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

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I. Introduction

Good afternoon to the distinguished Committee Members, Senators, as well as my fellow advocates providing testimony. I thank the Senate Standing Committee on Health and the Senate Standing Committee on Mental Health for hosting this important hearing. My name is Yuki Davis, and I am the Manager of Policy and Advocacy at Every Mother Counts. I am honored to be here with you all on behalf of Every Mother Counts, and I am grateful for the opportunity to address the need to increase access to community-based doula support as one of many important strategies towards advancing birth equity in New York State.

Every Mother Counts is a non-profit organization dedicated to achieving quality, respectful, and equitable maternity care for all. While our work is national, and even global, Every Mother Counts is based in New York, and we are deeply invested in advancing maternal health here. The organization educates the public about maternal health, invests in community-led programs, and engages thought leaders and partners, including community-based organizations, professional associations, and policymakers. Through this work, we seek to strengthen systems and increase the availability of practices and models of care demonstrated to result in excellent maternal health outcomes and birthing experiences for all members of the community.

In the United States and in New York, improving experience and outcomes for birthing people requires leading from a birth justice framework. This means centering Black, Indigenous, and other communities of color, as well as other communities that have been marginalized by intersecting systems of oppression, resulting in disproportionately high rates of complications, death, and mistreatment.

One strategy towards advancing birth justice is to increase access to community-based doula support as an evidence-based, high-value model of care. This has been an area of priority for myself and Every Mother Counts for a number of years, and through our advocacy, partnerships, research, and movement-building on this topic, we have gained significant policy expertise and experience on equitable access to doula support, both at the New York and national levels.

Before proceeding, I do want to make one point clear. While increased access to doula support is critical to ensuring that birthing people in New York can receive the evidence-based, person-centered, and respectful support that they deserve, we cannot and should not expect doulas to be the silver bullet to solving the state's or nation's maternal health crises. Doulas can and do help mitigate the lived impact of our flawed maternity care system, including the racism that birthing people of color experience, through the advocacy and support they provide. But in the end, these issues with our maternity care system are structural, and we must work system-wide to make the change that our birthing people, families, and providers need, while continuing to improve access to doula care and support doulas as individual providers and a workforce.

II. 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. Community-based doula models are especially effective at supporting better health outcomes, positive birth experiences, and cost-effective care in communities of color and other marginalized communities. However, despite the robust evidence base demonstrating the effectiveness of doula care, perinatal support from doulas is still inaccessible for those who need it most.

In their joint consensus statement, "Safe Prevention of the Primary Cesarean Delivery," the American College of Obstetricians & Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), the pre-eminent professional associations for obstetric care, report that **continuous labor support by a doula is "one of the most effective tools to improve labor and delivery outcomes."**[1] Consistent, high-quality research shows that continuous labor support by a doula can result in critical and significant health benefits, including:

- reducing cesareans by an average of 39 percent,
- lowering negative experiences of childbirth by 35 percent, and
- shortening the length of labor.[2]

Community-based doula support that begins during pregnancy and continues through childbirth and the postpartum period is also associated with lower rates of preterm and low birthweight births and postpartum depression, while increasing breastfeeding initiation and duration.[3]

Doula care is also cost-effective. Even when only considering the cost savings that are easiest to track and realized in the short term, a 2018 study found that Medicaid coverage of doula support in Oregon reduced spending by as much as $1,450 per birth.[4] Unnecessarily high cesarean birth rates, which cost on average 77% more than vaginal births, (NICU) stays for premature newborns are substantial drivers of cost in our maternity care system, both of which have been found to be reduced by community-based doula care.[5] These cost savings reflect only a small portion of the longer-term spending that health systems could avoidHealth systems could also expect additional savings from doula support through the

