Ameliorating Birthing Outcomes by Administering Reimbursement for Doulas (ABOARD)

Recommendations to Ensure an Equitable and Effective Implementation of Medicaid Reimbursement for Doulas in Washington, D.C.

The Greater Good Initiative

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BACKGROUND

MATERNAL MORTALITY: CURRENT SITUATION

The maternal mortality rate in the United States is the highest in the developed world, and it continues to increase.[1] In 2020, the maternal mortality rate was 23.8 deaths per 100,000 live births.[2] Black mothers are dying at rates 3 to 4 times higher than their white counterparts. Native American birthing people are more than twice as likely to die from pregnancy-related causes, and Asian Americans and Pacific Islanders experience higher rates of mortality during hospitalization for delivery.[3] Over the past ten years, the maternal mortality rate has been on the rise, despite medical advancements and the fact that three in five pregnancy-related deaths are preventable.[4] The racial disparities are apparent at every step of the way, with Black mothers having significantly lower access to health centers and poor care, which ultimately drives mothers away from seeking help. Black mothers, even with a college education, are at a 60 percent greater risk for maternal death compared to a white woman with less than a high school education.[5] While maternal mortality was declining worldwide, the United States in 2017 was one of only two countries to report an increase.[6] It is evident that there is a dire need for reform to ensure that all birthing people receive necessary care—regardless of race.

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[1] "Black Maternal Health Momnibus." Black Maternal Health Caucus, February 15, 2022. https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus.
[2] "Maternal Mortality Rates in the United States, 2020." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, February 23, 2022. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm.
[3] "Black Maternal Health Momnibus." Black Maternal Health Caucus, February 15, 2022. https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus.
[4] Johnston, Jocelyn. "Maternal Health Outcomes in DC." American University, April 26, 2020. https://www.american.edu/spa/metro-policy/upload/maternal-mortality-in-dc-poster-spr-2020.pdf.
[5] "Maternal Mortality in the United States: A Primer." Commonwealth Fund, December 16, 2020. https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer.
[6] "Maternal Mortality in the United States: A Primer." Commonwealth Fund, December 16, 2020. https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer.

In Washington, D.C., the nation's capital, the maternal mortality rate is close to twice the national average. Wards 7 and 8 experience the highest rates of pregnant people delaying prenatal care, smoking during pregnancy, preterm birth, low birth weights, and infant mortality.[7] Additionally, the Maternal Mortality Review Committee found that despite accounting for about half of all births, Black birthing people in D.C. made up 90% of birth-related deaths.[8] In Washington DC, the maternal mortality rate was 35.6 per 100,000 births in comparison to a national rate of 29.6. The rate for Black women, however, was significantly higher with 71 deaths per 100,000 in comparison to the national average of 63.[9]

MATERNAL MORTALITY: REASONS FOR DISPARITIES

The current situation in D.C. is rooted in a failure to invest in birthing people's health and Black communities through healthcare, infrastructure, and socioeconomic conditions. Currently, 97% of D.C. residents have health insurance; however, preventative healthcare services are underutilized, with housing insecurity and access to public transportation playing a role.[10] Access to public transportation also plays a role in a birthing person's ability or inability to access job opportunities, leaving them in a situation where they are unable to improve their financial situation. Moreover, birthing people living in wards 7 and 8 have to travel to Maryland to access hospital settings with proper equipment, because United Medical Center's obstetrics unit closed

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[7] Johnston, Jocelyn. "Maternal Health Outcomes in DC." American University, April 26, 2020. https://www.american.edu/spa/metro-policy/upload/maternal-mortality-in-dc-poster-spr-2020.pdf

[8] "Maternal Mortality Review Committee 2019-2020 Annual Report." Maternal Mortality Review Committee, December 2021. https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Finalv2.pdf

[9] Robertson, Author: Marcella. "DC Councilmember's Fight to Reduce Maternal Mortality Is Personal." *WUSA-TV*, April 16, 2021. https://www.wusa9.com/article/news/health/black-maternal-health-week-councilmembers-fight-to-reduce-maternal-mortality-is-deeply-personal/65-4cb90fe5-25d7-472c-b4c1-1254ec45384d.

