

HOUSE No. 4780

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, June 15, 2020.

The committee on Public Health to whom was referred the petition (accompanied by bill, House, No. 1182) of Liz Miranda, Lindsay N. Sabadosa and others relative to Medicaid coverage for physical, emotional, and educational support services provided by trained professionals, reports recommending that the accompanying bill (House, No. 4780) ought to pass.

For the committee,

JOHN J. MAHONEY.

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**In the One Hundred and Ninety-First General Court
(2019-2020)**

An Act relative to Medicaid coverage for doula services.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Chapter 118E of the General Laws is hereby amended by inserting after section 10L the
2 following section:-

3 SECTION 10M: Medicaid Coverage for Doula Services.

4 (a) For purposes of this section, the following words shall have the following meanings:

5 “A perinatal doula” or referred to hereafter as "doula”, is a trained professional who
6 provides physical, emotional, and informational support, but not medical care, for pregnant
7 individuals, surrogates, foster care parents and adoptive parents during and after pregnancy,
8 labor, childbirth, miscarriage, stillbirth or loss. Doulas provide services, including but not limited
9 to:

10 (1) providing continuous labor support to pregnant individuals, families, surrogates, and
11 adoptive parents;

12 (2) conducting prenatal, postpartum, and bereavement home or in-person visits

13 throughout the perinatal period, lasting until 1 year after birth, pregnancy loss,
14 stillbirth, or miscarriage;

15 (3) accompanying pregnant individuals to health care and social services appointments;

16 (4) providing support to individuals for loss of pregnancy or infant from conception
17 through age 1;

18 (5) connecting individuals to community-based and state- and federally-funded
19 resources, including those which address needs within the social determinants of health;

20 (6) engaging in administrative tasks related to these services; and

21 (7) making oneself available (being on-call) around the time of birth or loss as well as
22 providing support for any concerns of pregnant individuals throughout pregnancy and until 1
23 year after birth, pregnancy loss, stillbirth, or miscarriage.

24

25 (b) (1) Coverage of Doula Services:

26 The division shall provide coverage for doula services throughout the Commonwealth of
27 Massachusetts for pregnant individuals, surrogates, foster parents and adoptive parents.

28

29 (2) In partnership with the doula care commission, MassHealth and the department of
30 public health shall establish and maintain a registry of doulas who are eligible for
31 reimbursement; establish processes for billing and reimbursement of doula services; and

32 determine competencies a doula must demonstrate in order for their services to be reimbursed by
33 MassHealth; and establish processes for doulas to demonstrate proof of competencies.

34 (i) Competencies shall include, but are not limited to:

35 (A) understanding of basic anatomy and physiology as related to pregnancy, the
36 childbearing process, the postpartum period, breast-milk feeding, breastfeeding and
37 chestfeeding;

38 (B) capacity to employ different strategies for providing emotional support, education
39 and resources during the perinatal period;

40 (C) knowledge of and ability to assist families with a wide variety of non-clinical labor
41 coping strategies;

42 (D) strategies to foster effective communication between clients, their families, support
43 services and health care providers;

44 (E) awareness of and ability to provide information on integrative health care systems
45 and various specialties of care to address client needs beyond the scope of practice of the doula;

46 (F) knowledge of community-based, state- and federally-funded, and clinical resources
47 available to address client needs beyond the scope of practice of the doula; and

48 (G) knowledge of HIPAA compliance and client confidentiality.

49 (ii) In addition to the above competencies, doulas serving members of MassHealth shall
50 also show competency or demonstrate actively seeking training or engagement in the areas of:

- 51 (A) health equity;
- 52 (B) implicit bias;
- 53 (C) racism, including structural, interpersonal, and institutionalized racism;
- 54 (D) reproductive and birth justice;
- 55 (E) cultural sensitivity and humility;
- 56 (F) trauma-informed care, including for survivors of sexual assault or birth
- 57 trauma;
- 58 (G) parental mental health needs;
- 59 (H) needs of persons with disabilities or disabled persons;
- 60 (I) sexual and gender identities; and
- 61 (J) social determinants of health.

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63

64 (c) Creation of Doula Care Commission

65 There is hereby created a doula care commission. The commission shall provide
66 recommendations on the implementation and evaluation of doula care reimbursement.

67 (1) The commission shall consist of no more than 15 members, including the
68 commissioner of public health, or designee; the commissioner of insurance, or designee; the

69 commissioner of the department of children and families, or designee; the director of Medicaid,
70 or designee; at least 5 doulas to be appointed by the commissioner of public health, or designee;
71 and no more than 6 other members to be appointed by the commissioner of public health, or
72 designee.