[1] American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine. *Obstetric care consensus no. 1: safe prevention of the primary cesarean delivery*. Obstetrics and Gynecology, 2014. 123(3): p. 693-711.
[2] Bohren, M. et al. *Continuous support for women during childbirth*. The Cochrane database of systematic reviews, 7, 2017.
[3] Health Connect One. *The Perinatal Revolution*. Chicago, IL: 2014; Kozhimannil, K.B., et al. *Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery*. Birth, 2016. 43(1): p. 20-27; Thomas, M.P., et al. *Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population*. 2017. 21(1): p. 59-64; Trotter, C., et al. *The Effect of Social Support during Labour on Postpartum Depression*. 1992. 22(3): p. 134-139.
[4] Greiner, K.S., et al. *A Two-Delivery Model Utilizing Doula Care: A Cost-Effectiveness Analysis*. Obstetrics & Gynecology, 2018. 131: p. 36S-37S
[5] Rae, M. et al. *Health costs associated with pregnancy, childbirth, and postpartum care*. Peterson-KFF Health System Tracker, 2022; Bohren, M. et al., 2017; Health Connect One, 2014; Thomas, M.P. et al., 2017.

prevention or reduction of non-beneficial procedures, avoidable complications, preventable chronic conditions, and rehospitalizations that require long-term treatment, care, and cost. These significant savings could contribute to covering the cost of doula care and health benefits that will continue well into the future.

Furthermore, in addition to health and cost benefits, doula care has also been found to significantly enhance the patient care experience. Improving the experience of care is not only critical to centering birthing people in their maternity care but is also considered a key quality measure. The nature of the support that doulas provide contributes to a positive birth experience and feelings of safety, strength, confidence, and security. One study among birthing people from underserved communities found that 91 percent of people who received community-based doula services felt that their childbirth experience had been improved.[6]

Doula care also has significant implications for birth equity. The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Agency (HRSA) have identified community-based perinatal support as a promising approach to meeting the needs of vulnerable and high-risk mothers and families.[7] In fact, research suggests that maternal health benefits derived from doula support are greatest among people from low-income and socially disadvantaged communities, as well as those facing language or cultural barriers.[8]

Nevertheless, New York's current payment models make doula support unaffordable for the communities who need it most. A report published by the New York City Department of Health and Mental Hygiene (NYC DOHMH) identified cost as one of the biggest barriers to accessing doula support.[9] According to the *Listening to Mothers III Survey*, underserved women were disproportionately likely to want doula care, yet financial and other barriers prevented them from accessing these non-clinical support services. The study also found that Black women were nearly twice as likely as white women to want doula care during their pregnancy.[10]

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

There are several policy pathways to make 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 identify 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. Successfully integrating doulas into New York's maternity care requires that these community-based doula organizations are driving the solutions, as they have built invaluable understandings and perspectives on what is needed for our state's birthing people and families, and how to implement these changes effectively.

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[6] Deitrick, L. and Draves, P. *Attitudes towards Doula Support during Pregnancy by Clients, Doulas, and Labor-and-Delivery Nurses: A Case Study from Tampa Florida."* Human Organization, Winter 2008.
[7] Health Connect One, 2014.
[8] Vonderheid S. C., Kishi R., Norr K. F., and Klima C. *Group prenatal care and doula care for pregnant women*. In Handler A., Kennelly J., & Peacock N. (Eds.), Reducing racial/ethnic disparities in reproductive and perinatal outcomes: The evidence from population-based interventions, 369–399, 2011.
[9] New York City Department of Health and Mental Hygiene. *The State of Doula Care in NYC*. 2019.
[10] Declercq, E.R. et al. *Listening to Mothers III: Pregnancy and Birth.* New York: Childbirth Connection, 2013.

The State can consider multiple policy avenues to improve access to doula support including:

- Changes and training at the facility and provider levels to ensure doula integration and doula-friendly policies in birthing facilities;
- Funding opportunities for community-based doula organizations;
- Support for Black, Indigenous, and People of Color (BIPOC)-led community-based doula trainings; and
- Medicaid and private insurance reimbursement for doula support.

While all of these pathways are critical to ensuring that there is equitable access to doula support in New York State, Every Mother Counts recommends prioritizing statewide coverage of community-based doula services through Medicaid as a critical first step. As many other states are moving forward with widespread, equitable, and effective Medicaid coverage programs for doula care, New York State must continue to innovate its approach if it seeks to be a national leader in maternal health and birth equity. Policymakers must take action to ensure that New York Medicaid coverage for doula care is sustainable, allows for doulas to earn a living wage, and will make positive change for our birthing families and perinatal support workforce.