[10] Jocelyn Johnston et al., "Maternal Health Outcomes in DC: Why Are Black Women Dying from Pregnancy-Related Complications in Wards 7 & 8?," *American University*, April 26, 2020, https://www.american.edu/spa/metro-policy/upload/maternal-mortality-in-dc-poster-spr-2020.pdf.

in 2017 due to malpractice and low practice, highlighting the lack of medical access for birthing people in D.C.[11] Due to the lack of infrastructure, low-income birthing people may have to endure dangerous pregnancies, compared to birthing people who have the means to access transportation and take time off work to go to appointments.

The unequal medical treatment that Black women face has led to disproportionate maternal mortality. Long-standing discriminatory practices have created an overall distrust in the medical system among Black women. [12] The false belief that Black people as a whole have a higher pain tolerance than white counterparts is commonly held among medical professionals and trainees.[13] Consequently, Black patients disportionately suffer pain that remains untreated.[14] Toxic stress, resulting from medical mistreatment and other environmental factors (housing/economic insecurity, pollutants), has resulted in "weathering," causing irregular hormone releases that can complicate a pregnancy. [15] If the disparities in treatment entrenched in the medical system are not addressed, Black maternal mortality will continue to remain high.

POLICY HISTORY

Policymakers have taken steps toward addressing the disparities in maternal mortality rates in the U.S. The Biden administration has publicly announced its commitment to improving health outcomes for parents in the United States; however, limited progress has been made. The

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[11] Jocelyn Johnston et al., "Maternal Health Outcomes in DC: Why Are Black Women Dying from Pregnancy-Related Complications in Wards 7 & 8?," *American University*, April 26, 2020, https://www.american.edu/spa/metro-policy/upload/maternal-mortality-in-dc-poster-spr-2020.pdf.

[12] Ibid.

[13] Hoffman, Kelly M. et al., "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites," *Proceedings of the National Academy of Sciences* 113, no. 16 (April 2016): pp. 4296-4301, https://doi.org/10.1073/pnas.1516047113.

[14] Meghani, Salimah H., Eeeseung Byun, and Rollin M. Gallagher, "Time to Take Stock: A Meta-Analysis and Systematic Review of Analgesic Treatment Disparities for Pain in the United States," *Pain Medicine* 13, no. 2 (2012): pp. 150-174, https://doi.org/10.1111/j.1526-4637.2011.01310.x.

[15] Hoffman, Kelly M. et al., "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites," *Proceedings of the National Academy of Sciences* 113, no. 16 (April 2016): pp. 4296-4301, https://doi.org/10.1073/pnas.1516047113.

Administration has provided new funding–$9 million–for the Health Resources and Services Administration's State Maternal Health Innovation Program (MHI), which allows states to apply for grants to address disparities in maternal health and improve maternal health outcomes.[16] Award recipients operate through the establishment of a state-focused Maternal Health Task Force, driving collaboration from both traditional and non-traditional partners to promote innovation in maternal health service and improve access to maternal health care services.[17] Additionally, Vice President Kamala Harris convened the first-ever federal Maternal Health Day of Action, announcing a Call to Action to improve maternal and child health outcomes in the US.[18] This also included the announcement of the Administration's commitments to collaborating with both private sector and public sector investments to fund research and expansion in maternal health policies.[19]

The Black Maternal Health "Momnibus" Act is a legislative package, led by the Congressional Black Maternal Health Caucus, that includes a thorough summary of policy proposals to address the inequalities and racism at the root of maternal health outcomes in the United States. It was first introduced on March 9, 2020, just before the COVID pandemic. The Momnibus Act, which has since been co-sponsored by dozens of members in the House of Representatives and the Senate, began with nine bills aimed to improve health outcomes for

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[16] The White House. "Fact Sheet: Biden-Harris Administration Announces Additional Actions in Response to Vice President Harris's Call to Action on Maternal Health," April 13, 2022. https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/13/fact-sheet-biden-harris-administration-announces-additional-actions-in-response-to-vice-president-harriss-call-to-action-on-maternal-health/.

[17] U.S. Health Resources & Services Administration. "State Maternal Health Innovation Program." Text, 2019. https://www.hrsa.gov/grants/find-funding/hrsa-19-107.

[18] The White House. "Fact Sheet: Biden-Harris Administration Announces Additional Actions in Response to Vice President Harris's Call to Action on Maternal Health," April 13, 2022. https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/13/fact-sheet-biden-harris-administration-announces-additional-actions-in-response-to-vice-president-harriss-call-to-action-on-maternal-health/.

