

# Community-Based Doula Policies Across States



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.

## What are the Key Policy Levers to Support Community-Based Doulas?

States' [policy choices](#) to support community-based doulas can increase families' access to doula care. We identified two key policy levers states may consider:

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.

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

AZ	CA	CO	CT	DE	DC
FL	IL	KS	MD	MA	MI
MN	MO	NV	NJ	NM	NY
OH	OK	OR	PA	RI	SD
VA	WA				

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

AR	CA	CO	CT	DE	MI
MO	NV	NJ	NM	NY	OR
WV	WA				

**12** states have implemented all key policy levers for community-based doulas

CA	CO	CT	DE
MI	MO	NV	NJ
NM	NY	OR	WA

State newly implemented one or more key policy levers since October 1,

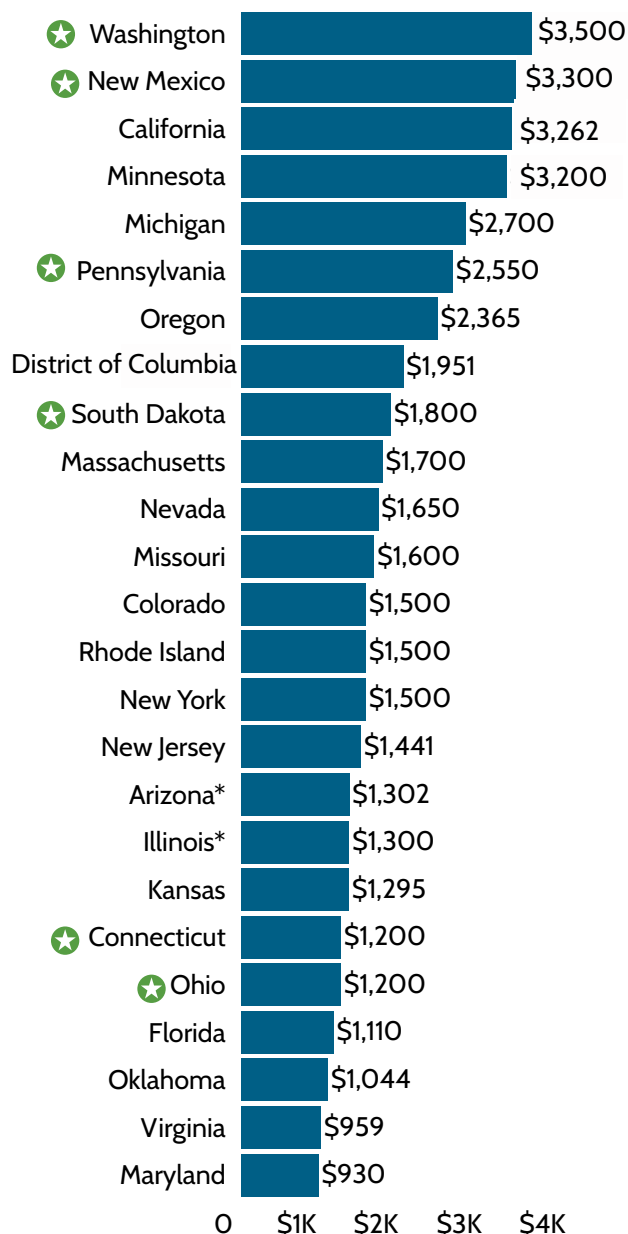
Source: As of July 2025; National Health Law Program. For additional information, please refer to [Methods and Sources](#).

The [2025 Prenatal-to-3 State Policy Roadmap](#) details states' progress toward adopting and implementing policies that are proven to impact the prenatal-to-3 system of care, including community-based doulas.

## How Do Community-Based Doula Policies Vary Across States?

Community-based doula policies vary across states on a few key policy components, including how states approach reimbursement rates, the number of covered services, and funding for workforce supports. Figure 1 illustrates the variation within Medicaid reimbursement rates for community-based doula care, which range from up to \$930 in Maryland to up to \$3,500 in Washington.

**Figure 1. Maximum Medicaid Reimbursement for Community-Based Doulas**



## What Policy Progress Have States Made in the Last Year?

In the last year, **14 states** introduced legislation to require Medicaid coverage of doula services and **8 states** introduced legislation related to financial support for doula training and workforce development.

- 6 states (Connecticut, New Mexico, Ohio, Pennsylvania, South Dakota, and Washington) fully implemented Medicaid coverage for doula services through state plan amendments approved by the Centers for Medicare and Medicaid Services.
- Legislators in 6 states (Arkansas, Louisiana, Maine, Montana, Utah, and Vermont) enacted bills to require Medicaid coverage of doula services within the next year.
- Virginia legislators increased the number of doula visits covered by Medicaid from 8 to 10 total visits during the perinatal period.
- Oregon legislators increased the number of hours of doula care eligible for Medicaid reimbursement of 4 to 24.
- 6 states (Arkansas, Delaware, Missouri, New Mexico, New York, and Oregon) appropriated funding in Fiscal Year 2026 budgets for doula training, continuing education, and technical assistance.

For more information about state progress and variations in Community-Based Doula Policies, visit our [2025 Roadmap profile](#) and read our [state Community-Based Doulas progress narratives](#).

Began covering and reimbursing doula services under Medicaid in the last year.

Source: As of September 2025. National Health Law Program, Doula Medicaid Project, state legislation, and approved state plan amendments. For additional information see [Method and Sources](#).

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