Expanding Access to Community-Based Doula Services in Response to High Rates of Maternal Mortality

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Introduction

The United States has an extremely high maternal mortality rate which continues to increase despite the significant amount of funding that has been allocated to reduce it. This maternal mortality crisis disproportionately affects pregnant people of color, and Black individuals in particular.

Doula care has the potential to reduce maternal mortality rates and improve the birthing experiences of people of color in the United States. There are substantial barriers to access to community-based doulas who can serve as patient advocates, especially for patients who face the highest risk of maternal mortality. Although this form of care can save both lives and government funds, it is inaccessible to many people who are interested due to lack of Medicaid and private insurance coverage of this form of care, insufficient Medicaid reimbursement rates for doulas, and a dearth of diverse doulas with lived experiences that resemble those of the pregnant people of color who stand to benefit most from their services.

The first part of this essay provides an overview of maternal mortality in the United States, racial bias in maternal medicine, and community-based doulas as a remedy to this bias. Part II presents several barriers that prevent individuals from accessing doula care during their pregnancies. Part III explores various institutions' attempts to increase access to doula services, and, finally, Part IV provides recommendations to ensure that pregnant individuals interested in doula care are effectively connected to skilled providers.

I. Background

a. Maternal Mortality in the United States

The United States has the highest maternal mortality rate of any high-income nation.[1] Because maternal mortality, or the death of a pregnant person due to conditions aggravated by or related to pregnancy, greatly impacts the lives of pregnant Americans and their families and is often preventable, it is essential that effective action be taken to reduce this rate.[2] Despite the comparatively large amount of funding that is allocated to improving maternal health care in this country, the maternal mortality rate continues to increase.[3] In 2021, there were 32.9 maternal deaths for every 100,000 live births in the U.S.[4] While this rate alone is intolerably high, it is critical to recognize that Black individuals are more than twice as likely to die due to pregnancy- or childbirth-related complications than white people.[5] In 2021, the maternal mortality rate for Black Americans was 69.9 deaths per 100,000 live births.[6]

Though there are several central factors implicated in the rising rates of maternal mortality experienced by pregnant people in the United States, some of them impact pregnant people with marginalized racial identities at disproportionate rates. For instance, while

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[1] *Maternal Mortality Rate By State*, World Population Rev. (May 2023), https://worldpopulationreview.com/state-rankings/maternal-mortality-rate-by-state.

[2] Joan Harrigan-Farrelly, *For Black Women, Implicit Racial Bias in Medicine May Have Far-Reaching Effects*, U.S. Dep't of Lab. Blog (Feb. 7, 2022), https://blog.dol.gov/2022/02/07/for-black-women-implicit-racial-bias-in-medicine-may-have-far-reaching-effects; Kathy Katella, *Maternal Mortality is on the Rise: 8 Things to Know*, Yale Med. (May 22, 2023), https://www.yalemedicine.org/news/maternal-mortality-on-the-rise.

[3] Jodie G. Katon et al., *Community-Based Models to Improve Maternal Health Outcomes and Promote Health Equity*, The Commonwealth Fund (Mar. 4, 2021), https://www.commonwealthfund.org/publications/issue-briefs/2021/mar/community-models-improve-maternal-outcomes-equity.

[4] Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2021*, Ctr.s for Disease Control and Prevention: Nat'l Ctr for Health Stat. (March 16, 2023), https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=The%20maternal%20mortality%20rate%20for,20.1%20in%202019%20(Table).

[5] *See* Katon, *supra* note 3; *See also Black Women Over Three Times More Likely to Die in Pregnancy, Postpartum Than White Women, New Research Finds*, Population Reference Bureau (Dec. 6, 2021), https://www.prb.org/resources/black-women-over-three-times-more-likely-to-die-in-pregnancy-postpartum-than-white-women-new-research-finds/.

[6] Hoyert, *supra* note 4.