[19] The White House. "Initial External Contributions In Response to Vice President Kamala Harris's Call to Action to Reduce Maternal Mortality and Morbidity," December 7, 2021. https://www.whitehouse.gov/briefing-room/statements-releases/2021/12/07/initial-external-contributions-in-response-to-vice-president-kamala-harriss-call-to-action-to-reduce-maternal-mortality-and-morbidity/.

Black birthing people before reemerging in February 2021 with 12 bills supporting investment in issues such as the social determinants of maternal health, national data collection processes, digital tools such as telehealth, risks and effects of COVID-19, and vaccination status of mothers.[20]

The Protecting Moms Who Served Act became the first of the Black Maternal Health Momnibus Act bills signed into law on Nov. 30, 2021.[21] Of the remaining eleven Momnibus bills, nine bills were included in the text of the Build Back Better Act, the $1.7 trillion "social infrastructure" bill that passed the House on Nov. 19, 2021. The Build Back Better Act is currently stalled in the Senate amidst ongoing negotiations, but it remains the most likely legislative vehicle through which much of the Momnibus could pass this year. Should Congress fail to move the Build Back Better Act forward, it is possible that Congress could pass the Momnibus as a series of "stand-alone bills" or as part of another larger legislative package.[22]

The political environment surrounding maternal health is relatively open and supportive. Maternal healthcare largely carries bipartisan support, indicated by the passage of 4 bipartisan bills by the Senate Health, Education, Labor, and Pensions Committee in May 2021.[23] There has been a growing attention to the wide racial, ethic, and socio-econmic disparities in maternal

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[20] Mun, Helen, and Madeline Morcelle. "State Momnibus Bills Take Aim at the Black Maternal Mortality Epidemic." *National Health Law Program*, 13 Jan. 2022, https://healthlaw.org/state-momnibus-bills-take-aim-at-the-black-maternal-mortality-epidemic/.

[21] Blachowiak, Lauren. "New Black Maternal Health Momnibus Bill Tracker Provides Latest Details on Federal Legislative Activity, Visually Stunning Resources for Education and Advocacy." *Maternal Health Learning and Innovation Center*, 15 Feb. 2022, https://maternalhealthlearning.org/2022/momnibus-bill-tracker-provides-latest-details-visually-stunning-resources/?utm_source=rss&utm_medium=rss&utm_campaign=momnibus-bill-tracker-provides-latest-details-visually-stunning-resources.

[22] Harper, Amy. "Duckworth's Bipartisan Protecting Moms Who Served Act Passes House, Heads to President's Biden Desk." *U.S. Senator Tammy Duckworth of Illinois*, 16 Nov. 2021, https://www.duckworth.senate.gov/news/press-releases/duckworths-bipartisan-protecting-moms-who-served-act-passes-house-heads-to-presidents-biden-desk.

[23] U.S. Senator Richard Burr of North Carolina. "Senate HELP Committee Passes Six Bipartisan Bills to Improve Maternal, Mental Health," May 2021. https://www.burr.senate.gov/2021/5/senate-help-committee-passes-six-bipartisan-bills-to-improve-maternal-mental-health.

health issues, and an increasing emphasis has been placed on improving care in the postpartum period, such as programs to expand care beyond the traditional singular postpartum visit.[24] There are few political roadblocks other than budgetary restrictions and the lack of concrete policy proposals. With maternal health care being such a broad and complex issue, the limited funding allocated in this area must be directed towards narrowed and specified policies to facilitate tangible progress.

DC POLICY

Doula care is among the most promising approaches to combating disparities in maternal health. "Doula" means an individual certified by the Board of Medicine to provide culturally competent and continuous physical, emotional, and informational support to a birthing parent during pregnancy, labor, birth, and postpartum.[25] Furthermore, doulas can also help reduce the impacts of racism and racial bias in health care on pregnant people of color by providing individually tailored, culturally appropriate, and patient-centered care and advocacy. At least 17 states are in various stages of consideration, planning, or implementation of Medicaid doula reimbursements. In Washington, D.C., doula reimbursement through Medicaid was passed in the 2022 budget. However, D.C. legislators have to submit a plan of action by September 2022.

