October 2021

Medicaid-Reimbursed Doula Care

Improving maternal health outcomes and promoting health equity

UnitedHealthcare

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Despite increased spending on maternal health outcomes across the nation, we continue to see a decline in the health of mothers and babies.[1] Among high-income countries, the United States has one of the highest rates of maternal deaths in the world.[2] And the rate is even higher in Black, Indigenous and People of Color (BIPOC) communities.[3] In an effort to improve outcomes, promising alternatives have developed outside the typical health care setting that have produced encouraging results.

Doula care has the potential to make pregnancy safer, improve outcomes for BIPOC communities, and in doing so, address health equity issues connected to pregnancy. Since 2019, a number of states have introduced legislation to make doula care a Medicaid-covered benefit, and several pilot programs have successfully launched to support doula care coverage through Medicaid.

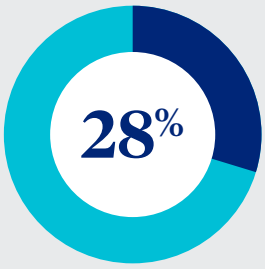
What is a doula?

Doula care draws on a long tradition of community-based support for pregnant individuals that is offered primarily by local caregivers. Doula-supported care is provided throughout pregnancy, delivery and postpartum. Doulas provide *nonclinical* emotional, physical and informational support to pregnant individuals and new parents. During labor and delivery, they provide comfort and coaching, and they serve as patient advocates when issues such as pain management or other interventions are raised.[4]

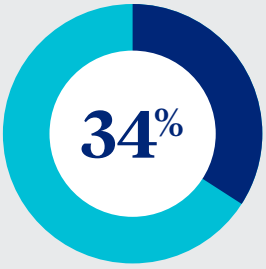
Doula care can reduce costs and improve outcomes

Incorporating doula care has been shown to reduce costs and improve maternal and infant health outcomes.[5] Studies have also demonstrated that support from non-clinical providers, such as doulas, is associated with lower cesarean rates, fewer obstetric interventions, fewer complications, lower use of pain medication, shorter labor, higher rates of breastfeeding and higher scores on the Apgar test.[6]

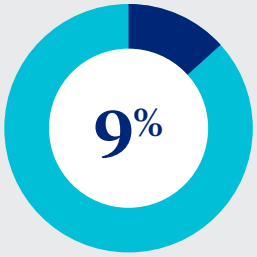
Benefits of doula care[7]



fewer cesareans



fewer negative birth experiences



drop in use of pain medication

Medicaid reimbursement for doula care could reduce health disparities

Medicaid reimbursement for doula care could help advance the Triple Aim of improving access and outcomes, and reducing spending. In addition, supporting doula care could increase the availability and accessibility of cost-effective support throughout pregnancy and delivery in BIPOC communities. Studies in three states (Minnesota, Oregon and Wisconsin) have already shown that Medicaid reimbursement for doula care has provided cost savings.[8]

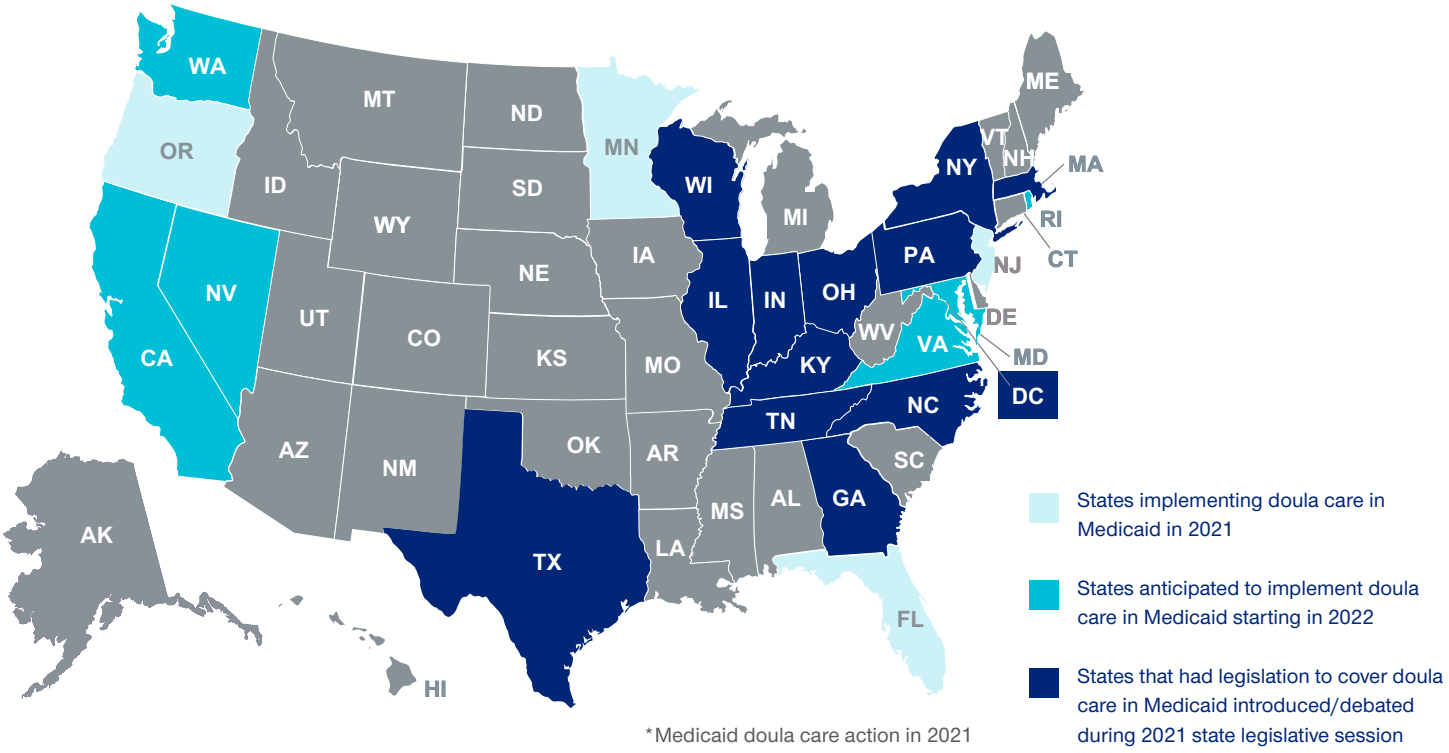
Given the specific evidence showing benefits for low-income and ethnically diverse communities, doulas could potentially play a powerful role in increasing health equity.[9]