Americans are generally choosing to become pregnant later in life and rates of chronic health conditions that are exacerbated by pregnancy are increasing among all racial demographic groups, Black women in particular bear the burden of other factors contributing to the increase in maternal mortality rates in the U.S., such as elevated allostatic loads, or physiological effects resulting from chronic stress, and lack of access to perinatal health care.[7] One of the factors that has been most robustly documented to account for the disparate rates of maternal mortality experienced by Black Americans is health care provider bias.[8]

b. Racial Bias in Medical Settings

Like most citizens in the United States, physicians and other health care professionals harbor implicit and explicit biases against people of color, and against Black individuals specifically.[9] Health care providers have been found to have implicit racial biases that result in the devaluation of the lives of Black women and the provision of lower quality care.[10] This can be seen from the results of a study revealing that health care providers were less adept at recognizing signs of pain on Black faces and, consequently, were less likely to believe these patients were suffering.[11] Additionally, many physicians and health care employees have been explicitly taught falsities about biological differences between white and Black patients in the course of their medical education, such as that Black patients feel less pain or have thicker layers of skin.[12] These incorrect beliefs have clinically significant effects on the birth outcomes of

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[7] Katella, *supra* note 2.
[8] W. J. Hall et al., *Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review*, 105(12) AM. J. OF PUB. HEALTH e60 (2015); Katella, *supra* note 2; Harrigan-Farrelly, *supra* note 2.
[9] Khiara M. Bridges, *Implicit Bias and Racial Disparities in Health Care*, 43 AM. BAR ASS'N, no. 3, 2018.
[10] *Id.*; Harrigan-Farrelly, *supra* note 2.
[11] Harrigan-Farrelly, *supra* note 2; Peter Mende-Siedlecki et al., *Perceptual contributions to racial bias in pain recognition*, 148 J. OF EXPERIMENTAL PSYCH.: GEN., no. 5, 863 (2019).
[12] Tina Suliman, *Black Maternal Mortality: 'It is Racism, Not Race*,*'* JOHNS HOPKINS CTR FOR COMMC'N PROGRAMS (May 17, 2021), https://ccp.jhu.edu/2021/05/17/maternal-mortality-black-mamas-race-momnibus/?gad=1&gclid=CjwKCAjwmbqoBhAgEiwACIjzEKZDRzg90iHt8MU_gM61R_HQaHyynNSAMm2Iq8W6KDgeRUa41jJCbBoCrKsQAvD_BwE.

people of color because they affect the treatment and attention these patients receive.[13] The biases of health care providers must be addressed to ensure that people of color receive the health care they deserve during the perinatal period.

c. Community-Based Doulas as a Remedy to Racial Bias in the Maternal Care Context

One empirically supported strategy to improve health outcomes for Black individuals giving birth is to increase Black pregnant patients' access to community-based doula care.[14] Doulas are individuals trained to provide emotional and physical support to people experiencing pregnancy, childbirth, and the postpartum period.[15] Community-based doulas specialize in ensuring health equity and recognizing the effects of various social determinants of health on pregnancy outcomes, in addition to delivering culturally competent care.[16] Although they are not medical professionals, doulas can reduce the workloads of physicians, nurses, and hospital staff in obstetric settings by tending to patients' emotional needs and reliably communicating patient preferences to health care providers during the birthing process and perinatal period.[17]

The beneficial effects of doula care on maternal, infant, and economic outcomes are well documented. In general, pregnant people facing an elevated risk of negative birth outcomes are two times less likely to experience a birth complication and four times less likely to have a low birth weight baby if a doula attends the birth.[18] According to the American College of Obstetricians and Gynecologists, the presence of doulas serving as continuous labor support

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[13] Harrigan-Farrelly, *supra* note 2.
[14] Katon, *supra* note 3; Alexis Robles-Fradet & Mara Greenwald, *Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost,* NAT'L HEALTH L. PROGRAM (Aug. 8, 2022), https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/.
[15] Christina Gebel & Sarah Hodin, *Expanding Access to Doula Care: State of the Union*, MATERNAL HEALTH TASK FORCE BLOG (Jan. 8, 2020), https://www.mhtf.org/2020/01/08/expanding-access-to-doula-care/; Katella, *supra* note 2.
[16] *Id.*; *How Can Doulas Help Address Racial Disparities in Care?*, NAT'L HEALTH L. PROGRAM (2020), https://healthlaw.org/wp-content/uploads/2020/04/DoulasRacialDisparity_4.16.2020.pdf.
[17] Katon, *supra* note 3; Gebel & Hodin, *supra* note 15.
[18] Katon, *supra* note 3; Kenneth J. Gruber et al., *Impact of Doulas on Healthy Birth Outcomes*, 22 J. OF PERINATAL EDUC., no. 1, 49 (2013).

