Joint – Senate Standing Committee on Health
Chair: Senator Gustavo Rivera
and Senate Standing Committee on Mental Health
Chair: Senator Samra G. Brouk
Senate Hearing on Medicaid Reimbursement and
Integration of doula services in NY state
March 7th, 2023, 1pm
Van Buren Hearing Room A, 2nd floor, 812 Legislative Office Building, Albany, NY

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My name is Michelle Zambrano and I am the NY Program Director for Health Leads, overseeing the Maternal Health Initiative and co-lead for the NY Coalition for Doula Access (NYCDA). I am testifying in favor of including an equitable Medicaid reimbursement rate for doulas in the FY24 NY state budget.

New York state is in the middle of a maternal health crisis that disproportionately affects historically marginalized communities and underscores the racial health inequities across our country and our state. Black women and birthing people in NY are 5 times more likely than their white counterparts to die from pregnancy-related causes and 2.3 times more likely to experience a serious complication of their pregnancy. We don't have to accept this outcome. It is time to prioritize the health of Black women and birthing people, as well as the birth workers who care for them.

A New York State Department of Health analysis revealed that 78% of maternal deaths were preventable and discrimination was a contributing factor in 46% of all pregnancy-related deaths. Research has shown utilizing doulas reduces racial inequities in birth and maternal health outcomes, yet their support is not covered by Medicaid in New York and is often out-of-reach for many New York communities. To improve maternal and child health outcomes, doulas need to be compensated through a statewide Medicaid reimbursement program that meets a standard for living wage.

Evidence on the benefits of doula support has been clearly established through peer reviewed research so I am here today to talk about ensuring financial sustainability for the doula workforce. Implementing an equitable Medicaid reimbursement rate will exponentially increase access to doulas, help retain doulas in the profession, and improve health outcomes for families. It will also make New York a leader in addressing the maternal health crisis and a safer and more equitable place to give birth.

In August 2022, NYCDA launched a strategic collaboration of 195 stakeholders which included doula practitioners, patients, doula organizations, hospital administrators, payers, and health department officials. Using SchellingPoint analytics, the group aligned around advancing an equitable reimbursement rate for doulas throughout the state of New York.

Our top recommendations are:

- An equitable reimbursement rate of $1930 that covers up to 8 prenatal and postpartum visits ($85/visit), labor and delivery support ($1250). This rate covers additional uncompensated doula care and expenses (resource referrals, phone and text communication, transportation, administrative costs incurred by the doula, etc.)
- Provide funding for community based doula organizations to continue to train and support community based doulas to help meet the increased need for culturally congruent doula care
- Work with NYCDA to ensure doulas have input on the implementation of an equitable Medicaid reimbursement rate in NYS and can inform key policy details such as training requirements, reimbursement process, and educational campaigns related to doula care

Now, I'll explain the process of how we arrived at these recommendations. The proposed NYCDA rate was determined during three phases of a collaborative design process where every person and group were treated with equal importance. All decisions were made in the spirit of openness, and everyone was given access to the discussions and reasoning that occurred.

The first phase began with recruiting the Participant Community. This consisted of using the NYCDA network and other partners to invite anyone who wanted to participate from New York State and interested parties from across the country. Through our outreach and communication efforts nearly 200 people were actively engaged in this virtual dialogue on Medicaid reimbursement. A subset of key stakeholders were asked to express what they thought a successful reimbursement structure would look like, identify the barriers, the reasons for needing to act, and potential unintended consequences. Their verbatim comments were collected, condensed, and turned into single opinion statements. In the end, there were 158 separate opinion points that were then coded and classified. These classifications provided a logic and a sequence for processing the vast amount of data collected.

What followed was a period where everyone got to express their reactions to each of these statements in a number of steps so that everyone could have their say, or change their minds, or provide additional reasoning. This virtual dialogue automated a way for us to get in a big room and debate the topic. As you can imagine, with the amount of

people involved multiplied by the number of opinions shared, a huge amount of data had to be processed and converted into clearly defined goals and actions.

This is what the data showed:

- That we, as a group, had a collective desire – a passion to want to see an equitable reimbursement structure succeed.
- That we were aligned around the idea of a more equitable reimbursement structure but not aligned on the specific amounts proposed by the group.
- That most of our misalignment came from the stipulations around certification.

The aligned goals were then used to become our case for action – a manifesto of what, we as a group, want to achieve and why. A copy of this document is available for download.

