicaid & MinnesotaCare, Minnesota Department of Human Services
- [New York](#): issued on 6/10/2024 by Dr. James V. McDonald, New York Commissioner of Health
- [Washington](#): issued in October 2024 by Dr. Tao Sheng Kwan-Gett, State Health & Chief Science Officer of the Washington State Department of Health, and Dr. Judy Zerzan-Thul, Chief Medical Officer of the Washington State Health Care Authority
- [Ohio](#): issued in October 2024 by the Medical Director of the Ohio Department of Medicaid
- [Illinois](#): issued in December 2024 by Dr. Sameer Vohra, Director of Illinois Department of Public Health



Standard Recommendation Process



Statewide Standing Recommendation Process





State advocacy and expansion efforts should lift up the **importance of [community based doulas](#) and doula care**, but need not actually require that doulas be trained as community based doulas in order to be eligible for reimbursement. Community based doulas provide culturally and linguistically appropriate support to pregnant, postpartum, and post-pregnancy people. Community based doulas often hail from the communities in which they serve. This is in contrast to doulas more broadly defined, who provide support to pregnant, postpartum, and post-pregnancy people, but who may not be culturally or linguistically aligned with their clients. That being said, while community based doulas and community based doula care is important, it is equally critical that states be flexible in their training or certification requirements. As such, while we promote states championing the importance of community based doula care, we do not advise that states require doulas to obtain specific community based doula training.

Doula care should be full spectrum, meaning doula care provided for all the ways in which a pregnancy can end. This means not just doula care for prenatal care, postpartum care, and presence at labor and delivery, but also doula care for abortion, ectopic pregnancies, miscarriage, and stillbirth. The states below have Medicaid coverage for the full spectrum of doula care, including doula care for abortions.

- [California](#)
- [Illinois](#)
- [Massachusetts](#)
- [Pennsylvania](#)
- [Rhode Island](#)
- [Washington](#)



Full Spectrum Doula Care





Implementation Phase: Program Roll-Out

The Implementation Phase is the period when the Medicaid coverage of doula care program is actually rolling out. This phase may last for much longer than doulas, advocates, and state agencies would like. Indeed, many states can linger in this phase for years. The timing of this phase is a little tricky to nail down. In most states, this phase begins when the actual Medicaid doula benefit begins. However, in some states the phase may begin even earlier, such as in the case of states that begin enrolling doulas as Medicaid providers prior to the actual start date of the benefit. It is also not entirely clear when this phase ends. For example, would the implementation phase end when a sufficient number of doulas are enrolled as Medicaid providers, and a sufficient number of Medicaid enrollees are able to successfully access services? Yet what is or is not “sufficient” will likely vary from state to state, and indeed vary based on who is making the evaluation.

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 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.

- **California:** The Los Angeles Board of Supervisors in 2023 allocated funding to create a [Los Angeles County Doula Hub](#). As of 2025, the hub is in the process of being set up.
- **Florida:** The [G.R.O.W. \(Guidance, Resources and Openhearted Wisdom\) Doula Program Model](#) was developed by the Indian River County Healthy Start Coalition, Inc. The program trains doulas from the community and provides them with ongoing support.
- **Oregon:** [Doula hubs](#) exist throughout the state and help affiliated doulas with administrative tasks such as billing, contracting, and reimbursement.
- **Massachusetts:** [Accompany Doula Care](#) employs doulas to provide community doula support for partnered health plans and health care institutions.
- **New Jersey:** [New Jersey Doula Learning Collaborative](#) (concluded in June 2024 and is transitioning to three regional hubs in North Jersey, Central Jersey, and South Jersey)
- **Rhode Island:** [Rhode Island Birthworker Co-Op](#) is a member owned corporation that supports its community doula members with administrative tasks such as billing and contracting.
- **Washington:** The state allocated funding to create a statewide doula hub. As of 2025, the hub is in the process of being set up.



Create **centralized doula registries** so that Medicaid enrollees, health plans, advocates, doulas and doula groups, agencies, and other stakeholders know what doulas are enrolled as Medicaid providers. 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), and where relevant, enrollment in Medicaid managed care plans.

- **National:** Black Women Birthing Justice [Black Doula Locator](#)
- **National:** Baby Dove and Sista Midwife Productions [Black Doula Directory](#)
- **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](#)
- **Ohio:** [Registry of State of Ohio Certified Doulas](#)
- **Oklahoma:** [List of SoonerCare Doula Providers](#) (part of Oklahoma Health Care Authority Provider Search)
- **Oregon:** [Traditional Health Worker Registry](#)
- **Pennsylvania:** [Approved Certified Perinatal Doulas](#)
- **Virginia:** [Virginia Doula Registry](#)

For states that have Medicaid managed care plans, **standardize application forms, billing paperwork, and other processes** to the extent possible 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,” “wrap-around,” or “carved out” service**. These are different terms that refer to a State Medicaid Agency providing doula care directly fee-for-service for all Medicaid enrollees, even for those Medicaid enrollees who receive their other health care services through their Medicaid managed care plan. (See for example [temporary carve-out in New York](#), and [permanent wrap service in Massachusetts](#).)