reduces labor time, patients' need for pain management interventions, and the likelihood of surgical intervention, and increases individuals' satisfaction with their labor experiences.[19] Strong relationships with doulas increase pregnant people's agency and engagement in medical decision-making, which may be one pathway through which doula care helps combat the disenfranchisement many Black patients experience in medical settings.[20] Additionally, doula services reduce the likelihood of cesarean births, which cost fifty percent more than vaginal births, and decrease the chance that the infant delivered will need to be admitted for a costly stay in the neonatal intensive care unit.[21] By way of improving maternal and infant health outcomes and reducing necessary medical interventions, doula services are an effective way to decrease spending on maternal and infant health services.[22] Although ensuring access to doula services clearly has the potential to reduce prejudice in maternity wards, save lives, and keep families intact, there are currently large barriers in place that prevent many pregnant people who may want these services from being able to access doula care.

II. Barriers to Doula Services

There are several substantial challenges that prevent many of the pregnant people who could benefit most from doula services from accessing this form of health care, including lack of Medicaid coverage for doula services, pitifully low reimbursement rates for providers of this care, and insufficient diversity among doulas.

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[19] Committee on Obstetric Practice, *Approaches to Limit Intervention During Labor and Birth*, 133 AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, no. 2, e164 (2019).
[20] Robles-Fradet & Greenwald, *supra* note 14.
[21] Asteir Bey et al., *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities*, EVERY MOTHER COUNTS, 24 (2019), https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf.
[22] Robles-Fradet & Greenwald, *supra* note 14; Katy B. Kozhimannil et al., *Modeling the cost effectiveness of doula care associated with reductions in preterm birth and cesarean delivery*, 43 BIRTH, no. 1, 20 (2016); *Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health*, CHOICES IN CHILDBIRTH, 8 (Jan. 2016), https://nationalpartnership.org/wp-content/uploads/2023/02/overdue-medicaid-and-private-insurance-coverage-of-doula-care-to-strengthen-maternal-and-infant-health-issue-brief.pdf.

a. Lack of Medicaid Coverage for Doula Services

One of the most salient challenges standing in the way of pregnant people receiving doula care is the cost of these services and the lack of Medicaid coverage for them in most states.[23] Because the federal government does not require that states include coverage of doula services in their Medicaid schemes, the ability of people with low incomes to access these life-changing services varies substantially by state.[24] As of 2022, California, Florida, Maryland, Minnesota, Nevada, New Jersey, Oregon, Rhode Island, Virginia, and the District of Columbia offered Medicaid coverage of doula services.[25] Several other states such as Connecticut, Illinois, Massachusetts, Michigan, and Ohio were in the process of implementing Medicaid coverage of doula services.[26] However, none of the states with the highest rates of maternal mortality in the nation (Arkansas, Mississippi, Tennessee, Alabama, Louisiana, or Kentucky) were included on this list.[27]

Because few state Medicaid programs or private insurers cover doula care, most pregnant people receiving doula services pay out-of-pocket for this care.[28] While most private insurers do not cover doula services either, Medicaid beneficiaries are the group of insured people most profoundly affected by the lack of coverage of doula care, as thirty-five percent of pregnant people with Medicaid reported wishing they had had access to doula care, as opposed to twenty-one percent of people with private insurance.[29] Additionally, this lack of Medicaid coverage of doula services disparately affects Black people, as can be seen from the fact that in

