

September 2023

Community-Based Doulas

Community-based doulas are trained social service professionals who provide non-clinical emotional, physical, and informational support to birthing people, starting during pregnancy and continuing during the postpartum period. The length of postpartum care varies anywhere from 6 weeks to 1 year. Community-based doulas specialize in culturally competent perinatal care that reflects the values and lived experiences of their clients; this approach makes them distinct from lay doulas or other certified birth doulas. Support from community-based doulas can include connection to community resources, client empowerment, and peer lactation education.

State support of community-based doulas varies with regard to centering doula input in policymaking, public and private insurance coverage, workforce supports, steps taken to expand access to care, and funding. Below is a list of policy considerations for state leaders to help maximize the reach and effectiveness of doula care services. **States should consider the implications of these policy choices and their collective impact on equitable access to doula care services for their state.**

We use the following symbol to highlight where policy choices can promote greater equity. 

Research finds that community-based doula services are an effective strategy to improve healthy birth outcomes such as reduced rates of preterm birth, low birthweight, and NICU admissions; increase attendance at health appointments; foster nurturing and responsive parenting behaviors; and increase breastfeeding initiation.

This checklist covers the following components of state support for community-based doula services:

PAGE 2	PAGES 3-6	PAGE 7	PAGE 8	PAGE 9
PARTNERSHIP WITH DOULAS	INSURANCE COVERAGE	EXPANDING ACCESS	WORKFORCE SUPPORTS	FUNDING
<ul style="list-style-type: none"> Statewide workgroups 	<ul style="list-style-type: none"> Medicaid coverage Credential requirements Reimbursement policies Policy guidance Private insurance 	<ul style="list-style-type: none"> Doula registries 	<ul style="list-style-type: none"> Financial supports 	<ul style="list-style-type: none"> Sources

Partnership with Doulas

Partnering with doulas to co-design policies is critical for successful implementation. States have created task forces, workgroups, advisory boards, or other committees to facilitate partnership with doulas and understand the needs and preferences of stakeholder groups in the state. The work of these groups can inform policy decisions that states make that directly impact community-based doulas. To encourage participation of doulas in these conversations, states can take steps to make participation in listening sessions or workgroups as accessible as possible. Successful states include doula advocacy groups that have actively led and participated in the legislative process, striving toward common goals.



To ensure policy design reflects the needs and practices of community-based doulas, states can include doulas as active and equal partners in policymaking discussions, ensuring that contributing doulas or groups are representative of the workforce and client population.

1. Does your state include doulas in state task forces, advisory boards, or other committees that make guidance or policies affecting doulas?

- Yes, the state has established a statewide doula advisory board or workgroup by legislation or administrative guidance.
- Yes, the state conducts listening sessions and/or solicits doula feedback, but not by any formal guidance.
- No, doulas are not currently included in state task forces, advisory boards or other committees engaged in state policy guidance.
- No, the state does not have active policy advisory groups related to doulas.

2. If yes, do workgroups take steps to remove or reduce any barriers to participation for doulas?

Check all that apply

Doulas traditionally practice outside of the state policy and public insurance arenas, and often require special onboarding to help navigate unfamiliar systems and terminology. Doulas' work schedules often require nontraditional hours. Additionally, doulas may have caregiving responsibilities outside of work. Workgroups can facilitate better doula participation by recognizing doulas' scheduling needs.

- Yes, the group takes steps to remove logistical participation barriers such as:
 - Compensating doulas for their expertise and participation in workgroups.
 - Considering and accommodating the work schedules of doulas.
 - Providing child care.
 - Providing transportation assistance.
 - Providing virtual options.
 - Recording sessions and/or meetings and providing periods of open commenting for doulas who were unable to attend.
 - Using surveys as feedback mechanisms.
 - Other: _____
- No, specific steps to remove or reduce barriers to participation in workgroups are not taken.

Health Insurance Coverage

Paying out of pocket for doula services may be unaffordable for many families who wish to have doula support during the perinatal period. States can promote access to community-based doula services by ensuring doula services are covered under public and private health insurance plans and ensuring that coverage rates fairly reimburse for the services doulas provide. Considering and easing the burdens placed on individual doulas to participate as providers under insurance plans can help states design policies to improve doula participation in Medicaid.

Medicaid

1. Does your state cover doula services under Medicaid?

Yes No


If yes, please answer questions 2-7 in this section. If no, the remaining questions in this section will not apply, but provide useful guidance on policy decisions a state must address when creating Medicaid coverage for doula services.

2. Does your state set specific requirements on who qualifies as a doula under Medicaid policy?

Check all that apply.

To recognize the experience and skills of doulas in the state and encourage participation in Medicaid, states can collaborate with doulas to set requirements on who qualifies as a doula (e.g., certification and core competency requirements). Failure to codesign these requirements can lead to restrictive requirements that are not reflective of the doula community and low doula participation as Medicaid providers.