By October 1, 2022, health insurance coverage through Medicaid or the DC HealthCare Alliance and the Immigrant Children's Program shall cover and reimburse eligible services provided by doulas. By September 30, 2022, the Department of Health Care Finance will submit for approval to the Centers for Medicare and Medicaid Services an amendment to the Medicaid

[24] Kaiser Family Foundation. "Analysis of Federal Bills to Strengthen Maternal Health Care," December 2020. https://www.kff.org/womens-health-policy/fact-sheet/analysis-of-federal-bills-to-strengthen-maternal-health-care/.
[25] Meadow, Sandra L. "Defining the Doula's Role: Fostering Relational Autonomy." *Health Expectations* 18, no. 6 (2014): 3057–68. https://doi.org/10.1111/hex.12290.

state plan to authorize reimbursement of doulas. While preparing the Medicaid state plan amendment application, the Department of Health Care Finance will, in consultation with organizations providing doula services and other relevant entities, establish processes for billing and reimbursement of doula services. On the basis of lessons learned from states that have already expanded Medicaid coverage for doula services and our ongoing evaluation—researching extensively and speaking with community stakeholders and policymakers—we offer the following analysis and recommendations for how this plan should be implemented to ensure policies offer fair reimbursement and support for communities of color.

ANALYSIS

EFFICACY OF DOULAS

Although doulas have not been widely used in the United States (only 6% of the population report use of doula care), their role of providing physical and emotional support as well as being facilitators between the mother and the health professionals is critical. According to a study conducted by Bohren et al, pregnant people who received continuous support were 15% more likely to have spontaneous vaginal births and less likely to feel the need to use pain medication or have negative feelings about childbirth. The study also showed people who accessed doula services had a 39% decrease in risk of Cesarean Section, a 10% decrease in use of pain relief medication, shorter labors by 41 minutes on average, and a 31% decrease in risk of being dissatisfied. [26] The results of the study showed that the support of a doula during labor statistically proved better for the health outcomes of the mother and child.

The use of doulas also helps address the socioeconomic disparities in maternal health outcomes. Studies have shown that access to doula services may help to disrupt the "pervasive influence of social determinants as predisposing factors for health during pregnancy and childbirth."[27] Other studies have demonstrated that reimbursement for doula services by private insurance, Medicaid, and Medicaid managed care organizations would result in increased access to community-based doula programs, which in turn would help reduce entrenched health disparities.[28]

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[26] "Evidence on: Doulas." Evidence Based Birth, April 8, 2022. https://evidencebasedbirth.com/the-evidence-for-doulas/.

[27] Kozhimannil, K. B., C. A. Vogelsang, R. R. Hardeman, and S. Prasad. "Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth." The Journal of the American Board of Family Medicine 29, no. 3 (May 1, 2016): 308–17. https://doi.org/10.3122/jabfm.2016.03.150300.

[28] Strauss, Nan, Katie Giessler, and Elan McAllister. "How Doula Care Can Advance the Goals of the Affordable Care Act: A Snapshot From New York City." The Journal of Perinatal Education 24, no. 1 (2015): 8–15. https://doi.org/10.1891/1058-1243.24.1.8.

Studies in three states (Minnesota, Oregon and Wisconsin) have concluded that Medicaid reimbursement of doula care can avert costs, making these services more accessible. Cesarean births currently account for one of every three births, despite widespread recognition that this rate is too high. Cesareans also cost approximately 50 percent more than vaginal births – adding $4,459 (Medicaid payments) or $9,537 (commercial payments) to the total cost per birth in the United States in 2010.[29] Because doula support increases the likelihood of vaginal birth, it lowers the cost of maternity care while improving women's and infants' health. Other factors that would contribute to cost savings include reduced use of epidural pain relief and instrument assisted births, increased breastfeeding and a reduction in repeat Cesarean births, associated complications and chronic conditions. Because the benefits are particularly significant for those most at risk of poor outcomes, doula support has the potential to reduce health disparities and improve health equity.[30] Doula programs in underserved communities have had positive outcomes and are expanding, but the persistent problem of unstable funding limits their reach and impact.

MEDICAID

With the cost of care in the United States, many birthing people rely on Medicaid for vital services, such as ultrasounds and non-emergency medical transportation. Medicaid is a state-run health insurance program jointly financed by the federal and state governments. This program is available for low-income people and their children (some states offer children from low-income families health care through The Children's Health Insurance Program instead of Medicaid).

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[29] "Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health." National Partnership for Women & Families. January 2016. https://www.nationalpartnership.org/our-work/resources/health-care/maternity/overdue-medicaid-and-private-insurance-coverage-of-doula-care-to-strengthen-maternal-and-infant-health-issue-brief.pdf.

