

Community-Based Doula Policies Across States

Community-based doulas are one of 12 evidence-based policies included in our [2024 Prenatal-to-3 State Policy Roadmap](#), which details states' progress toward implementing policies that are proven to impact the prenatal-to-3 system of care. Community-based doulas are trained social service professionals who provide non-clinical emotional, physical, and informational support to expectant parents, starting during pregnancy and continuing throughout the postpartum period. When integrated into a larger system of supports for expectant parents, community-based doulas can improve child health and development outcomes, parenting behaviors, and birth outcomes including preterm birth, low birthweight, and neonatal intensive care unit visits.

What are the Key Policy Levers for Community-Based Doulas?

The current evidence base does not identify the specific policy lever that states should adopt and fully implement to increase access to community-based doula services to all parents who want this type of care. States' **policy choices** to support community-based doulas can increase families' access to doula care. State leaders may consider the following:

1. Expand access and affordability of community-based doula care by **covering and reimbursing doula services under Medicaid**. Community-based doula care can be out of reach for families with low incomes, but reimbursing services under Medicaid can decrease the costs associated with this service, thereby expanding access.
2. Bolster a sustainable workforce by providing **financial support for community-based doula training and workforce development**. States can ease the financial burden of obtaining necessary trainings for both current and future doulas through scholarships, grants, and state-funded training opportunities.

Key Policy Levers: Community-Based Doulas

20 states **cover and reimburse** community-based doula services under **Medicaid**

AZ	CA	CO	DE	DC
FL	IL	KS	MD	MA
MI	MN	MO	NV	NJ
NY	OK	OR	RI	VA

6 states have implemented both key policy levers for community-based doulas

CA	CO	MI
MO	NV	NJ

8 states provide **financial support for doula training and workforce development**

CA	CO	CT	MI	MO
NV	NJ	WV		

State newly implemented one or more key policy levers since October 1, 2023.
 Source: As of July 2024; National Health Law Program. For additional information, please refer to [Methods and Sources](#).

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How Do Community-Based Doula Policies Vary Across States?

Within the Roadmap, we explore the multiple policy and administrative choices that states made to expand access to community-based doula care and the variation in reimbursement rates, number of covered services, and workforce supports. Medicaid reimbursement rates for community-based doula care range from up to \$930 in Maryland to up to \$3,263 in California.

Variation Across States in Medicaid Coverage for Community-Based Doulas

State	Total Maximum Medicaid Reimbursement Rate	Services Covered by Medicaid
Arizona	Per diem of \$781.32, plus \$16.28/15 minutes	No minimum or maximum number of visits specified; labor and delivery
California	Up to \$3,153 for a vaginal delivery or \$3,263 for cesarean birth	11 total visits (initial visit, 8 follow-up visits, and 2 optional extended postpartum visits) and labor and delivery
Colorado	\$1,500	3 hours of prenatal care, 3 hours of postpartum care, and labor and delivery
Delaware	*	6 total visits (3 prenatal, 3 postpartum) and labor and delivery
District of Columbia	\$1,951	12 total visits and labor and delivery
Florida	\$450-\$1,110	Plans negotiate rates and services
Illinois	*	*
Kansas	\$1,295	7 hours of prenatal care, 6.25 hours of postpartum care, and labor and delivery
Maryland	\$930	8 total visits (prenatal and postpartum) and labor and delivery
Massachusetts	\$1,700	Between 5 and 8 total visits (depending on length of visit) and labor and delivery
Michigan	\$1,150*	6 total visits and labor and delivery
Minnesota	\$3,200	18 total visits and labor and delivery
Missouri	\$1,600	6 total visits and labor and delivery
Nevada	\$1,500-\$1,650; rates vary based on location	6 total visits and labor and delivery
New Jersey	\$1,065-\$1,441	12 total visits for patients age 19 and under or 8 total visits for patients over age 19, plus labor and delivery
New York	\$1,350-\$1,500; rates vary based on location	8 total visits and labor and delivery
Oklahoma	\$1,044	8 total visits and labor and delivery
Oregon	\$1,505	A minimum of 2 prenatal visits, 2 required postpartum visits, and labor and delivery
Rhode Island	\$1,500	3 prenatal visits, 3 postpartum visits, and labor and delivery
Virginia	\$959	8 total visits and labor and delivery

Note: States excluded from the table above do not cover community-based doula services under Medicaid as of publication. *Full details of Medicaid reimbursement rates were not yet publicly available for Delaware and Illinois at the time of publication. As of October 3, 2024, Michigan proposed a policy to increase the Medicaid reimbursement rate to \$2,700. If approved, the policy will be effective retroactively as of October 1, 2024. California also covers 9 additional postpartum visits with the recommendation of a medical provider.

What Progress Have States Made Over the Last Year?

Over the last year, several states expanded access to community-based doula care through legislation and/or agency action.

Medicaid coverage: 8 states newly implemented Medicaid coverage for community-based doulas.

- Arizona, Colorado, Delaware, Illinois, Kansas, Massachusetts, Missouri, and New York fully implemented Medicaid coverage for doula services through approved state plan amendments approved by the Centers for Medicare and Medicaid Services.

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- South Dakota Department of Social Services announced it would include doula services as a reimbursable service in its Pregnancy Health Home program.
- Washington enacted legislation to implement Medicaid coverage for doula services by January 1, 2025.

Financial Support for Training and Workforce Development: 3 states created new financial support opportunities for the community-based doula workforce.

- Arkansas created a state university trust fund to offer programs and trainings for maternal health workers (including doulas) and expand the maternal health workforce.
- New York funded a doula training scholarship program.
- Washington funded a doula hub model to provide doulas with billing and Medicaid enrollment assistance, workforce development, and training opportunities.



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