At Every Mother Counts, we have built relationships with various stakeholder groups across the country, including doulas, health care providers, and Medicaid agencies, in order to understand, learn from, and inform the design and implementation of Medicaid doula coverage across the United States. We bring a national perspective to this issue, while also having been deeply involved in advocacy and policymaking efforts to advance equitable Medicaid doula coverage in New York State specifically. It is with this perspective that we provide the following recommendations for successful, equitable, and effective implementation of a doula benefit under Medicaid.

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

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.

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 Program, is that without early, sustained, and responsive inclusion of community-based doulas as leaders in the design and implementation of a Medicaid benefit, the uptake and ultimate success of that benefit will be difficult to achieve. Community-based doulas best understand the scope and nature of doula work in their communities and the state in which they work and can provide invaluable insight on what structures and processes would be most successful for New York's doulas.

Just as we hear from birthing people that no one is listening to their concerns, we hear the same concerns from Black, Indigenous, and other birth workers of color in the context of policymaking and systems reform. In order to make the changes that we are all working towards, we must have the right people at the table leading and designing policymaking. Creating a benefit for doula support through Medicaid is difficult work, as it requires flexibility and understanding of the non-clinical support that

doulas provide. As Medicaid navigates how to build a benefit that meets both technical and logistical requirements and the needs of community-based doulas and the families they serve, iterative and consistent communication is necessary. Furthermore, this input and leadership should be equitably compensated, as doulas and community-based doula organizations do not typically have funding for advocacy work and may otherwise be uncompensated for this labor.

There are examples of tangible doula leadership from other states. To ensure the meaningful 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.[11] Massachusetts state 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 ensuring the words and work of doulas directly informed legislative language.[12]

2. ***Ensure that provider enrollment requirements for doulas seeking reimbursement through Medicaid align with core competencies of community-based doula care, do not create excessive barriers, 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 or limiting non-Medicaid-reimbursed doula care.

Community-based doulas best meet the needs of their clients when they are from the communities they are serving. For community-based doulas intending to become Medicaid providers, the process should be as easy, barrier-free, and relevant to their scope of practice as possible. A multi-stakeholder board, made up of majority community-based doulas, should be engaged to determine appropriate core competencies, pathways to enrollment through training and experience, and the oversight and guidance of who applies for enrollment. Furthermore, any requirements or credentials for doulas to work with Medicaid should not affect the overall practice of doula support in the state. In creating a pathway to enroll as a Medicaid provider with the state, doulas who choose not to receive Medicaid or insurance reimbursement should not face additional barriers and obstacles.

In creating a statewide Medicaid benefit, New York should facilitate enrollment of the most well-equipped doula workforce by providing flexible pathways that demonstrate that doulas meet the standard of care and core competencies of community-based doula care, without additional barriers to entry. Qualifications required by Medicaid should reflect the core competencies of community-based doula care and the most relevant trainings. In many states, this has included training in labor support, community-based and cultural competency training, as well as requirements for HIPAA training and adult and infant CPR certification. The list of accepted trainings that meet core competencies should be as inclusive as possible and include community-based, BIPOC-led doula trainings. Unnecessary, cost-prohibitive processes should also be eliminated from the enrollment process, including requiring certification or additional fees to enroll as a Medicaid provider.

[11] Department of Health Care Services. *Doula Services as a Medi-Cal Benefit*. Available at: https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx.
[12] 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.

The dual qualification pathways included in California's Medi-Cal benefit are one example of how states can create multiple pathways to Medicaid provider enrollment that effectively reduce barriers while ensuring patient safety. The first of these pathways 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.[13]

To ensure flexibility and support throughout the enrollment process, there should be opportunities for doulas to enroll as an individual Medicaid provider or as part of an organization or collective. This would allow for the substantial administrative responsibilities associated with Medicaid enrollment, as well as individual health plans, to be shared by an overarching organization or collective, instead of placing the responsibility solely on individual community-based doulas. New Jersey currently provides the opportunity for doulas to enroll individually as well as through doula agencies as fee-for-service providers, which has already shifted significant administrative burden away from individual community-based doulas.[14]

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.