[23] Gebel & Hodin, *supra* note 15.
[24] *Id.*
[25] Amy Chen, *Current State of Doula Medicaid Implementation Efforts in November 2022*, Nat'l Health L. Program (Nov. 14, 2022), https://healthlaw.org/current-state-of-doula-medicaid-implementation-efforts-in-november-2022/.
[26] *Id.*
[27] *Id.*; World Population Rev., *supra* note 1.
[28] Gebel & Hodin, *supra* note 15.
[29] Choices in childbirth, *supra* note 22, at 7.

one study, Black women reported wanting doula care during their pregnancies thirty-nine percent of the time, as compared to white women, who only wished they had these services twenty-two percent of the time.[30]

b. Low Reimbursement Rates for Doula Services

Most doula programs focused on providing services to pregnant people in marginalized communities are funded by grants issued by private foundations.[31] Although these private funds are valuable, they are not as reliable as government funding. This poses a problem for doulas whose livelihoods depend on the stability of these funds. In response to a survey conducted by HealthConnect One, seventy-eight percent of the respondents working for doula programs reported that they would like to be involved in federal or state policy advocacy in order to push for more stable funding for their work, and ninety percent of respondents stated that stable funding was their priority.[32]

In the few states where Medicaid plans cover doula care, doulas are often reimbursed at rates that significantly devalue their services.[33] In many states, doula reimbursement rates are determined by calculating some fraction of the rates received by physicians and other health care providers.[34] This type of reimbursement scheme is inherently flawed, as the services that doulas provide differ significantly from those provided by other health care professionals who spend far less time with their patients.[35] Doulas have been found to spend between six and eleven times as

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[30] *Id.*
[31] Gebel & Hodin, *supra* note 15; *Sustainable Funding for Doula Programs: A Study*, HEALTHCONNECT ONE, 11 (2017), https://healthconnectone.org/wp-content/uploads/2020/09/Sustainable_Funding_for_Doula_Programs_A_Study_single_51.pdf.
[32] HEALTHCONNECT ONE, *supra* note 31, at 12.
[33] Chen, *supra* note 25.
[34] Amy Chen, *Medi-Cal Coverage for Doula Care Requires Sustainable and Equitable Reimbursement to be Successful*, NAT'L HEALTH L. PROGRAM (May 20, 2022), https://healthlaw.org/medi-cal-coverage-for-doula-care-requires-sustainable-and-equitable-reimbursement-to-be-successful/.
[35] *Id.*

much time with patients as hospital-based medical professionals.[36] Community-based doulas typically see patients for lengthy meetings several times during their pregnancies and remain on call for a period of months before and after their clients give birth.[37] Due to this demanding schedule, doulas can typically only take on between one and three clients giving birth in the same month.[38] Additionally, in many states, doulas are unable to receive Medicaid reimbursements directly.[39] This creates yet another barrier to receiving compensation for their valuable work, as doulas must find licensed health care providers willing to bill for them before they can begin serving patients with Medicaid.[40] Because the Medicaid reimbursements doulas receive in many states are inadequate and difficult to acquire, being a community-based doula willing to serve patients who cannot pay for this care out-of-pocket is not a lucrative profession. These reimbursement schemes form a barrier to access to doula services by reducing the number of people who wish to provide doula care, thus making this form of support less accessible to pregnant people around the country.[41]

The payment rates set for doula care in the 2018 New York State Doula Pilot Program provide one example of the absurdly insufficient reimbursement rates doulas receive.[42] Under this scheme, doulas in New York would receive thirty dollars for each of up to four prenatal and four postpartum visits and $360 for attending a patient's birth, for a maximum payment of $600 per patient.[43] Despite the fact that ninety-five percent of people who participated in the New York State Doula Pilot Program reported that being supported by a doula improved or somewhat

[36] Bey, *supra* note 21, at 18.
[37] Chen, *supra* note 34.
[38] *Id.*
[39] Amy Chen, *Routes to Success for Medicaid Coverage of Doula Care*, NAT'L HEALTH L. PROGRAM, 8 (2018), https://healthlaw.org/resource/routes-to-success-for-medicaid-coverage-of-doula-care/.
[40] *Id.*
[41] *Id.*
[42] Bey, *supra* note 21; Gebel & Hodin, *supra* note 15.
[43] Bey, *supra* note 21, at 18.

