



**New York State Senate Standing Committee on Health and  
Senate Standing Committee on Mental Health**  
*Public Hearing to receive testimony on how to identify and examine best practices  
for integrating doulas into New York's maternal healthcare system*

Testimony of Commissioner Chanel L. Porchia-Albert  
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Greetings Committee Members, Senators, and doulas and advocates. Give thanks to the Senate Standing Committee on Health and the Senate Standing Committee on Mental Health for hosting this important hearing today. My name is Chanel L. Porchia-Albert and the founder and CEO of Ancient Song Doula Services, mother of six children, Commissioner, and birth and reproductive justice advocate and consultant on reproductive health care policy.

Ancient Song is a national birth justice organization working to eliminate maternal and infant mortality and morbidity among low-income Black and Latinx people. We do this by ensuring that all pregnant, postpartum, and parenting people of color have access to high-quality, holistic doula care and services regardless of their ability to pay. We provide doula training and services, offer community education, and advocate for policy change to support reproductive and birth justice.

Time and time again the voices of black women have been ignored within healthcare and continue to be dismissed as an afterthought, forced coercion into complying with medical procedures by threatening to call child protective services, the continued lack of access to equitable culturally relevant care, and compounded by the stress of racism and implicit bias continue to kill us on a daily basis and is showing up in the birth room and during the postpartum period. Examples of these injustices can be seen in the stories told by the family members of Amber Rose Isaac, Shasia Washington and Shamoney Gibson who all lost their lives to pregnancy related complications either within the hospital based system or upon release due the negligence within our broken maternal health infrastructure.

Over time, organizations, such as Ancient Song, have been providing community-based doula care to marginalized communities both on a local and national level to address these continued injustices. In addressing Maternal Mortality head on, first we must consider all of the factors that limit access to effective maternal health care and can result in such drastic disparities in outcomes such as lack of Midwifery care providers such as CPM's , maternity deserts, transactional based care, . We have to think about food and housing insecurities , and access to cultural humility within the healthcare system . Given that systematic oppression is a social determinant of the high Black infant and maternal mortality rate, shifting tasks and responsibilities down the hierarchy of the healthcare system is both necessary and ideal for marginalized communities.. Prioritizing the reimbursement of community-based and culturally-relevant doula services through Medicaid is key, as its beneficiaries are often those who are affected the most in looking at such disparities within maternal health.

I. Evidence Supporting Community-Based Doula Care

Doulas are non-clinical providers, trained to work with pregnant people to help them experience care that is individualized, safe, healthy, and equitable. Doula care is a proven method of improving birth outcomes, and community-based models are especially effective at supporting better health outcomes, more positive birth experiences, and cost-effective care in communities of color and other marginalized communities. However, despite the robust evidence base underlying/underscoring/highlighting/supporting the effectiveness of doula care, perinatal support from doulas is still inaccessible for those who need it most.

### **III. Recommendations to Increase Access to Doula Support in New York through Medicaid Coverage**

There are several policy pathways to making doula care more accessible in New York State. But above all, community engagement will be essential to ensure that any proposed policies to advance doula support are well-designed, successfully implemented, and effect durable change. We must elevate the responses that community-based doulas themselves are identifying as priorities and ensure that those most affected are leading our policymaking. New York State is in the enviable position of having a strong cadre of well-established, long-standing community-based doulas with essential experience in both programming and policy. It is critical that these community-based doula organizations are driving the solutions, as they have built critical trust, relationship, and understanding, as well as perspective on what is needed for our state's birthing people and families and how to implement it effectively.

The State can consider multiple policy avenues to improve access to doula support including: changes and training at the facility and provider level to ensure doula integration and friendliness; funding opportunities for community-based doula organizations, support for Black, Indigenous, and People of Color (BIPOC) led community-based doula trainings, as well as Medicaid and private insurance reimbursement for doula support.

#### **1. Follow the leadership of community-based doulas in the design and implementation of the Medicaid benefit**

The most fundamental misstep that we have seen hamper effective implementation of Medicaid coverage of doula care in other states, as well as in the New York State Medicaid pilot, is that without early, sustained, and responsive inclusion of community-based doulas as leaders in the design and implementation of a Medicaid benefit, uptake and ultimate success of a benefit will be limited. Community-based doulas best understand the scope and nature of doula work in the communities and state in which they work and can provide invaluable insight on what structures and processes would be most successful for New York's doulas.