Provide the names and contact information of **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](#)
- **New York:** [Medicaid Managed Care Contact List for New York Medicaid Doula Services Providers](#)

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 Phase: Program Sustainability

The Ongoing Implementation Phase focuses on ensuring that the Medicaid doula programs have long term sustainability. States need to ensure that they are dedicating the resources necessary to both provide access to doula care for Medicaid enrollees, and also support a stable doula workforce. This phase in some sense is dependent on the continued implementation of many of the Best Practices in the earlier phases, but also has its own specific Best Practices.

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.

- **Colorado:** Governor's [2023-2024 budget](#) included \$30,000 for outreach to Medicaid enrollees about the doula Medicaid benefit and \$1.1 million to create a doula hub to help support doulas and Medicaid enrollees
- **New Jersey:** State provided some funding support for the [New Jersey Doula Learning Collaborative](#), which ran from 2022-2024
- **New York:** State's [2024-2025 budget](#) includes \$250,000 in grant to community-based organizations to help increase the number of doulas
- **Washington:** [2024 state budget](#) included a \$100,000 allocation for a doula hub and referral system

Dedicate 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](#) was written by a group of doulas and advocates and aims to provide guidelines for hospitals seeking to adopt educational programs and policies conducive to the creation of family- and doula-friendly birth environments.
- [Health Plans Expect Network Hospitals to Address the Role of Doulas in Birth Care Policies](#) provides principles, guidelines, and resources for hospitals to address doula care in their maternity care policies and respect the important role of doulas in their practice. It was written by HealthNet, Molina, L.A. Care, and Anthem – four Medicaid managed care plans in California.

- **Connecticut:** [Connecticut Doula Integration Toolkit](#) was created to help OB and midwifery practices, doulas, health systems, and other stakeholders, better integrate doula services within the care team.

- **New Jersey:** [Guide for Doula Hospital Policy Creation](#) is the result of the convening of a workgroup of health system and hospital representatives and doulas to create a better climate to advance birth outcomes and equity for doulas, their clients, hospitals, clinicians, employees, and patients.

- **New York:** [Hospital Doula-Friendliness Guidebook](#) provides hospitals with guidance on implementing policies and practices to improve collaboration between hospital staff and doulas.

- **Legislation requiring doulas access to hospitals**

- **Colorado:** [SB 21-193](#), signed into law in 2021, allows every birthing person to have a companion or doula with them during birth, in addition to a partner or spouse.
- **New Jersey:** [S4119](#), signed into law in 2024, requires that hospitals and birthing centers allow a patient to select a doula of their choice to accompany them and provide support before, during, and after labor and childbirth.



- **New Mexico:** [HB 214](#), signed into law in 2025, requires that hospitals and freestanding birth centers adopt written policies and procedures to allow patients to select a doula who is authorized to accompany them within the facility to provide services during pregnancy, childbirth, and a 12-month postpartum period.
- **New York:** [SB S5992A](#), signed into law in 2024, requires maternal health care facilities to allow pregnant and postpartum mothers access to their doulas during labor/delivery as well as inpatient care after delivery.
- **New York:** [SB S5991A](#), signed into law in 2024, requires doulas access to the operating room with their clients when a cesarean birth is being performed. However, note that in February 2026, [S809](#) (companion bill [A1026](#)) were both signed into law, which repealed the requirement allowing doulas to be present in the operating room for cesarean births.

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

- **California:** [AB 904](#), signed into law in October 2023, requires private health plans to create maternal and infant health equity programs that address racial disparities in care through the use of doulas. CalPERS, the state's Public Employees' Retirement System, began [covering doula care](#) as a new benefit in 2025.
- **Colorado:** [SB24-175](#), signed into law in June 2024, requires coverage of doula care in private health plans.
- **Delaware:** [HB 362](#), signed into law in September 2024, requires coverage of doula care in private health plans.
- **Illinois:** [HB5124](#), signed into law in July 2024, requires coverage of doula care in private health plans.
- **Louisiana:** [HB 272](#), signed into law in June 2023, requires coverage of doula care in private health plans.
- **Rhode Island:** [H5929A](#), signed into law in July 2021, requires coverage of doula care in private health plans (as well as in Medicaid).
- **Utah:** [HB 415](#), signed into law in March 2023, requires Utah's Public Employees Health Program to [cover doula services](#) from July 2023 to June 2026.
- **Virginia:** [SB 118](#), signed into law in April 2024, requires coverage of doula care in private health plans.



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