The misaligned goals were then put through a process of turning into statements that everyone would be prepared to accept without altering the original intent. This process of collaborative design was done with the involvement of a multi-disciplinary Project Advisory Team. This was a group of respected individuals from a cross section of stakeholders who would be trusted to speak for the whole group. Their job was to steer the project and make recommendations for the benefit of everyone based on the facts drawn from the data and not their own personal point of view. The Advisory Team met over a series of sessions to resolve the misalignment. Similar work was done by the Advisory Team around the barriers and constraints where we turned the roadblocks into actions, which the NYCDA Medicaid Subcommittee is currently working on.

One of the main issues was the question of the reimbursement rate that all sides would agree to. By looking at the data from the virtual dialogue, we discovered a highly aligned statement that Medicaid reimbursement should match the average rate of NYC private doulas. This equates to $1550 for a birth. Then we needed to establish a rate for home visits and factor that into the total. Based on the work of advocacy groups and agreements in other states, we arrived at a figure of $85 for pre and post visits. The final agreed upon rate was $1250 for birth and $85 for pre and post visits up to a maximum of 8 visits which takes the total amount to $1930.

Further evidence was needed to justify the relative pay of doctors through the Medicaid system. The pay discrepancy was justified by the comparative average time spent by doulas over the course of working with their clients. Prenatal and postpartum home visits are an essential part of preventative care. We recommend at least 8 home visits to be conducted as part of effective doula care at a rate of $85 per visit. Visits last up to two hours, not including travel time and additional communication with clients conducted outside of visits, including resource referrals. Doulas, unlike healthcare providers, have a limited number of clients they can work with each month, ranging from 1-5 clients in a given month. This is a direct result of the time needed to provide personalized care that

is focused on relationship building and trust. They also do not have the administrative and billing infrastructure of traditional healthcare providers, and those costs must be factored into the reimbursement rate in order to make it sustainable for doulas to sign up as Medicaid providers. Doulas are small business owners who contribute to their communities and also have their own families to care for. Based on everyone's input from the collaborative design process, we feel the reimbursement rate we put forward reflects a good outcome without any one group having to significantly compromise their positions.

Another area of misalignment was around the issue of certification and training. Once we agreed to adjust the opinion comments to reflect training instead of certification, this eliminated most of the causes of misalignment because there was high acceptance for the need for training to satisfy levels of professionalism whereas formal certifications weren't necessary because doulas are a non-medical profession.

Issues to do with training requirements, Medicaid reimbursement training, Implicit bias training, compensation for doulas in training, cooperation with the medical and hospital establishment and general recognition of doulas have been put on a roadmap for further development.

Current reimbursement rates across the country, existing research on Medicaid reimbursement for doulas in other states, the rates of private and community based doulas in New York, and the cost of living were also considered when determining the rate.

Living Wage Calculator, hourly rate

Location	One adult	One adult, one child	One adult, two children
New York	$21.46	$41.59	$54.39
Oregon	$19.38	$38.13	$48.22
Rhode Island	$17.52	$35.61	$46.08

An equitable reimbursement rate ensures that the doula workforce is sustainable and can meet the increasing demand for doula support.

Total Reimbursement for full spectrum doula support = $1930

Proposed Reimbursement Breakdown:

Prenatal & Postpartum Support: $680
8 visits @ $85/visit = $680
Each visit to be billed separately, rate includes administrative costs, transportation, and benefits, visits up to 2 hours in duration

Continuous labor support: $1250
Rate includes administrative costs, transportation, and benefits, average labor support time of 18 hours

NYCDA has been fighting for a Medicaid compensation rate that could provide a decent standard of living and recognize the valuable role doulas play in improving maternal and infant health outcomes for over a decade. Despite persistent advocacy, progress has been slow and in 2018 when a pilot program was created for Erie and Kings counties, the reimbursement rates fell way short of doula's expectations.

The New York State Doula Pilot Program began in March 2019, in Erie County (Buffalo). As of September 2022, roughly 19% (830) of all Medicaid births in Erie County have received doula support. Despite the low reimbursement rates, this pilot demonstrates the demand for doula care and has shown us that access to doula support for patients with Medicaid can transform their birth experience from one that is potentially life threatening to one that is joyful and even "easy," as one patient described her experience after giving birth with the support of a doula.

Unfortunately the pilot program in Kings County (Brooklyn) was delayed for three years due to reimbursement rates that were lower than already existing community-based doula programs, making it unsustainable for local community based doulas to participate, with total reimbursement of just $600 for up to 8 visits and continuous labor support. Doulas spend an estimated average of 45 hours caring for a client throughout the perinatal period.[1] This high-touch model of care combined with the cost of living in NY state requires a rate that is higher than the current $1500 reimbursement rate proposed in other states and used in the City-Wide Doula Initiative (see chart for reimbursement comparison.)