improved their birth experience, the providers of this service were severely underpaid.[44] Doulas accepting the reimbursement rates offered in this program would, on average, make a salary lower than what they would receive if they were earning New York's minimum wage.[45]

c. Lack of Diversity in Doula Workforce

One final issue that prevents many pregnant people from receiving doula care is the lack of diverse doulas available to pregnant people of color. Doulas can better support pregnant clients when they understand the challenges that patients with marginalized racial identities face and are able to provide culturally competent care.[46] Because few state and private insurance plans cover doula services, the majority of American pregnant people who have utilized doula services in recent years are white middle-class women who can afford to pay for these services out-of-pocket.[47] And because doulas have not been reimbursed adequately by insurance groups when their services are covered, doulas are often white middle-class women who do not rely on this work as their sole source of income.[48]

Required trainings and certifications may serve as yet another barrier to entry for people interested in becoming doulas.[49] States often dictate the organizations from which they will accept doula certifications when they expand Medicaid coverage to these services, which can be frustrating to doulas who have gained expertise by practicing for years or participating in rigorous training courses that are not included in the state's list of acceptable programs.[50] Additionally, many community-based doulas have noted that these certifications do not include

[44] *New York State Doula Pilot Program*, N.Y. STATE DEP'T OF HEALTH (July 5, 2023), https://www.health.ny.gov/health_care/medicaid/redesign/doulapilot/index.htm.
[45] Bey, *supra* note 21, at 18.
[46] Chen, *supra* note 39.
[47] *Id.* at 9.
[48] *Id.*
[49] Chen, *supra* note 25.
[50] *Id.*

enough training on the unique needs of pregnant people from marginalized communities.[51] These shortcomings illustrate why both skilled providers and potential doulas with diverse identities may opt out of this process by refusing to serve patients covered by Medicaid.

III. Responses and Policy Options

The federal government, various state governments, and private organizations have attempted to address the challenges that pregnant people face in accessing doula services and that doulas encounter when trying to care for clients. While these attempts have often been well-intentioned, few have been successful in altering the landscape within which this valuable care is provided.

a. Attempts to Increase Medicaid Coverage for Doula Services

Several recent, unsuccessful attempts have been made to pass federal legislation that increases Medicaid coverage of doula services.[52] One example is the Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services (MOMMIES) Act introduced by U.S. Senator Cory Booker and U.S. Representative Ayanna Pressley for the second time in October of 2023.[53] While the MOMMIES Act is primarily designed to expand Medicaid coverage to all pregnant individuals and extend postpartum coverage to people for a full year after delivery in an attempt to reduce maternal mortality rates, its proponents hold that if it is passed, the act will also increase access to doula services by requiring the Medicaid and CHIP Payment and Access Commission (MACPAC) to publish a report on the coverage of doula services under Medicaid and issue recommendations for government action to increase access to

[51] *Id.*
[52] Gebel & Hodin, *supra* note 15.
[53] MOMMIES Act, S. 3090, 118th Cong. (2023); *Pressley, Booker Reintroduce MOMMIES Act to Improve Maternal Health Outcomes*, CONGRESSWOMAN AYANNA PRESSLEY (Oct. 19, 2023), https://pressley.house.gov/2023/10/19/pressley-booker-reintroduce-mommies-act-to-improve-maternal-health-outcomes/.

this care.[54] Given that pregnant people of color in the U.S. are dying and enduring traumatic birth experiences at an alarming rate, the overly cautious approach this act advances limits its ability to affect meaningful change. Rather than advocating for direct Medicaid coverage of doula services, the MOMMIES Act merely recommends that MACPAC publish a report with recommendations for further legislative action within one year of the enactment of the act.[55] Racial bias in obstetric settings and the capacity of doulas to successfully intervene to decrease disparate birth outcomes have been well documented. At this point, it is vital to move past the research stage and begin taking concrete steps to increase access to this valuable service.

