Doula Policy Brief

June 2024

The Oregon Doula Association's mission is to serve as a unifying, inclusive, statewide professional organization for all doulas. We provide support and resources for doulas and want the workforce to succeed in a sustainable career. The ODA also educates and advocates for the benefits of doula care. We want every family in Oregon to have equal access to compassionate and professional doula care, which we believe will result in improved health outcomes. (*Hyperlinks provide additional information related to the topic*.)

1) Expand reimbursement for Traditional Health Worker (THW) Birth Doula billing

a. **Currently**: Medicaid only allows THW Birth Doulas to bill up to 2 prenatal visits, 2 postpartum visits, and support at the delivery.

b. **Data**: Research suggests expanding doula care early in pregnancy and extended into the postpartum period has a positive impact on health outcomes, including on the social determinants of health, for both the birthing person and baby. Additionally, a doula spends an average of 15.3 hours providing direct client care with a total average of 30.1 hours per client which includes administrative work.

c. Context: Oregon's current allowable billing for 2 prenatal visits, birth support, and 2 postpartum visits is based on private-pay reimbursement, not on the community-based doula model that often includes expanded services based on need.

d. ***Recommendation: Allow 4 additional THW Birth Doula visits (for a possible total of 8) that could be used flexibly, either prenatally or postpartum, based on client need. Additionally, we would request CCOs create Alternative Payment Models, including a Case Rate or Value Based Payment to encompass additional services such as case management and on-call support.***

2) Add Postpartum Doulas as a new Traditional Health Worker Medicaid provider type

a. **Currently**: Postpartum Doulas are not an Oregon Medicaid Provider type and their specific scope of practice/services after delivery are not Medicaid billable.

b. **Data**: The postpartum period is a critical time for physical recovery, breastfeeding, mental health, and managing other health conditions.

c. **Context**: Oregon has a unique opportunity to lead the nation, having both established THW Birth Doula Medicaid billing and extended Medicaid benefits up to 12 months postpartum. Several of Oregon's CCOs allow Members to submit Health Related Service's Flex Funds requests for Postpartum Doula care. However, there are identified barriers for both Members and the workforce that could be mitigated with Medicaid claims billing.

d. Recommendation: Create a new THW specialty type to include a THW Postpartum Doula (in addition to the already established THW Birth Doula), that allows up to 18 Medicaid billable visits within the first 12 months postpartum.

3) Fund THW Birth and Postpartum Doula workforce diversity/development, including access to OHA approved THW Birth and Postpartum Doula training, continuing education, and post-training/pre-certification support

a. **Currently**: OHA THW Birth Doula training in Oregon costs $1500-$3000. In addition to training costs, expenses such as travel, childcare, and missed paid work creates significant barriers to growing the doula workforce – especially for minority communities.

b. **Data**: Governor Brown's 2023 Maternal Mortality and Morbidity Review Committee Report named racism as a reason for pregnancy-related deaths and recommended doula care as an intervention. Extensive data shows Black birthing people in the US disproportionately experience adverse outcomes and are a three to four times more likely to die to childbirth compared to white birthing people, with education not being a protective factor.

c. **Context**: Given OHA's mission of eliminating health disparities by 2030, ensuring funding and post-training support for Black, Indigenous, people of color and non-English speakers to become doulas should be prioritized.

d. Recommendation: Oregon Health Authority fund and distribute grants to doula trainers, doula hubs and community-based organizations, specifically rooting culturally and linguistically diverse doulas to create access to training and other post-training supports.

4. Mandate commercial insurers add Birth and Postpartum Doula services to their benefit plans

a. **Currently**: Private insurance has not historically had a benefit for any type of doula care. However, lawmakers in California, Indiana, Massachusetts, Missouri, New York and Virginia are looking at legislation to expand doula coverage in private plans. In 2021, H5929 was passed in Rhode Island to require all insurance carriers to add doula coverage.

b. **Data**: Several large insurance companies are exploring adding doula care to their portfolio of paid services. WalMart announced in 2023 that they would expand their pilot project from four states to become nationwide. Military families with Tri-Care now have access to doula care. The Oregon Health Authority's Oregon Education Benefit Board is exploring adding doula care to state employee benefits. On September 7th, 2023, Multnomah County's Healthy Birth Initiative (supporting Black and African American families) made an Infant Mortality Proclamation asking the county and the state to explore ways to provide doula and lactation support coverage for everyone, regardless of insurance type.

c. **Context**: Research shows high rates of maternal mortality and morbidity for Black birthing people span education and income, socio-economic status is not a protective factor, and half of the maternal deaths and injuries could be prevented with better care. Additionally, the majority of Oregonians are insured by private insurance and yet many are unable to afford doula care out-of-pocket.

d. Recommendation: To achieve comprehensive health equity in Oregon, doula care needs to be accessible to both Medicaid Members and privately insured people. Oregon should require every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan or group policy to include Birth and Postpartum Doula services.

Note: While Birth and Postpartum Doulas are a critical component to improving perinatal health outcomes, we call on all providers to address systemic racism.

**Oregon Doula Association's Board of Directors and staff represent a diverse cross-section of lived experience, race/ethnic identity, sexual orientation, languages spoken, country of origin, and reside in both rural and urban parts of the state. We encourage collaboration with our association and the doula workforce before any legislation is brought forward.*