[30] Nguyen, Ashley. "Oregon covers doula work, but progress is moving at a 'glacial pace.'" *The Washington Post*. March 1, 20201. https://www.washingtonpost.com/graphics/2021/the-lily/doulas-in-oregon-costs-payment/.

Without access to Medicaid, many low-income birthing people would not have transportation to critical health services or be able to afford the care, highlighting Medicaid's role in maternal health and advancing maternal equity.

43% of Medicaid beneficiaries rated their health as excellent, compared to 71% on private insurance. 38% of Medicaid patients fell under the medical definition of obese, compared to 29% on private insurance.[31] Previously existing health conditions, such as diabetes, anemia, and respiratory diseases, have been shown to increase chances of complications during pregnancy and increase the maternal mortality rate.[32] Data shows that a large percentage of Medicaid patients also suffer from preexisting conditions that could complicate a pregnancy. 28% of Medicaid patients had hypertension, compared to 22% enrolled in a private insurance plan.[33] Hypertension (high blood pressure) is a leading cause of maternal mortality.[34] Black women have higher rates of hypertension than any other racial/ethnic demographic, develop hypertension at younger ages, and are more likely to suffer complications from heightened blood pressure.[35] Additionally, Medicaid beneficiaries made up 42.3% of all births in 2018.[36]

DOULA REIMBURSEMENT IN OTHER STATES

Currently, six states—Florida, Maryland, Minnesota, New Jersey, Oregon, and most recently, Virginia—are actively reimbursing doula services on Medicaid plans. California,

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[31] "Medicaid Facts and Figures." *Centers for Medicare and Medicaid Services*. January 30, 2020, https://www.cms.gov/newsroom/fact-sheets/medicaid-facts-and-figures.
[32] "What are examples and causes of maternal morbidity and mortality?" *National Institute of Child Health and Human Development*. May 14, 2020, https://www.nichd.nih.gov/health/topics/maternal-morbidity-mortality/conditioninfo/causes.
[33] "Medicaid Facts and Figures." *Centers for Medicare and Medicaid Services*. January 30, 2020, https://www.cms.gov/newsroom/fact-sheets/medicaid-facts-and-figures.
[34] Lo, Jamie O et al. "Hypertensive disease of pregnancy and maternal mortality." *Current opinion in obstetrics & gynecology* vol. 25,2 (2013): 124-32. doi:10.1097/GCO.0b013e32835e0ef5.
[35] Beckerman, James. "High Blood Pressure in African Americans." *WebMD*, September 1, 2021. https://www.webmd.com/hypertension-high-blood-pressure/guide/hypertension-in-african-americans.
[36] "Medicaid Facts and Figures." *Centers for Medicare and Medicaid Services*. January 30, 2020, https://www.cms.gov/newsroom/fact-sheets/medicaid-facts-and-figures.

Illinois, Nevada, Rhode Island, and Washington, D.C. plan to get approval from the Centers for Medicare & Medicaid Services (CMS) to implement doula coverage in Medicaid in 2022 or 2023. Arizona, Connecticut, Georgia, Louisiana, and Washington are considering a doula reimbursement program through Medicaid.[37]

In 2018, Florida started including doula services in its optional extended benefits for Medicaid Managed Care.[38] In May 2020, Florida's Agency for Healthcare Administration released billing codes for doula services and later a fee schedule.[39] [40] In May 2021, the Maryland Health Services Cost Review Commission authorized $8 million in funding for Medicaid maternal and child health initiatives, which includes four years of reimbursement of doula care.[41] As of July 1, 2019, Minnesota covers up to six prenatal and postpartum appointments, reimbursed at $47 per session and $488 for labor and delivery services (attending and providing doula services at birth).[42] [43]

In New Jersey, the governor's budget billing code requires Medicaid and NJ Family Care to cover doula care.[44] Effective January 1, 2021, this type of coverage allows doulas to enroll as healthcare providers and receive Medicaid/NJ Family Care reimbursement for such services. The state holds many requirements for healthcare providers such as community doula training,