b. Attempts to Increase Reimbursement Rates for Doula Services

Increasing state Medicaid reimbursement rates offered to doulas for their services stands out as a clear solution to the problem of doulas being compensated at rates much lower than necessary to ensure their practices are sustainable. However, Rhode Island's Medicaid doula reimbursement rates provide an example of the shortcomings of this approach.[56] Rhode Island, which has some of the highest doula reimbursement rates of any state in the country, has been celebrated as an instructive example of a state paying doulas rates that more closely reflect their value.[57] Doulas in Rhode Island are reimbursed at a rate of $1,500 for three prenatal and three postpartum visits and receive $900 for attending a patient's delivery.[58] Because doulas can typically only take on between one and three clients with due dates in the same month, doulas in Rhode Island accepting patients with Medicaid have the potential ability to receive between $28,800 and $86,400 a year in Medicaid reimbursement funds.[59] While these rates do result in an income that is above the state poverty level unlike those offered by the New York State Pilot

[54] Congresswoman Ayanna Pressley, *supra* note 53; MOMMIES Act, *supra* note 53, at § 5.
[55] MOMMIES Act, *supra* note 53, at § 5(a)(1).
[56] Chen, *supra* note 25.
[57] *Id.*
[58] *Id.*
[59] *Id.;* Chen, *supra* note 34.

Program discussed above, they are still low given the amount of time that doulas dedicate to their patients and the impact that their services have on individuals' birthing experiences.[60] The fact that Rhode Island's reimbursement rates represent some of the highest rates in the country clarifies just how much work must be done to ensure that doulas are incentivized to provide their skilled care.

c. Attempts to Increase Diversity Among the Doula Workforce

Allowing active doulas to weigh in on the doula certification process is a great first step towards ensuring that experienced doulas and people interested in becoming doulas who have multiple marginalized identities are not alienated by training or registration requirements imposed by the state. By involving doulas in this process, states can foster an environment in which skilled birth support providers who know the intricacies of doula care best are regulating their own profession. One state currently working towards implementing Medicaid coverage of doula services provides an excellent example of a way to involve doulas in the process of regulating their profession. In 2022, Connecticut passed a bill that created the Doula Advisory Committee, which is a group of state public health officials, health care administrators, and active doulas tasked with setting the training requirements that doulas must meet in order to be certified to practice in Connecticut.[61] However, as important as it is to involve doulas in the process of imposing regulations on their profession, their participation in the creation of additional barriers to doula practice will not be sufficient to increase the diversity of doulas supporting pregnant people.

IV. Recommendations

[60] Bey, *supra* note 21, at 18; Chen, *supra* note 25.
[61] Chen, *supra* note 25; H.R. 5500, 2022 Gen. Assemb., Reg. Sess. § 40 (Conn. 2022).

The many shortcomings in the way that community-based doula services are currently funded, reimbursed, and made accessible to the pregnant people who need them present opportunities for stakeholders to substantially increase access to these services by implementing relatively modest changes. Actors interested in decreasing negative birth experiences, maternal mortality, and insurance spending on pregnancy-related health care can have a substantial impact by altering the way doula services are funded, the scheme by which doulas are reimbursed for their work, and the requirements doulas must meet to be certified.

a. Recommendations for Increasing Insurance Coverage of Doula Care

1. Congress should designate doulas as a mandated Medicaid benefit.

Because ample evidence has shown that providing access to doula services is a cost-effective way to improve birth outcomes and address health disparities between pregnant people of different racial identities, Congress should mandate that all state Medicaid programs cover these services.[62] Although garnering sufficient political will to pass this legislation poses a challenge, explaining the financial benefits of this program may help convince reluctant legislators that this is the correct course of action. For instance, the fact that Medicaid coverage of community-based doula services can reduce Medicaid spending by $1,450 per birth may help some legislators understand that this expansion in coverage will ultimately save state funds.[63] This mandate would improve consistency across the country by ensuring that every pregnant person covered by Medicaid has access to doula services, and therefore is the most effective way to expand access to this form of support.[64]

2. The U.S. Preventive Services Task Force should recommend doula care.

[62] CHOICES IN CHILDBIRTH, *supra* note 22, at 2, 14.
[63] Bey, *supra* note 21, at 24.
[64] CHOICES IN CHILDBIRTH, *supra* note 22, at 13.