State certification requirements do not always accurately reflect the diverse backgrounds and expertise of community-based doulas. Rather than requiring certification from a specific organization, states can provide pathways for doulas to meet criteria to become Medicaid providers through demonstrated expertise or experience based on a list of core competencies.

 A core competency approach is inclusive of both doulas who have been practicing for many years and have developed core competencies over time, as well as newer doulas who have received trainings from internationally recognized organizations. Allowing alternative pathways outside of certification can limit the cost burden doulas face to become state-certified because the likelihood of paying for additional trainings is lowered and may improve the recruitment and retention of doulas in the Medicaid provider system.

The state identifies specific types of doulas that may receive reimbursement (e.g., certified doulas, community-based doulas, lay doulas, etc.).


Community-based doulas are specifically identified within policy as eligible to be reimbursed under Medicaid policies or may meet certification or other requirements for coverage included in state policy.

- The state identifies requirements regarding certification or a set of core competencies that a doula must meet to be reimbursed under Medicaid policies.
 - Acceptable certifications: _____
 - The state identifies core competencies required for a doula to be a Medicaid provider in lieu of certification. Describe: _____
 - The state has a clear process to update requirements to include additional trainings developed and evaluated in future years.

 Beyond training and certification regarding healthy births, community-based doulas may also receive training on race, racism, and discrimination in the health care system and community. Many community-based doulas operate through a birth justice framework, grounded in the belief that an individual should be able to make pregnancy, birth, and child-related decisions without interference from racism, discrimination, implicit bias, or coercion. Community-based doulas rely heavily on shared lived experiences with their clients to make connections and provide emotionally supportive and culturally competent care. Ensuring community-based doulas are qualified providers under Medicaid policies can promote access to doula services.

3. Does your state provide supports to doulas who are interested in enrolling as Medicaid providers?
Check all that apply

Community-based doulas often operate without administrative and organizational supports available to traditional healthcare providers to ease Medicaid processes, which can make the process to receive Medicaid reimbursement difficult. Additionally, doulas may encounter barriers navigating the Medicaid system. Doula collaboratives may familiarize community-based doulas with the structure and language of state government and Medicaid systems.

 To address barriers to Medicaid participation, doulas have led the way in forming collaboratives and hubs to provide technical and administrative support to doulas to become Medicaid providers. State leaders or state-established doula stakeholder groups can support collaboratives and hubs working to ease Medicaid provider enrollment.

- Yes, the state has an established doula collaborative to assist doulas in enrolling as Medicaid providers. Describe: _____
- Yes, the state provides other supports beyond collaboratives.
Describe: _____
- No, but the state is in the process of planning a collaborative effort to support doulas in enrolling as Medicaid providers.
- No, the state does not have supports set up at this time.


4. What services and visits are covered under your state’s Medicaid rate? Check all that apply

Most states cover some combination of prenatal and postpartum visits, plus labor and delivery, although the number of visits varies by state. States may also choose to cover virtual prenatal visits and design a mechanism to provide additional postpartum visits upon physician recommendation if additional support is needed.

- State covers _____ prenatal visits.
- Labor and delivery
- State covers _____ postpartum visits.
- Additional covered services: _____

5. How much are doulas reimbursed for their services? Provide information on all that apply


As of August 2023, 12 states including the District of Columbia actively reimburse doulas, including community-based doulas, through Medicaid. Doula Medicaid reimbursement can be achieved through direct reimbursement or Medicaid Managed Care Organizations (MCOs). Reimbursement rates for the total cost of care including prenatal, labor and delivery, and postpartum care range from \$859 per client in Virginia to \$1,951 in the District of Columbia.

 Setting fair Medicaid reimbursement rates requires states to recognize the long hours community-based doulas spend with their clients and the true cost of the care they provide. Key factors include market rates for doulas, cost of living, scope of services, supplies, and time spent on clients during and outside of visits, including emotional support and connections to social services and community supports, and 24/7 on-call availability. To help ensure that rates are sufficient as a sustainable source of income, states can set up a formula or minimum threshold to determine rates. Timely reimbursement is critical for community-based doulas, whose wages rely on payment from individual clients or health insurance providers.

- Total Medicaid reimbursement amount: _____
- Amount reimbursed per service:
 - Prenatal visits: _____
 - Labor and delivery: _____
 - Postpartum visits: _____
- Other incentives: _____


6. If your state is a managed care state, are Managed Care Organizations (MCOs) given explicit guidance on doula coverage? Check all that apply

In managed care states, Medicaid coverage and policies may vary by MCO. States can facilitate access to doula services by ensuring coverage by all MCOs and specifying coverage details.

 Providing instructions and guidance for MCOs regarding coverage requirements for services and rates, including establishing minimum reimbursement rates, may help ensure that coverage policies are sufficient to incentivize doula participation in Medicaid and that doulas are reimbursed at a fair rate for the care they provide. States can also instruct MCOs to require one universal application for doulas to enroll as providers to simplify paperwork and prevent the need for multiple MCO applications.

