

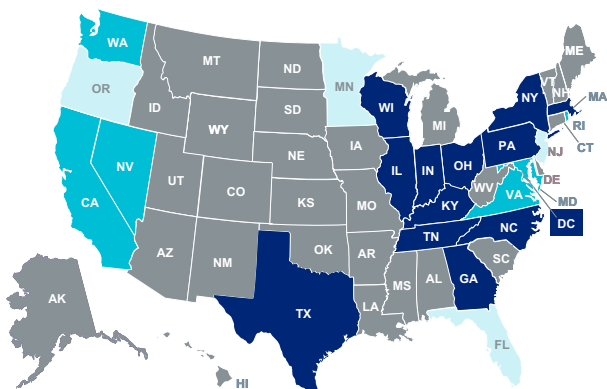
# Medicaid-Reimbursed Doula Care Executive Summary

Since 2019, doula care has been introduced into several states as a Medicaid-covered benefit, providing nonclinical emotional, physical and informational support to pregnant individuals and new parents.

Doula care has also been shown to play a powerful role when increasing health equity among lower-income and ethnically diverse communities. **After completing studies in three states (Minnesota, Oregon and Wisconsin), results showed that Medicaid reimbursement for doula care provided cost savings.** These findings further support the idea that doula care could increase the availability and accessibility of cost-effective support throughout pregnancy and delivery in BIPOC communities.

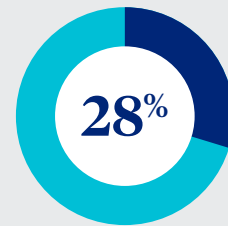
While currently only a handful of states cover doula care in their Medicaid programs, a number of states have recently authorized coverage or are developing regulations to support implementation in the coming months. These states are California, Maryland, Nevada, Rhode Island, Virginia and Washington state.

## State action to cover doula care in Medicaid

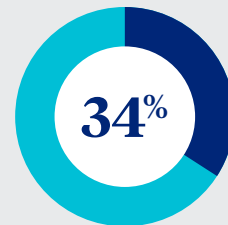


\*Medicaid doula care action in 2021

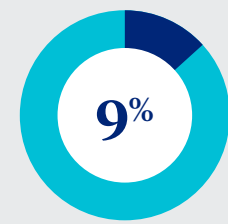
## Benefits of doula care<sup>1</sup>



fewer cesareans



fewer negative birth experiences



drop in use of pain medication

# Program Design Considerations

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There are several program design considerations that will support states in their effort to enable access to doula care in Medicaid. These components 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.

Advocating for doula services to be covered through Medicaid is a concrete way to expand this service. Managed care organizations (MCOs) should be prepared to engage with their state partners and prioritize successful implementation to support this evolving, person-centered and individualized approach to care.

To read the full whitepaper on Medicaid-Reimbursed Doula Care, visit: [UHCCS.com/doulacare](https://www.uhccs.com/doulacare)



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#### Sources:

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6265610/#jpe.1058-1243.25.3.145.bib005>