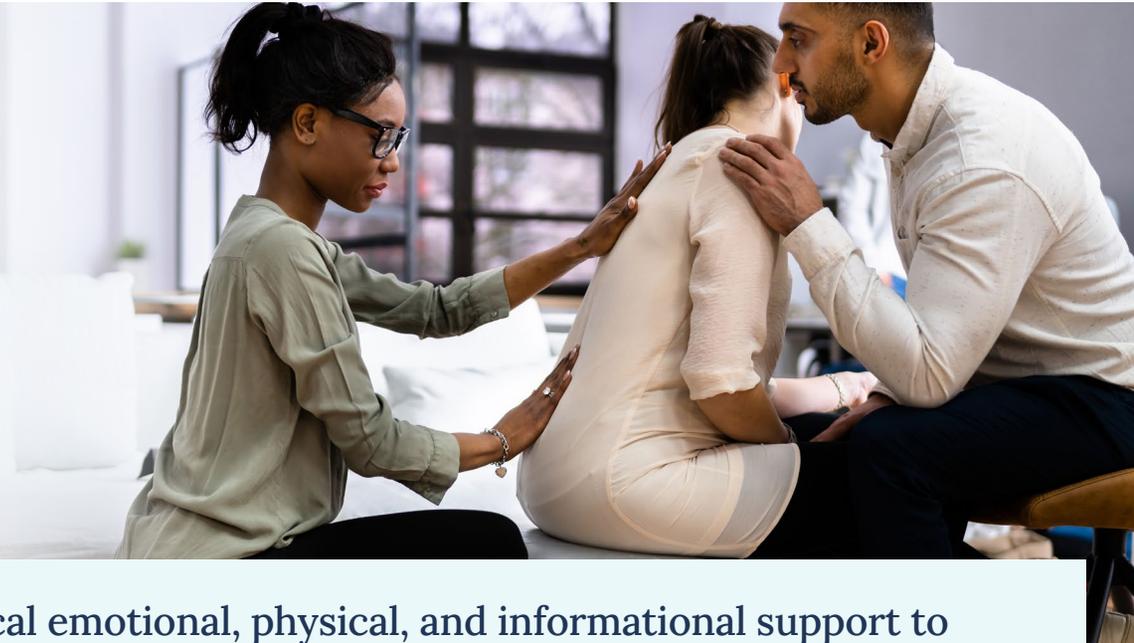


State Approaches to Supporting the Community-Based Doula Workforce



Community-based doulas provide non-clinical emotional, physical, and informational support to expectant parents, starting during pregnancy and continuing throughout the postpartum period.

Families that are supported by community-based doulas¹ are more likely to attend health appointments and initiate breastfeeding, develop responsive parenting, and experience improved birth outcomes. Doulas report issues with burnout due to being underpaid and underfunded for the wide range of services they provide. These stressors ultimately [lead to increased attrition](#) and a shortage of available doulas.

To support doulas and meet the needs of families, many state leaders are considering how to invest in and expand this crucial segment of the maternal health workforce. States have invested in innovative projects

and programs that focus on retention, professional development, and administrative support for doulas. **The four primary buckets of state workforce supports include:**

- Doula collaboratives and hubs,
- Financial support for training,
- Doula-friendly hospital policies, and
- Incorporating doula voice.

Given the current uncertainties around Medicaid funding at the federal level, the policy options listed above focus on state-funded policies and programs.

¹ The term community-based doula refers to doulas that provide culturally competent doula care. Throughout the piece, we use the general term doula to refer to all doulas, including community-based doulas.

Doula Collaboratives and Hubs

Unlike other health care providers like doctors and nurses, doulas often do not have administrative support for crucial functions such as insurance billing. Many independent doulas must navigate the complicated billing process on their own and are not reimbursed for administrative time as part of their services. State funding for organizations or collaboratives that assist doulas with Medicaid billing, reimbursement delays, and professional development can ease some of these common administrative barriers.



New Jersey

In 2021, the New Jersey Department of Health collaborated with HealthConnect One, a leading organization in community-based birth care, to establish the [New Jersey Doula Learning Collaborative](#). The collaborative assists with Medicaid billing, information on certification and state registration, and connections to trainings, scholarships, continuing education, and mentorship opportunities. HealthConnect One [received \\$450,000 in state funding](#) for the first year of the collaborative.



Washington

In Fiscal Year 2025, legislators in Washington [appropriated \\$100,000](#) from the state general fund to create and design a statewide doula hub and referral system. The goal of the hub is to provide ongoing funding to support the doula workforce and clients, create a referral system for Medicaid clients, and assist doulas with the Medicaid billing process. Legislation required the state's Health Care Authority (HCA) to contract with an external organization to lead the project. The HCA partnered with [Surge Reproductive Justice](#), the facilitator of the statewide [Doulas4All Coalition](#). Recommendations for the implementation of the doula hub and referral system were [released](#) in June 2025.

Financial Support for Training

Training requirements for Medicaid reimbursement or state certification can create financial barriers for doulas who want to enter the workforce, as well as experienced doulas who must purchase additional courses to meet any new requirements. By providing scholarships or loan repayment for training or continuing education, state leaders can ease the financial burden for doulas and encourage more people to join the workforce.