As noted, the processes of enrolling as a provider, billing accurately and ensuring timely reimbursement, and following Medicaid regulations around doula support can be so burdensome on individual community-based doulas that it diminishes utilization of the benefit. In building out a Medicaid benefit for New York State's doulas, it is critical to consider how doulas will navigate these processes and what support might be needed. These systems are difficult to navigate and can often take time and effort away from doulas doing what they do best – providing support to birthing families.

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 assistance, to ensure that doulas are successful at providing much needed care 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. This funding for community-based programs' workforce development and organizational responsibilities can allow for this additional, necessary support without having to charge doulas for billing and other administrative assistance.

[13] 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.

[14] 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.

Other states have implemented models of support for community-based organizations as "hubs" for administrative, billing, and workforce development support. Oregon has created a hub model that has organizations providing doulas with training, supervision, and assistance with enrollment, billing, referrals, and client-doula matching. These critical forms of administrative and professional support facilitate doulas being able to more fully show up for birthing people and their families.[15] In New Jersey, the Doula Learning Collaborative is a state-funded entity that supports workforce development, including training community doulas, engaging with health plans, and processing Medicaid reimbursement claims.[16] 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.[17]

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.[18] 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 care 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. Oregon, Minnesota, and New Jersey, states that implemented doula coverage through Medicaid but did not see uptake in the first years of implementation, have since revisited and increased their reimbursement rates, reflecting the need for an equitable rate that represents a living wage.[19]

Community-based doulas typically spend much more time with clients than health care providers in clinical or hospital settings. As such, determining their rates based on a percentage of that of an obstetrician-gynecologist or midwifery service, as has been done previously by New York Medicaid for the Doula Pilot Program, may not actually be relevant or accurate. In fact, according to research done by Ancient Song, Village Birth International, and Every Mother Counts, community-based doulas working with programs in New York may spend 6 to 11 times the amount of time with clients as clinical providers do over the course of prenatal appointments, labor and delivery support, and postpartum visits.[20] Doulas' time goes far beyond prenatal and postpartum appointments and continuous labor support, with additional time often spent on administrative duties, traveling for home visits, ongoing texting with clients, and being on-call for births. Furthermore, rates must consider and encompass additional

[15] 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.
[16] 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/.
[17] Rhode Island Birthworker Cooperative. 2023. Available at: https://www.ribirthworkercoop.com/.
[18] New York Coalition for Doula Access. *Advancing an Equitable Medicaid Reimbursement Rate for Doulas in New York*. 2022.
[19] 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.
[20] Bey, A. et al. *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities.* 2018.

expenses incurred by doulas beyond their care, like benefits, transportation costs, and continuing education.

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

To ensure full integration of doula support into the health care system, all health insurance plans should be required to cover doula support. In Rhode Island, the doula reimbursement act requires both Medicaid and private insurance coverage for doula support, including individual and group health plans, individual and group hospital or medical expense insurance policies, plans, and group policies.[21] Any infrastructure for private insurance coverage of doula care should not create additional or duplicative processes for doulas beyond processes and enrollment for Medicaid reimbursement.

Every Mother Counts recommends the above-mentioned policies and actions as first steps towards ensuring that doula support is accessible to every birthing person in New York State. Together, we can advance long-overdue progress to ensure that New York becomes a leader in maternal health and birth equity. To do that, we must build a maternity care system rooted in evidence and best practices as well as equity, transparency, and accountability, so that all of New York's birthing families can access the high quality, dignified maternity care they need and deserve.

Thank you for the opportunity to join you today. I'm happy to answer any questions, and Every Mother Counts welcomes any opportunity to collaborate to increase access to doula support and advance quality, respectful, and equitable maternity care in New York State.

[21] State of Rhode Island General Assembly. *An Act Relating to Human Services – Medical Assistance – Perinatal Doula Services*. 2021, H 5929.