The United States Preventive Services Task Force (USPSTF) is a panel of experts that makes recommendations informed by evidence about preventive services that would benefit the American public. States that have their Medicaid plans cover all preventive services to which the USPSTF has assigned an "A" or "B" grade receive a one percent increase in the federal medical assistance percentage for these services.[65] Because there is an incentive for states to implement preventive services that the USPSTF either strongly recommends (A) or recommends (B), the USPSTF has the potential to greatly increase the rates at which doula care is covered by state insurance plans by recommending this form of support.[66] Accordingly, the USPSTF should evaluate the evidence collected on the efficacy of doula services and decide whether this form of care is a preventive measure this panel recommends.[67]

3. States should enact legislation mandating that Medicaid managed care organizations and private insurers cover doula services.

Because gaining the political will necessary to enact federal legislation requiring that doulas be covered by Medicaid will likely take time that pregnant people who need this support cannot afford to waste, states should take the initiative to pass legislation that requires both Medicaid and private insurance companies with clients in their jurisdiction to cover doula services.[68] State legislators who are hesitant to dictate this coverage requirement should be reminded about the substantial reductions in maternal and infant medical spending and increases in parent satisfaction that stand to be gained by requiring that insurance organizations cover these

[65] *Preventive Services Coverage*, CTR.S FOR DISEASE CONTROL AND PREVENTION (May 5, 2020), https://www.cdc.gov/nchhstp/highqualitycare/preventiveservices/index.html#:~:text=Medicare%20%E2%80%93%20Under%20the%20ACA%2C%20USPSTF,under%20part%20A%20or%20enrolled.
[66] Grade Definitions, U.S. PREVENTIVE SERV.S TASK FORCE (June 2018), https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/grade-definitions#:~:text=A%20%2D%20Strongly%20Recommended%3A%20The%20USPSTF,that%20benefits%20substantially%20outweigh%20harms.
[67] CHOICES IN CHILDBIRTH, *supra* note 22.
[68] *Id.* at 14.

services.[69] States are uniquely situated to enact this legislation to protect their pregnant residents and ensure that pregnant people, infants, and young families are supported.

b. Recommendations for Increasing Doula Reimbursement Rates

1. States should base reimbursement rates for doula services on time spent with patients.

Low reimbursement rates are one of the primary obstacles community-based doulas face when trying to offer their services.[70] By requiring that doulas accepting Medicaid be reimbursed for the time they spend with patients rather than the type of services they provide, states can more justly compensate doulas for the meaningful services they provide.[71] The typical rate-setting method of compensation that several states that have expanded Medicaid coverage to doulas employ that reimburses doulas at a fraction of the rate given to medical professionals fails to acknowledge that doulas spend significantly more time with their patients than other health care providers do.[72] Reimbursing doulas for their time is a way to meaningfully demonstrate respect for the care that doulas provide and increase the number of doulas who are willing to be Medicaid providers, thus increasing the access of pregnant people on Medicaid to this vital service.[73]

2. States should pass legislation permitting doulas to bill for their services directly.

Requiring that doulas provide care under the supervision of other licensed health care professionals presents a significant barrier to entry for doulas, who must find someone willing to support their practice before they are able to take on clients.[74] One simple change that would increase the ability of doulas to provide their much-needed services is allowing doulas to bill

[69] CHOICES IN CHILDBIRTH, *supra* note 22, at 3, 14.
[70] Chen, *supra* note 39, at 19.
[71] *Id.*; Bey, *supra* note 21, at 27.
[72] Bey, *supra* note 21, at 19.
[73] Chen, *supra* note 39, at 19.
[74] Chen, *supra* note 39, at 8.