Missouri

In Fiscal Year 2025, Missouri [appropriated](#) \$500,000 to [the Cora Faith Walker doula training program](#). The program provides scholarships to cover the cost of training and certification fees for aspiring doulas. Doulas in the program are trained in the [Uzazi Village](#) Birth & Postpartum Doula method and Lactation Community Counselor support. Uzazi Village is a community-based doula organization whose certification is accepted at the state level in Missouri and other states.



Nevada

Nevada operates the [Nevada Health Equity and Loan Assistance \(HEAL\) Program](#), a student loan repayment program for eligible health care providers, including state-certified doulas. The program has permanent and dedicated funding of \$2.5 million each year from the Abandoned Property Trust Account. Recipients of loan repayments must commit to at least 5 years of clinical practice in rural or urban underserved communities in Nevada. Doulas may receive up to \$15,000 in loan repayment over their 5 years of service.



Oregon

In 2025, legislators [created](#) the community-based perinatal services access program and fund under the Oregon Health Authority to increase access to culturally competent care and support care providers. The fund provides grants to community-based organizations providing community-based perinatal care, including doula care. Grants can be used for multiple expenses including training and education costs, insurance billing support, and recruitment programs. Legislators appropriated \$1 million to the fund in FY 2026.

Doula-Friendly Hospital Policies

The reception of doulas in perinatal care settings varies across hospital systems and providers. In some cases, doulas may face difficult situations if hospital policies do not permit them to accompany their client during labor and delivery. Furthermore, other perinatal care providers may not understand the role of doulas and the benefits they bring to families, which can make caring for clients challenging.

Doula-friendly environments can be encouraged through policies that require hospitals to ensure doulas cannot be denied access to their clients or that endorse supportive doula procedures and curriculum for hospital staff. As demand for doula care continues to grow, state leaders have introduced and enacted various doula-friendly hospital policies.



Connecticut

In 2025, legislators [created](#) a workgroup focused on investigating hospital doula policies, ultimately tasked with completing a report on how to implement doula-friendly hospital policies. The workgroup is in progress, and a final report is due to the legislature by January 1, 2027.



Illinois

In 2025, legislators [required](#) all hospitals and birthing centers to establish and maintain written policies and procedures permitting patients enrolled in Medicaid to be accompanied by the Medicaid certified doula of their choosing before, during, and after labor. Additionally, attending doulas will not count as a support person or be included in any guest count quota. Doula access to patients is not guaranteed when access would go against generally accepted medical standards or practices.



New Jersey

New Jersey requires hospitals and birthing centers to [develop and publicly post policies](#) that allow doulas to accompany patients before, during, and after labor and delivery. These facilities must also designate a staff member to act as a liaison between the facility and doulas or doula organizations. The purpose of the policies is to create clear guidelines for doulas in hospitals and birthing centers and to facilitate open communication between doulas and other healthcare providers.

Incorporating Doula Voice

Incorporating doula voice into the policymaking process can help guide state leaders as they seek to support the needs of the community-based doula workforce. The burdens and barriers that lead to burnout among doulas may be more effectively addressed when policies are informed directly by doulas. States have used multiple vehicles to collect meaningful feedback from doulas before and during implementation of Medicaid reimbursement policies.



California

Before implementing a doula Medicaid benefit in 2023, California held a [workgroup convening](#) of doulas. The workgroup collected doula feedback on community and individual levels and worked together with state agency officials to create an efficient Medicaid policy. The workgroup provided feedback advocating for higher reimbursement rates and bringing attention to necessary administrative support. The workgroup continued throughout the implementation of the doula Medicaid benefit and released a [report](#) with quantitative and qualitative measures of success in July 2025.



Massachusetts

Before implementing a doula Medicaid benefit, the Massachusetts Health Department incorporated doula voice into the policymaking process by holding public listening sessions, using public requests for information, and collaborating with a [Doula Partner Advisory Group](#) when determining a doula Medicaid benefit. Policymakers considered doula input in the implementation and details of the state doula Medicaid benefit including reimbursement rates and certification requirements.



Michigan

The Michigan Department of Health and Human Services operates the [Michigan Doula Advisory Council](#) which represents doulas from across the state. The Council advises on the Medicaid enrollment process, supports expanding the doula workforce, and advocates for equitable access to doula services on an on-going basis.

Continuous Focus on Recruitment and Retention

Due to burnout among community-based doulas and current pressures on the maternal health workforce, state leaders must be mindful of doula workforce shortages. States can invest in various programs to prevent workforce shortages and create a sustainable system that guarantees the demand for doula services is met. Beneficial programs focus on recruiting new doulas to the workforce through financial incentives and scholarships and retaining doulas through administrative support, continuing education opportunities, and doula-friendly environments. Doula input is critical for optimal workforce support policies, and creating listening sessions or workgroups with doulas can identify the best methods for recruitment and retention.

Investing in a sustainable doula workforce is one way for states to support a comprehensive maternal health workforce. Currently, states are grappling with the implications of Medicaid funding cuts at the federal level. The examples of policy options referenced above are non-Medicaid options for states to expand access to community-based doula care but will require additional state budget investment.

For more information on how states can support community-based doulas, visit our [State Policy Roadmap](#).

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