Innovative states

The number of states on the path to authorizing coverage of doula care in Medicaid is rapidly expanding. Currently, Florida, Minnesota, New Jersey and Oregon cover doula care in their Medicaid programs to improve maternal health outcomes. A number of additional states have recently authorized coverage and are newly implementing a doula care benefit in Medicaid (e.g. New Jersey) or are developing regulations to support implementation in the coming months, including California, Maryland, Nevada, Rhode Island, Virginia and Washington state. More than a dozen other states considered legislation during their 2021 legislative sessions to use Medicaid funding to support doula care.

More money is spent on childbirth than any other type of hospital care.[10]

State action to cover doula care in Medicaid



*Medicaid doula care action in 2021

Minnesota

- Benefit became effective January 1, 2014
- Doula care is covered as an extended benefit
- Supervision of doula by physician, nurse practitioner or certified nurse midwife required
- Up to 7 sessions, including labor and delivery, are covered

New Jersey

- Benefit became effective January 1, 2021
- Doula care is covered as a preventive benefit
- Care can be accessed with a recommendation from a physician or other licensed provider
- Up to 8 sessions plus labor support are covered as standard benefit; Up to 12 sessions plus labor support are available for beneficiaries ages 19 or younger
- Value-based incentive payment available based on provision of specific postpartum services after delivery

Program Design Considerations in Covering Doula Care in Medicaid

The core program components that will support states in their effort to enable access to doula care in Medicaid to help improve maternal and infant health outcomes, promote health and advance equity, and help reduce overall spending on health care include:

Preventive Service: Classifying doula care as a preventive service aligns with how doulas are accessed by pregnant individuals now and should be the pathway used by states interested in covering doula services in Medicaid.

Benefit Coverage: States should support this flexible and individualized approach to care and allow doulas to provide a full range of non-clinical emotional, physical and informational services and supports, to include general education, self-advocacy, lactation support, attention to social needs and more.

Broad Populations: All pregnant individuals interested in accessing doula care should be allowed to receive this support and the benefit should not be limited to specific populations.

Training & Certification: Certification, training and enrollment requirements should be established that sufficiently prepare doulas but do not prohibit or discourage doula engagement in Medicaid.

Other Elements: A reimbursement structure and rates that adequately support the doula model of care should be established. Infrastructure capacity resources to support doula access and utilization should be expanded. A provider registry to support member access to doula care should be created.

Conclusion

Managed care organizations (MCOs) should anticipate that as more states authorize coverage for doula care in Medicaid, their experiences will encourage additional states to pursue coverage. MCOs' approaches to implementation and the data associated with those efforts, including impacts to maternal and infant health outcomes and care costs, will inform how future states stand up this new Medicaid benefit.

MCOs should be prepared to engage with their state partners in how the doula care benefit is designed. They must also have their internal operations in place to ensure successful implementation. By participating in state policy and program design discussions to add doula care services as a covered benefit in Medicaid, we are helping pregnant members access this person-centered and individualized care approach.

Currently, UnitedHealthcare supports doula services through pilot programs in several markets. We have also made community investments to build doula capacity to specifically improve health outcomes in BIPOC communities. While pilot programs and building capacity are important, advocating for doula services to be covered through Medicaid is a concrete way to expand this service. In doing so, the Medicaid program, and most importantly, pregnant individuals on Medicaid, will realize improved health outcomes and greater programmatic equity and doing so will ensure sustainable funding to enhance access and support reduced overall health care spending.

Sources:

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