state Medicaid programs for their services directly.[75] Oregon provides an example of the way this can be accomplished even when existing legislation regulating doulas requires these providers to practice under the supervision of medical personnel.[76] In 2018, Oregon issued a permanent administrative order allowing doulas to receive direct Medicaid payments.[77] By eliminating the requirement set forth in the state's 2012 State Plan Amendment that required doula services to be provided under the supervision of a physician or certified nurse practitioner, this administrative order eased burdens on doulas in the state and increased access to valuable services for its residents.[78]

c. Recommendation for Increasing the Diversity of the Doula Workforce

1. State government funding should be allocated to recruit and train doulas with marginalized identities.

Because doulas provide support to individuals at vulnerable and intimate moments in their lives, it is paramount that these professionals understand the experiences of the pregnant people they are serving. Many pregnant people of color may prefer to have a doula who shares their identities and is trained to advocate on behalf of clients with marginalized racial identities.[79] The benefits that doula care has been shown to have on the birth outcomes of pregnant people of color should motivate states to take action to ensure these pregnant individuals can find doulas with whom they feel comfortable.[80] While increasing Medicaid reimbursement rates and allowing doulas to bill insurance providers directly for their services are measures that are likely

[75] *Id.*
[76] *Id.*
[77] *Id.*; *Permanent Administrative Order to Health Systems Division: Medical Assistance Programs*, OFF. OF THE SEC'Y OF STATE OF OR. (Apr. 2, 2018, 1:08 PM), https://www.oregon.gov/oha/HSD/OHP/Policies/130-0015-04022018.pdf.
[78] *Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy: Limitations on Services* § 6(d)(12), STATE PLAN UNDER TITLE XIX OF THE SOC. SEC. ACT OF OR. (Aug. 1, 2012), https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/OR/OR-12-007.pdf.
[79] Bey, *supra* note 21, at 4.
[80] *Id.* at 8.

to indirectly increase the diversity of the doula workforce, state governing bodies should also implement direct measures to assemble a diverse cohort of doulas. For example, states could subsidize the costs of community-based doula training programs that teach doula practices, provide culturally-sensitive education on supporting pregnant people with different racial and ethnic identities, and walk newly trained providers through the process of billing Medicaid for their services to increase the likelihood that they will accept this form of insurance.[81] Additionally, states should ensure that active doulas are involved in this recruitment and training process, as these individuals can guide the state's efforts.[82] On this note, it is critical that doulas be compensated for their services whenever the government relies on them as a source of knowledge and labor.[83]

Although subsidizing doula training may be one part of a state's plan to increase diversity among doula care providers, states should not require that experienced doulas complete this training.[84] For doulas with extensive experience, a requirement to endure a training program intended for new doulas would likely be redundant and amount to an additional obstacle that would get in the way of knowledgeable doulas serving their communities.[85] Any state training requirements imposed on doulas should include legacy exceptions for doulas who have already completed their training and have experience providing this form of care.[86]

V. Conclusion

[81] *Program to Recruit, Train Black Doulas Receives Harvey Award*, THE UNIV. OF N.C. AT CHAPEL HILL, https://campaign.unc.edu/story/program-to-recruit-train-black-doulas-receives-harvey-award/; *Recommendations to Increase Access to Doula Support,* NAT'L P'SHIP FOR WOMEN & FAM.S, 4 (Sept. 2022), https://nationalpartnership.org/wp-content/uploads/2023/02/doula-support-recommendations.pdf; Chen, *supra* note 24.
[82] Chen, *supra* note 25.
[83] *Id.*
[84] *Id.*
[85] *Id.*
[86] *Id.*

Every day in the United States, pregnant people and the infants they deliver face suboptimal birth outcomes that can have profound effects on their survival and quality of life. However, these negative outcomes are not inevitable. There is substantial evidence illustrating that increasing access to community-based doulas can improve the birth experiences and outcomes of people of color who may be at risk of experiencing inferior care due to health care provider bias. Federal and state governments have the power to lower rates of maternal mortality and save tremendous amounts of money by expanding Medicaid coverage to doula services, increasing the rates at which doulas are reimbursed, and devoting resources to build a more diverse doula workforce.