

# Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health

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## Executive Summary

Doula care, which includes non-clinical emotional, physical and informational support before, during and after birth, is a proven key strategy to improve maternal and infant health.

Medicaid and private insurance reimbursement for doula care would increase the availability and accessibility of this type of support and would advance the “Triple Aim” framework of the National Quality Strategy by:

- ▶ Improving the quality of care, including by making it more accessible, safe and woman- and family-centered (e.g., by enhancing women’s experience of care and engagement in their care);
- ▶ Improving health outcomes for mothers and babies; and
- ▶ Reducing spending on non-beneficial medical procedures, avoidable complications and preventable chronic conditions.

Rigorous studies show that doula care reduces the likelihood of such consequential and costly interventions as cesarean birth and epidural pain relief while increasing the likelihood of a shorter labor, a spontaneous vaginal birth, higher Apgar scores for babies and a positive childbirth experience. Other smaller studies suggest that doula support is associated with increased breastfeeding and decreased postpartum depression. This body of research has not identified any harms of continuous labor support.

Studies in three states (Minnesota, Oregon and Wisconsin) have concluded that Medicaid reimbursement of doula care holds the potential to achieve cost savings even when considering just a portion of the costs expected to be averted. Cesareans currently account for one of every three births, despite widespread recognition that this rate is too high. Cesareans also cost approximately 50 percent more than vaginal births – adding \$4,459 (Medicaid payments) or \$9,537 (commercial payments) to the total cost per birth in the United States in 2010.



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Because doula support increases the likelihood of vaginal birth, it lowers the cost of maternity care while improving women's and infants' health. Other factors that would contribute to cost savings include reduced use of epidural pain relief and instrument assisted births, increased breastfeeding and a reduction in repeat cesarean births, associated complications and chronic conditions.

Because the benefits are particularly significant for those most at risk of poor outcomes, doula support has the potential to reduce health disparities and improve health equity. Doula programs in underserved communities have had positive outcomes and are expanding, but the persistent problem of unstable funding limits their reach and impact.

In August 2013, the Centers for Medicare and Medicaid Services (CMS) Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid/CHIP included providing coverage for continuous doula support during labor among its recommendations.

Currently, only two states – Minnesota and Oregon – have passed targeted legislation to obtain Medicaid reimbursement for doula support, including continuous support during labor and birth, as well as several prenatal and postpartum home visits. Implementation has been challenging, and bureaucratic hurdles make obtaining reimbursement difficult. At this time, few doulas, if any, have actually received Medicaid reimbursement in either state. Across the country, a relatively small number of doula agencies have contracted with individual Medicaid managed care organizations and other health plans to cover doula services. The extent of these untracked local arrangements is unknown.

The recently revised CMS Preventive Services Rule (42 CFR §440.130(c)) opens the door for additional state Medicaid programs to cover doula services under a new regulation allowing reimbursement of preventive services provided by non-licensed service providers. However, the absence of clear implementation policies or national coordination would require each state to spend considerable resources devising new processes and procedures to achieve Medicaid reimbursement for doula support.

### **Key Recommendations for Increasing Public and Private Coverage of Birth Doula Services**

- ▶ Congress should designate birth doula services as a mandated Medicaid benefit for pregnant women based on evidence that doula support is a cost-effective strategy to improve birth outcomes of women and babies and reduce health disparities with no known harms.
- ▶ Until this broad, optimal solution is attained, CMS should develop a clear, standardized pathway for establishing reimbursement for doula services, including prenatal and postpartum visits and continuous labor support, in all state Medicaid agencies and Medicaid managed care plans. CMS should provide guidance and technical assistance to states to facilitate this coverage.

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**"One of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula."**

— **"Safe Prevention of the Primary Cesarean Delivery," Consensus Statement, American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, March 2014.**

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- ▶ State Medicaid agencies should take advantage of the recent revision of the Preventive Services Rule, 42 CFR §440.130(c), to amend their state plans to cover doula support. States should also include access to doula support in new and existing Delivery System Reform Incentive Payment (DSRIP) waiver programs.
- ▶ The U.S. Preventive Services Task Force (USPSTF) should determine whether continuous labor support by a trained doula falls within the scope of its work and, if so, should determine whether labor support by a trained doula meets its criteria for recommended preventive services.
- ▶ Managed care organizations and other private insurance plans as well as relevant innovative payment and delivery systems with options for enhanced benefits should include support by a trained doula as a covered service.
- ▶ State legislatures should pass legislation mandating private insurance coverage of doula services.

Read the full issue brief and view related materials at <http://Transform.ChildbirthConnection.org> or [www.ChoicesinChildbirth/Our-Work/Advocacy-Policy/DoulaCoverage](http://www.ChoicesinChildbirth/Our-Work/Advocacy-Policy/DoulaCoverage)

### **About Choices in Childbirth**

*Choices in Childbirth is a non-profit organization that works to ensure access to maternity care that is safe, healthy, equitable, and empowering. Our mission is to promote evidence-based, mother-friendly childbirth options through public education, advocacy, and innovative policy reform. Learn more at [www.ChoicesinChildbirth.org](http://www.ChoicesinChildbirth.org).*

### **About the National Partnership for Women & Families**

*The National Partnership for Women & Families, a non-profit organization founded in 1971 and located in Washington, D.C., promotes reproductive and maternal-newborn health and rights; access to quality, affordable health care; and policies that help women and men meet the dual demands of employment and family. Founded in 1918, Childbirth Connection became a core program of the National Partnership in 2014. Childbirth Connection programs serve as a voice for the needs and interests of childbearing women and families, and work to improve the quality and value of maternity care through consumer engagement and health system transformation. Learn more at <http://Transform.ChildbirthConnection.org> or [www.NationalPartnership.org](http://www.NationalPartnership.org).*

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