[1] https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf. Pg. 19

Program	Reimbursement Rate	What's Included*
NY Medicaid Pilot (Erie County)	$600	Up to 8 home visits and continuous labor support
TRICARE (military benefit) Effective 1/1/22	$966	Up to 6 home visits and continuous labor support
Citywide Doula Initiative (NYC)	$1500	Up to 7 home visits and continuous labor support
Oregon Reimbursing since 2014, increase effective 6/8/22	$1500 (increased from $350)	Up to 4 home visits and continuous labor support
Rhode Island Effective 7/1/22	$1500	Up to 6 home visits and continuous labor support
New Jersey Effective 1/1/21	$900	Up to 8 home visits and continuous labor support
California Effective 1/1/23	$1154	Up to 8 home visits and continuous labor support
NYCDA Proposed Reimbursement Rate	**$1930**	**Up to 8 home visits and continuous labor support**

Our proposed reimbursement rate will significantly improve access to doulas and will help retain doulas in the profession. It will improve health outcomes and reduce health inequities. And it will reduce healthcare costs. The Institute for Medicaid Innovation has found that Medicaid reimbursement for doulas translates into an average cost reduction of $1,000 per birth, based on the decrease in cesarean births and NICU costs for preterm babies.

Long-term, we can also expect to boost educational and economic outcomes for families across New York State. Potential long-term healthcare cost reductions in New York are projected to be upwards of $1,450 per birth, which could offset the initial investment in doula care.[2]

Not only will a statewide Medicaid reimbursement program save money and improve health outcomes for families, this is also an opportunity for Governor Hochul and New York State legislators to truly address racial health inequities across the state and become national leaders in addressing the maternal health crisis.

[2] https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf, Pgs. 24-25

Simply put, an equitable Medicaid reimbursement program for doula care will help us save lives, improve care, reduce health-care costs, and make doula care more sustainable. The time to act is now! An equitable doula Medicaid reimbursement program must be included in the final 2024 state budget.

Additional Evidence

Recommendations cited in ADVANCING BIRTH JUSTICE: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities, Page 18-19, Pages 26-27

> Fair and reasonable reimbursement rates cannot be calculated using physician and midwife fees as a benchmark or comparator, because this approach overlooks fundamental differences between the workflow, costs incurred, and employee status of the two groups.
>
> - Community-based doulas spend considerably more time with a person than health care providers in clinic and hospital settings.
> - Doulas are independent contractors who do not receive employee benefits and incur out of pocket expenses.
> - Doula work includes considerable uncompensated time that should be reflected in rates.
> - **Doulas spend 6 to 11 times as much time with clients as do healthcare providers working in a hospital or clinic setting.**

The proposed reimbursement rate ensures that doulas in New York have the opportunity to earn a living wage. The rate of $1930 for labor support and 8 home visits reflects:

- The average amount of time spent with clients at home visits and births
- Care-associated costs incurred and time required, including
    - Transportation time and fees
    - uncompensated support and communication time
    - data collection and reporting
    - administrative responsibilities and billing assistance
    - developing the resources, information, and relationships needed to provide a comprehensive array of referrals
    - the doula's benefits, whether paid for directly by the doula or by or a community-based organization

About NYCDA

In partnership with the Maternity Hospital Quality Improvement Network (MHQIN) and Healthy Start Brooklyn, Health Leads is co-leading the New York Coalition for Doula Access (NYCDA). Founded in 2011, NYCDA is a diverse, member-driven, state-wide association of doulas and supportive allies focused on increasing access to doula care in underserved communities and improving the integration of doulas as valued members of the maternal healthcare team. In collaboration with different stakeholders, the group is effectively addressing health disparities to improve maternal health outcomes in New York. NYCDA seeks to ensure that doulas have a powerful voice in determining their own professional standards. Our vision is that every woman and birthing person in New York feels supported during their pregnancy and birth journey, and can have a joyful and trauma-free birth experience.

NYCDA Membership Breakdown:

- 160 members
- 128 identify as Black/African American, Hispanic/Latino/a/x, AAPI, and Native/Indigenous
- 32 counties represented across the state of New York
- 111 are practicing doulas of which 106 are community-based doulas
- 49 are allies including midwives, OBGYNs, legislators, healthcare administrators, insurance providers