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[37] Guarnizo, Tomás. "Doula Services in Medicaid: State Progress in 2022." *Georgetown University Health Policy Institute Center for Children and Families*. June 2, 2022, https://ccf.georgetown.edu/2022/06/02/doula-services-in-medicaid-state-progress-in-2022/.
[38] "Statewide Medicaid Managed Care Update." July 10, 2018. https://ahca.myflorida.com/medicaid/mcac/docs/2018-07-10_Meeting/SMMC_Update_7-2018.pdf.
[39] Hart, Sarah. "Doula Medicaid Project." National Health Law Program. https://healthlaw.org/doulamedicaidproject/.
[40] "Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes." Agency for Healthcare Administration. https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml.
[41] "Maryland to cover doula Medicaid reimbursement." *Public Justice Center*, June 17, 2021, https://www.publicjustice.org/en/news/maryland-to-cover-doula-medicaid-reimbursement/.
[42] "Minnesota Session Laws - 2019, 1st Special Season." *Office of the Revisor of Statutes*. https://www.revisor.mn.gov/laws/2019/1/9/.
[43] Robles-Fradet, Alexis. "Medicaid Coverage for Doula Care: State Implementation Efforts." *National Health Law Program*. December 8, 2021, https://healthlaw.org/medicaid-coverage-for-doula-care-state-implementation-efforts/.
[44] Akorobov. "Department of Human Services: Doula Care." *Department of Human Services | Doula Care*, https://www.state.nj.us/humanservices/dmahs/info/doula.html.

approved background checks, and liability insurance. The reimbursement itself is paid at a rate of 15 minutes and is dependent on the timing of the service (for example, prenatal or postpartum). In Oregon, HB 3650 bill mandated the reimbursement of doula care by Oregon State Medicaid systems. Pregnant women on the Oregon Health Plan can now receive doula care that has been covered through the Coordinated Care Organization (CCO). As of 2021, CCOs are mandated to facilitate the development of doula services throughout the state. The state's base care package includes two prenatal and two postpartum visits, in addition to labor and birth assistance.[45] Currently, the reimbursement amount paid by the state for fee service clients is $350 for this package. Priorities for this package include women with ethnically diverse backgrounds, homeless women, women with limited English proficiency, women under the age of 21, and women who are medically high risk.

In January 2022, Virginia expanded coverage for doula services for Medicaid beneficiaries, which incentivizes community of care. It includes a reimbursement rate of $859 for up to eight prenatal and postpartum visits and attendance at birth, as well as a $100 payment incentive for postpartum follow-up visits.[46]

SUMMARY

Doulas play an essential role in advancing maternal health and hold significant responsibility to end the racial inequities in maternal health outcomes. In many ways, politicians and policy makers are only now joining the decades-long work of people of color and organizations led by and representing populations who have been systematically marginalized.

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[45] "OHP Doula Services." *Oregon Doula Association*, http://www.oregondoulas.org/ohp.
[46] Asare, Abena. "Virginia Invests in Doulas to Improve Maternal Health Outcomes." *National Academy for State Health Policy*. February 28, 2022, https://www.nashp.org/virginia-invests-in-doulas-to-improve-maternal-health-outcomes/.

There is progress to be made, and part of that work is advancing systemic, political, and individual changes that move racial equity forward.

Evidence indicates that reimbursement for doula services under Medicaid can improve health outcomes for mothers and infants, reduce racial disparities, and advance maternal health equity in the perinatal period. Communities of color battle generational mistrust ingrained in the medical system. Doulas will not only support pregnant people and navigate safe birthing practices, but also recognize the institutional biases that exist in the health care system and try to mediate their effect on birthing persons.[47] Given the role that doulas play in mitigating the impacts of social determinants of maternal health in the U.S., it is crucial to develop policies that ensure fair reimbursement and support. These efforts would increase meaningful access to preventive services, culturally competent care, and affordability— specifically for communities of color. Ultimately, to narrow racial disparities in Washington DC and uplift birthing people, it is essential that the DC Council takes appropriate and effective steps to combat this epidemic of Black maternal mortality.

[47] Wint, Kristina, Thistle I. Elias, Gabriella Mendez, Dara D. Mendez, and Tiffany L. Gary-Webb. "Experiences of Community Doulas Working with Low-Income, African American Mothers." *Health Equity* 3, no. 1 (2019): 109–16. https://doi.org/10.1089/heq.2018.0045.