- Yes, the state statute or administrative policy provides guidance on which doula services are covered (e.g., number and timing of visits).
- Yes, the state statute or administrative policy provides guidance on reimbursement rates (e.g., setting minimum rate standards).
- Yes, the state statute or administrative policy requires a common application across all MCOs to ease paperwork burdens on doulas seeking to register as providers.
- No, the state does not provide explicit guidance to MCOs on doula coverage.

7. If your state has crafted policies to reimburse doulas via Medicaid, did your state consult doulas in policy development?

 States should understand the goal of doula care and how doulas differ from other perinatal care providers, especially medical providers such as obstetricians, gynecologists, and midwives. By taking time to talk with doulas in their state, leaders can understand the valuable care doulas provide, including non-clinical and emotional and social supports, as a part of a broader, comprehensive system of care.

- Yes No

Private Insurance

In addition to setting reimbursement rates for Medicaid, states have the option of enacting legislation to require private insurance companies to cover doula services. As of August 2023, one state has implemented this policy, with coverage effective July 2022.

1. Does your state require private insurance plans to cover doula services?

Requiring private insurance companies to cover doula services can aid in incentivizing participation in the doula workforce, addressing doula shortages, and boosting access. Additionally, families with lower incomes who earn too much to qualify for Medicaid may have private insurance coverage and may benefit from community-based doula services.

- Yes No

Expanding Access to Doula Services

States can promote the accessibility of community-based doula care to the public through creating and maintaining doula registries, pilot programs, and other public outreach activities.

1. Does your state have a doula registry that allows birthing people to find doulas within their insurance networks?

- Yes.
 - Participation in the registry is required/ optional to receive insurance reimbursement.
- No. (If no, skip the next question.)

2. Does your state take steps to promote awareness and conduct public outreach on the doula registry so potentially interested and eligible clients are aware of the registry?

Check all that apply.

- Yes, by:
 - Listing and promoting the registry on state websites.
 - Conducting public information campaigns.
 - Promoting understanding of doulas' services roles within birthing teams.
 - Other: _____
- No.


3. Were doulas consulted in state efforts to promote access to care?

- Yes, the state worked with a doula advisory committee, task force, or other collaborative of doulas to inform efforts to promote access to care.
- No.

Workforce Supports

A state’s ability to build, attract, and retain the robust workforce needed to provide doula care is a critical component of successful state support of community-based doulas. States can accomplish this through both legislative and administrative tools to enact supports.

Workforce supports for doulas can include funding for education and training (e.g., grants, scholarships) and waiving fees for participation in state doula registries. State registries are centralized resources that can help the public and prospective clients locate providers, and that states sometimes use as a mechanism for identifying doulas who are eligible for insurance reimbursement. Creating and funding grants, scholarships, and training programs for doulas can incentivize participation in the doula workforce.

 States can incentivize participation in the doula workforce by removing or reducing cost barriers, such as providing grants or waivers for costly trainings or waiving fees to participate in doula registries. Doing so can alleviate barriers to workforce participation for community-based doulas in marginalized communities who face economic disadvantages and can help sustain and expand the community-based doula workforce in the state.

1. Does your state provide grants or scholarships to support doula training and/or credentialing?

- Yes.
- Not currently, but the state is planning to implement grants and or scholarships to support the doula workforce.
- No.


2. If your state has a doula registry, does your state waive or reduce fees for doulas to enroll on the registry? Check all that apply

Doula registries have multiple functions, both as a way for the public to identify doulas who can provide services and, in many cases, for the state to maintain a list of doulas approved to provide services reimbursable by Medicaid. Doula registries typically have a fee for initial enrollment and renewal.

- Yes, the state waives fees for enrolling in doula registries for doulas who meet the following criteria:
 - Income under a specific threshold. Describe: _____
 - _____
 - Other: _____
- No, but state uses a sliding scale fee schedule. Describe: _____
- _____
- No, all doulas participating in the doula registry must pay the same fee. Amount of fee: _____
- _____

Funding Doula Services

Community-based doula programs rely on a variety of funding streams to pay their employees and make services more affordable for the community. Without adequate insurance coverage (in rates or services covered), individual birthing people may be left to pay out of pocket for services and/or community-based doula organizations must find alternative ways to cover the gaps left by insurance. Most community-based doula programs are operated by non-profit organizations that rely on private grants and philanthropy for sustainability, but also rely on limited federal or state government funding outside of Medicaid. States or MCOs may also support community-based doula programs through pilot programs.

 Doula services can be paid for privately by the birthing person, but community-based doula programs rely on various funding methods to pay their employees and make services more affordable for the community. Ensuring doula services are affordable to target populations and providing robust funding to sustain the in-demand doula workforce is crucial.

1. Which funding sources does your state leverage to support community-based doulas?

Check all that apply

- State general revenue funds
- Medicaid
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Innovation Awards
- Title V Maternal and Child Health (MCH) block grants
- Temporary Assistance for Needy Families (TANF)
- U.S. Health Resources and Services Administration (HRSA) Health Start Initiative
- Other:
 - State funding: _____
 - Federal funding: _____
- Private philanthropy