73 (2) At least 5 of the members of the commission shall be doulas; provided, that a majority
74 of the doula members shall be from racial or ethnic populations most affected by inequities in
75 birth outcomes in the Commonwealth, as evidenced by the most current

76 perinatal data supplied by the MA Department of Public Health. Other members of the
77 commission shall include at least:

78 (i) 2 persons who have experienced pregnancy as a MassHealth member or are currently
79 recipients of MassHealth;

80 (ii) 1 person who identifies as belonging to the LBTQIA+ community;

81 (iii) 1 person who is a survivor who has experienced sexual assault and/or birth trauma;

82 (iv) 1 person who is a survivor who has experienced a severe maternal morbidity, a
83 perinatal

84 mental health or mood disorder, or a near-death experience while pregnant or in
85 maternity care;

86 (v) 1 person who is a family member affected by infant loss, miscarriage, or infertility;

87 (vi) 1 person who identifies as a person with disabilities or disabled person;

88 (vii) 1 person who has an advanced degree in health economics or public health;

- 89 (viii) 1 person who is qualified in actuarial sciences;
- 90 (ix) 1 person who is a representative from the Massachusetts Association of Health Plans;
- 91 (x) 1 person who is an obstetrician, family physician or midwife; and
- 92 (xi) 1 person who has experience in workforce development, supervision, training and
- 93 mentoring of community doulas.

94 Representatives on the Doula Care Commission shall strive to include representation

95 from

96 areas within the Commonwealth where maternal and infant outcomes are worse than the

97 state

98 average, as evidenced by the most current perinatal data supplied by the MA Department

99 of

100 Public Health.

101 (4) The purposes of the commission shall include, but not be limited to:

102 (a) developing recommendations for required doula competencies;

103 (b) developing recommendations for standards of proof or demonstration of competency

104 or equivalency for required doula competencies;

105 (c) developing recommendations for a diverse doula and doula trainer workforce

106 development strategy, including, but not limited to, a focus on accessible continuing

107 education/training activities, mentorship and career growth opportunities;

108 (d) developing recommendations for standards and processes around billing for and
109 reimbursement of services;

110 (e) ensuring the racial, ethnic, cultural, geographic, and professional diversity of
111 standing membership of the commission;

112 (f) representing the interests of doulas in communication with state entities and the
113 health care system;

114 (g) receiving any grievances from doulas, doula clients, healthcare providers, and health
115 systems and making recommendations to resolve those grievances;

116 (h) overseeing communications to the public and various stakeholders about access to
117 doula care and reimbursement;

118 (i) advising on the evaluation of outcomes, access to, and satisfaction with doula care
119 services;

120 (j) approving a reimbursement amount for doula services and related activities listed in
121 subsection (a) that constitutes a living and fair wage for doulas who reside in all areas of the
122 commonwealth, as well as establishing a recurring timeframe to review the established wage in
123 light of recent data on living and fair wages in the commonwealth;

124 (k) establishing a plan for the scaling of provision doula services and growing the
125 workforce of doulas, in order to increase access to MassHealth members; and

126 (l) ensuring all aims of the commission, the establishment of reimbursement for doula
127 services, the growth of a diverse workforce of doulas, and all other aims are directed towards the
128 goal of reducing inequities in maternal and birth outcomes among racial, ethnic, and cultural

129 populations who reside in all areas within the commonwealth, as evidenced by the most current
130 perinatal data supplied by the department of public health.

131 (5) The commission may conduct public hearings, forums or meetings to gather
132 information and to raise awareness of access to doula care, including the sponsorship of or
133 participation in statewide or regional conferences.

134 (6) The commission shall file a report within 12 months of initiation to the Governor, the
135 commissioner of public health, and the director of Medicaid detailing the activities of the
136 commission; a strategic or implementation plan for each of the purposes listed in paragraph (4); a
137 process evaluation plan for implementation objectives; and an outcome evaluation plan for
138 maternal and infant outcomes, once reimbursement of doula care is implemented, with a goal of
139 initiating reimbursement of doula services within 18 months of filing
140 the report.

141 (d) Payment for Doula Services:

142 (1) MassHealth shall make an initial recommendation of the reimbursement amount for
143 doula services no later than 3 months from the initiation of the doula care commission. The
144 recommendation shall reflect evidenced consideration of a livable and fair wage for doulas who
145 reside within all areas of the commonwealth, and shall include an amount for support during
146 labor and childbirth; an amount for visits during and after pregnancy, childbirth, miscarriage,
147 stillbirth, or loss that relate to activities listed in subsection (a); a schedule by which doula
148 services can be reimbursed up to 1 year after birth, miscarriage, stillbirth, or loss; and travel-
149 related expenses related to the delivery of those services.

150 (2) The recommended reimbursement amount shall be approved by the doula care
151 commission prior to being enacted.

152 (3) MassHealth shall aim to initiate reimbursement of doula services within 18 months of
153 the report of the doula care commission.