POLICY RECOMMENDATIONS

OVERVIEW

To ensure an effective implementation of reimbursing doulas through Medicaid, three recommendations are offered that the Department of Health Care Finance (DHCF) should consider in its development of a State Plan Amendment (SPA):

1. First, doula access should be covered under Medicaid as a preventive service. While the alternative, classifying doula services as an extended pregnancy benefit, would force doulas to bill Medicaid through a supervising physician, classifying doula services as a preventive service enables doulas to bill Medicaid directly to receive reimbursement for their services.
2. Second, the DHCF's SPA should outline some provision of resources, support, and training to help doulas navigate the administrative complexities of Medicaid billing.
3. Third, it is recommended that the SPA mandate proof of cultural competency training as a requirement for doulas who wish to receive reimbursement through Medicaid. A focus on cultural competency training acknowledges the systemic inequalities in the healthcare system and biases that predispose communities of color to unfavorable health outcomes.

RECOMMENDATION #1

Our first recommendation is for the DHCF's SPA to classify doula services as a preventive service reimbursable through Medicaid. Classifying doula services as a preventive service enables doulas to seek reimbursement directly from Medicaid instead of relying on a supervising physician to bill Medicaid on their behalf. The requirement of billing through a supervisory physician, applicable when a reimbursable service is classified as an extended

pregnancy benefit, poses a barrier to doulas obtaining reimbursement when they struggle to form a supervisory relationship with a physician.

RECOMMENDATION #2

In addition to classifying doula services as a preventive service, the DHCF should outline in its SPA the provision of resources, support, and training to help doulas navigate the administrative complexities of Medicaid billing. Enabling doulas to reimburse Medicaid independently removes the barrier of developing a supervisory relationship with a physician, but doulas in some states have reported difficulty navigating the administrative complexities of Medicaid billing on their own. For example, in the two years after covering doula services through Medicaid, Oregon – the first state to do so – almost no doulas had received reimbursement for their services, citing the complexities of the Medicaid system.[48] In response, doulas in the state formed "doula hubs," allowing them to consolidate their knowledge and support those who had less experience navigating the bureaucratic procedures of Medicaid billing. Just as the Oregon Health Authority has assisted doulas in creating doula hubs, the DHCF should outline ways to assist the creation of hubs for doulas in D.C. or offer doulas other training programs or resources to help them bill Medicaid on their own.[49]

RECOMMENDATION #3

In the State Plan Amendment, the D.C. government will define the qualifications that make a doula eligible to receive reimbursement through Medicaid. Our third recommendation is

[48] Nguyen, Ashley. "Oregon covers doula work, but progress is moving at a 'glacial pace.'" *The Washington Post*. March 1, 20201. https://www.washingtonpost.com/graphics/2021/the-lily/doulas-in-oregon-costs-payment/.
[49] Platt, Taylor and Neva Kaye. "Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid." *National Academy for State Health Policy*. http://www.nashp.org/wp-content/uploads/2020/07/Doula-Brief-7.6.2020.pdf.

to include proof of cultural competence training in those qualifications. Cultural competence is defined as "the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients." [50] It includes recognition of personal biases, respect and tolerance of cultural differences, awareness of how sociocultural factors affect patients, providers, and relationships between the two, and commitment to combat racism, classism, transphobia, and other biases and discrimination in healthcare settings.[51] Integrating cultural competence into healthcare leads to improved patient experiences and outcomes through encouraging communication and building trust between patients and providers and reduced health disparities among racial and ethnic minorities, people with disabilities, and LGBTQ+ people.[52] [53] Increased cultural competence can also help overcome linguistic divides for people with limited English proficiency and other language barriers.[54] Additionally, providing culturally appropriate maternity care contributes to uptake of skilled maternity care for birth and in postpartum.[55]

To support improved patient outcomes and experiences and reduce maternal and infant health disparities, doulas who are reimbursed through Medicaid programs in D.C. should undergo appropriate cultural competence training. The Oregon Health Authority has put in place requirements for doulas who wish to qualify for reimbursement of their services in the state,

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[50] "Cultural Competence in Health Care: Is it important for people with chronic conditions?" *Georgetown University Health Policy Institute*. https://hpi.georgetown.edu/cultural/.
[51] "Cultural Competence in Health Care: Is it important for people with chronic conditions?" *Georgetown University Health Policy Institute*. https://hpi.georgetown.edu/cultural/
[52] "How to Improve Cultural Competence in Healthcare." *Tulane University School of Public Health and Tropical Medicine*. March 1, 2021, https://publichealth.tulane.edu/blog/cultural-competence-in-health-care/.
[53] "Improving Cultural Competence to Reduce Health Disparities for Priority Populations." *Effective Health Care Program*. July 8, 2014, https://effectivehealthcare.ahrq.gov/products/cultural-competence/research-protocol.
[54] Brach, C. & Fraser, I. "Reducing Disparities through Culturally Competent Health Care: An Analysis of the Business Case." Quality Management in Health Care. 2002;10(4):15-28, doi: 10.1097/00019514-200210040-00005.
[55] Coast, E., et al. "Effectiveness of interventions to provide culturally appropriate maternity care in increasing uptake of skilled maternity care: a systematic review." Health Policy and Planning. 2016;31(10):1479-1491. https://doi.org/10.1093/heapol/czw065.