To ensure co-leadership of community-based doulas, California's Department of Health Care Services assembled a doula stakeholder workgroup that provided ongoing feedback, input, and communication on each step of the development of the State Plan Amendment and Provider Manual, while consistently communicating with other doulas that were not represented on the workgroup.<sup>1</sup> Massachusetts state

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<sup>1</sup> Department of Health Care Services. *Doula Services as a Medi-Cal Benefit*. Available at: <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>.

legislators held a series of town hall meetings and discussion sessions to co-write Medicaid doula coverage legislation with doulas from across the state, which were critical to informing legislative language directly through the words and work of doulas.<sup>2</sup>

New York State should create paid, inclusive opportunities for community-based doulas and community-based doula organizations to co-design a Medicaid benefit for doula support, and to be involved throughout implementation to continually address barriers, delays, and improvements.

**2. Ensure that provider enrollment requirements for doulas seeking reimbursement through Medicaid do not create excessive barriers, align with core competencies of community-based doula care, and do not penalize doulas who elect not to seek Medicaid reimbursement**

New York State should develop requirements for doulas enrolling as Medicaid providers that create as few barriers as possible and align with the core competencies of community-based doula care, without regulating non-Medicaid reimbursed doula care.

In order to ensure maximum uptake and minimal barriers to entry needed to successfully integrate doulas into the hc system, a multi-stakeholder/doula board should be engaged to determine both appropriate core competencies, training and experience pathways and management of whatever list.

Creating a statewide Medicaid benefit, doulas should not have to obtain certification from the state, but instead prove through flexible pathways that they meet the standard of care and core competencies of community-based doula care. Qualifications required by Medicaid should reflect the core competencies of community-based doula care and the most relevant trainings. Ancient Song has trained over two thousand doulas nationwide from community based organizations, Healthy Start programs, state department of health programs, and more providing technical assistance, education, mentorship, and a pathway for sustainability.

California's Medi-Cal benefit is one example of a state creating multiple pathways to enrollment as a Medicaid provider that effectively reduce barriers to enrollment while ensuring safety, through its dual qualification pathways. The first is the training pathway, which requires a minimum of 16 hours of training in relevant doula support, and the second is the experience pathway, which recognizes doulas that have been actively attending births for at least five years and can provide recommendation letters from peer providers and previous clients.<sup>3</sup>

In order to ensure flexible enrollment and support through the enrollment process, there should be opportunities to enroll as a Medicaid provider as individuals or organizations and collectives. This allows for the incredible administrative burden of enrolling with Medicaid, as well as individual health plans, to be shared by an overarching organization or collective, instead of putting the burden on individual doulas. New Jersey currently provides the opportunity for doulas to enroll individually and/or through doula agencies as fee-for-services providers, which has already taken significant burden off of individual community-based doulas.<sup>4</sup>

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<sup>2</sup> March of Dimes. *Summary of Doula Town Halls and Doula Survey in Massachusetts*. May 2019. Available at: <https://www.marchofdimes.org/glue/css-images/MA%20Doula%20Town%20Hall%20Feedback%20May%202019.pdf>.

<sup>3</sup> Department of Health Care Services. *SPA 22-0002: Doula Services as a Medi-Cal Benefit*. January 2023. Available at: <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>.

<sup>4</sup> State of New Jersey Department of Human Services. *Medicaid/NJ FamilyCare Coverage of Doula Services*. Newsletter 31(4), January 2021. Available at: [https://www.state.nj.us/humanservices/dmahs/info/Newsletter\\_31-04\\_Doula.pdf](https://www.state.nj.us/humanservices/dmahs/info/Newsletter_31-04_Doula.pdf).

### **3. Build infrastructure to provide administrative, mentorship, and billing support for doulas navigating New York Medicaid, including by funding community-based doula organizations to act as administrative hubs**

New York State should plan for infrastructure to support doulas in navigating the Medicaid reimbursement process and consider and fund community-based doula organizations as hubs to provide necessary administrative, billing, and programmatic support for the most effective and supportive doula care possible.

Community-based doula organizations can provide critical infrastructure around billing, data collection, mentorship, reflective supervision, peer support, building robust referral networks, professional development, continuing education, and other administrative and programmatic support, to ensure that doulas are successful at providing much needed support to birthing families. Beyond being able to bill organizationally, funding for these organizations that are providing administrative, billing, and programmatic support for community-based doulas will be necessary for them to effectively support a doula workforce that is being reimbursed by Medicaid, so that they do not have to resort to diminishing the doulas' individual reimbursement rates for care. Community-based programs must have the capacity to support workforce development and be funded to subsidize doula training for a diverse group of doulas to work in a variety of communities to provide safe, dignified, and respectful care.

Oregon has created a hub model that has organizations providing assistance in training, enrollment, billing, referrals, supervision, and client-doula matching, critical support to ensuring that doulas are able to fully show up for their clients and their families.<sup>5</sup> In New Jersey, the Doula Learning Collaborative is a state-funded entity that supports workforce development, including training of community doulas, engaging with health plans, and processing Medicaid reimbursement claims.<sup>6</sup> In response to group billing opportunities in Rhode Island, doulas have created a member-owned and -operated cooperative to support enrollment and billing throughout the state.<sup>7</sup>

### **4. Determine an equitable reimbursement rate that is inclusive of the full suite of support that makes community-based doula care effective and addresses additional costs incurred by doulas during the course of care**

As determined through a consensus-building project led by the New York Coalition for Doula Access, an equitable reimbursement rate for Medicaid would be \$1,930 for the cost of care, including up to eight home visits during the prenatal and postpartum periods and continuous labor support.<sup>8</sup> New York State should apply this reimbursement rate for the Medicaid doula benefit in order to most appropriately and equitably pay for doula support.

The reimbursement rate for doula support offered by Medicaid should reflect a living and thriving wage for doulas, accounting for the full scope of and expenses related to effective community-based doula support. A fair and equitable reimbursement rate is critical to achieving the best health outcomes, fair workforce compensation, and sustainability, and should account for doulas' full scope of practice,

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<sup>5</sup> Catlin, D. *Guidelines for THW Doulas Serving OHP Members*. Available at: <https://www.oregon.gov/oha/OEI/THW%20Documents/Guidelines%20for%20THW%20Doulas%20Serving%20OHP%20Members.pdf>.

<sup>6</sup> HealthConnect One. *HealthConnect One Awarded NJ Department of Health Grant To Strengthen, Expand Community Doulas*. 2021. Available at: <https://healthconnectone.org/nj-doula-learning-collaborative-award/>.

<sup>7</sup> Rhode Island Birthworker Cooperative. 2023. Available at: <https://www.rbirthworkercoop.com/>.

<sup>8</sup> New York Coalition for Doula Access. *Advancing an Equitable Medicaid Reimbursement Rate for Doulas in New York*. 2022.

expenses, and associated health care cost savings. Oregon, Minnesota, and New Jersey implemented doula coverage through Medicaid but did not see uptake in the first years of implementation and have since revisited and increased their reimbursement rates, reflecting the need for an equitable rate that reflects a living wage.<sup>9</sup>

## **5. Explore pathways towards private insurance coverage of doula support, in addition to Medicaid coverage**

In Rhode Island, the doula reimbursement act requires both Medicaid and private insurance coverage for doula support, including individual and group health insurance, individual and group hospital or medical expense insurance policies, plans, and group policies.<sup>10</sup>

Ancient Song recommends these policies as just the beginning touch point for uplifting a community care framework that not only ensures the safety of the patient but the provider in advancing equitable healthcare infrastructure that truly values an intersectional approach to care.

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<sup>9</sup> Oregon Health Authority. *Public Notice*. 2022. Available at: <https://www.oregon.gov/oha/HSD/OHP/Announcements/Doula-Rates0622.pdf>; Governor Phil Murphy. *First Lady Murphy & Human Services Commissioner Adelman Announce Enhanced NJ FamilyCare Maternal Health Care Reimbursement*. January 2023. Available at: <https://nj.gov/governor/news/news/562023/approved/20230131a.shtml>.

<sup>10</sup> State of Rhode Island General Assembly. *An Act Relating to Human Services – Medical Assistance – Perinatal Doula Services*. 2021, H 5929.