which include completion of six contact hours in cultural competency training.[56] D.C. should also put in place a requirement for cultural competency training to ensure a high quality of care from doulas.

[56] "Birth Doulas." *Oregon Health Authority*. https://www.oregon.gov/oha/OEI/Pages/THW_birthdoulas.aspx.

ABOARD: EXECUTIVE SUMMARY

Maternal mortality plagues the United States at a rate higher than eleven other high-income countries, evidence from 2018 shows.[57] Black mothers "are dying at 3 to 4 times the rate of their white counterparts," exposing the racial inequalities in the healthcare system that drive health disparities in the United States.[58] In Washington, D.C., the crisis of maternal mortality rises to frightening levels. The maternal mortality rate for birthing individuals in Washington, D.C. was almost two times the national rate in 2020,[59] and black birthing individuals accounted for 90% of pregnancy-related deaths in D.C. between 2014 and 2018.[60] The D.C. government has taken action to address the crisis, recognizing the effectiveness of doula services in increasing healthy birth outcomes, lowering preterm births, improving evaluations of infants' health, and generating "a more positive, self-reported birth experience."[61] Following the example of six other states, the D.C. government codified in its most recent budget that the Department of Health Care Finance (DHCF) will submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services by September 30, 2022 establishing that Medicaid health insurance coverage "shall cover and reimburse eligible services provided by doulas."[62] The Greater Good Initiative's Public Health Policy team offers three recommendations

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[57] Declerecq, Eugene and Laurie Zephyrin. "Maternal Mortality in the United States: A Primer." *The Commonwealth Fund*, December 16, 2020. https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer.

[58] "Black Maternal Health Momnibus." Black Maternal Health Caucus, February 15, 2022. https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus.

[59] Erickson, Nancy, Matthew Hufford and Isabel Taylor. "Maternal Health Outcomes in DC: Why are Black Women Dying from Pregnancy-Related Complications in Wards 7 & 8? *American University*, April 26, 2020. https://www.american.edu/spa/metro-policy/upload/maternal-mortality-in-dc-poster-spr-2020.pdf.

[60] "Maternal Mortality Review Committee: 2019-2020 Annual Report." *Office of the Chief Medical Examiner*, December 2021. https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Finalv2.pdf.

[61] Platt, Taylor and Neva Kaye. "Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid." *National Academy for State Health Policy*. http://www.nashp.org/wp-content/uploads/2020/07/Doula-Brief-7.6.2020.pdf.

[62] "Reimbursement for doula services." *Council of the District of Columbia.* https://code.dccouncil.us/us/dc/council/code/sections/3-1206.72.html.

to ensure an effective and equitable implementation of reimbursing doula services through Medicaid.

First, GGI recommends that the SPA submitted by the DHCF should cover doula services as a preventive service. The alternative, categorizing doula services as an extended pregnancy service benefit, would force doulas to rely on a supervising physician to bill Medicaid for them to receive reimbursement for their services. By categorizing doula services as a preventive service, doulas can bill Medicaid directly for reimbursement, thus removing the step of establishing a supervisory relationship with a practitioner that poses a barrier to some doulas easily receiving reimbursement. Second, GGI recommends that the D.C. government provide adequate training and resources for doulas to bill Medicaid, either independently or through alternative structures that ease doulas' process of procuring reimbursement. As an example of an alternative structure, other states have created doula hubs that help doulas navigate the administrative complexities of the Medicaid system through the support of other doulas in the same "hub." Third, GGI recommends that the DHCF, as part of its definition for what constitutes a "doula" eligible to receive reimbursement through Medicaid, establishes proof of having completed cultural competency training as a requirement. The emphasis on cultural competency training recognizes the disproportionately large impact of the maternal mortality crisis on black birthing individuals and the need to address biases and systemic inequalities that disadvantage communities of color in the healthcare system and contribute to disparate health outcomes.

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