September 30, 2021

Department of Health Care Services
Medi-Cal.Benefits@dhcs.ca.gov

Re: Doula Services as a Medi-Cal Benefit

To Department of Health Care Services:

We write to you today on behalf of the 73 undersigned organizations. Collectively, we are committed to ensuring that California's doula Medi-Cal benefit is the best in the nation, and that it does right not just by Medi-Cal enrollees but also by the doulas providing their services.

We appreciate and acknowledge the work the Department has already done to speedily implement this benefit by January 1, 2022. In particular, we appreciate that this benefit will be available to all pregnant and postpartum Medi-Cal enrollees in California, regardless of their immigration status. We also are happy to see that the scope of the benefit to be provided is full spectrum, with doula care not just for prenatal care, during labor and delivery, and postpartum care, but also for pregnancies that end in miscarriage or abortion. California will be the first state in the country to provide full spectrum doula care to Medicaid enrolllees, which is well in line with our state's tradition of protecting and ensuring the full range of reproductive health rights and services.

In California, Black people are four-to-six- times as likely as white people to die from pregnancy-related causes. Expanding access to doula care for Medi-Cal enrollees offers a meaningful chance to address these disparities. To help ensure that the state expands access in an equitable, inclusive, and sustainable way, we ask that the Department take into consideration the following comments.

Input from Doulas and Other Experts

We are encouraged by the willingness of the Department to listen to the many doulas who shared comments and participated in the Stakeholder Meeting on September 16, 2021. We are grateful for the Department's commitment to prioritize the input of and feedback from doulas, particularly community-based doulas and Black doulas. We hope these assurances are borne out in the planned DHCS Stakeholder Workgroup on the doula Medi-Cal benefit, and that the Workgroup has ample representation from doulas practicing in California.

Some of those who spoke at the meeting on September 16 are members of the California Coverage for Doula Care Working Group. The Working Group, which is comprised of doulas, maternal health and policy advocates, and other stakeholders, has been meeting regularly since 2018 to discuss, share information, and strategize on expanding access to doula care in the state. In 2020, the Working Group came together to draft proposed language for a statewide doula pilot program. This language ultimately became the legislative language for AB 2258, California's first doula Medi-Cal bill, which was introduced by Assemblymember Eloise Gómez Reyes in February 2020. Unfortunately, when the COVID-19 pandemic hit the next month, AB 2258, like many bills that legislative session, was held in Committee. Earlier this year, the same language drafted by the Working Group was amended and included in SB 65, the California Momnibus, as part of an omnibus bill to address racial disparities in maternal and infant health, and improve perinatal outcomes for pregnant and birthing people across the state.

While the implementing language for the proposed doula Medi-Cal benefit was later amended out of SB 65 when the doula benefit was separately added to the Governor's final budget, we believe strongly that the language is still critical as guidance for the Department. Specifically, the language was drafted by a consequential group of stakeholders who had come together to synthesize their years of work thinking about and working on expanding access to doula care in the state. This legislative language can be found in Section 12 of the July 1, 2021 version of the bill.

Additionally, we urge the Department to seek out the input of the many doula Medi-Cal pilot programs across the state. California has had more Medicaid doula pilots than any other state, and is one of the only states with doula pilots set up and run by Medicaid managed care plans. These pilot programs now have in some cases multiple years of experience providing doula care to Medi-Cal enrollees. As such, they have a wealth of knowledge they can share with the Department about challenges, lessons learned, and solutions.

Qualifications to Provide Doula Care and Seek Medi-Cal Reimbursement

We understand that DHCS must ensure some standard that doulas must meet to demonstrate that they have sufficient expertise and competence to provide the necessary care to Medi-Cal enrollees. To the extent possible, we urge the Department to separate these necessary qualifications from a formal certification. While doulas are not licensed professionals, they can and often do seek specific training and certification to provide their services. As was raised by many doulas who shared on the September 16, 2021 Stakeholder Meeting, in many cases the most nationally recognized and well-known doula training and certification organizations are

precisely not the ones that are suited to prepare doulas to serve Medi-Cal enrollees. Instead, it is often much smaller and more localized community-based doula groups, including Black-led community-based doula groups and community-based doula groups already working with Medi-Cal enrollees, that are best equipped to provide the type of training and support that doulas need to serve the Medi-Cal population.

As such, we urge the Department not to follow in the footsteps of states that have simply drawn up a list of the most nationally recognized and well known doula training and certification organizations and required that in order to be able to be reimbursed for providing doula services in their state, that a doula have a certification from one of these organizations. In order to be inclusive of the wide variety of doula training models and birth worker practices, the Department should be as flexible as possible in its qualifications to be required by the state to seek Medi-Cal reimbursement for providing doula care to Medi-Cal enrollees. As was originally proposed in SB 65, doulas could be required to meet a set of core competencies to be eligible for Medi-Cal reimbursement. Ideally, the set of core competencies would be developed and recommended by a group of practicing doulas, such as a Doula Advisory Board.

If the Department does decide that doulas can qualify to provide doula care to Medi-Cal enrollees and seek Medi-Cal reimbursement for such based on meeting a set of core competencies, the Department should also make sure to create alternative ways to qualify. For example, doulas with an existing certification or a certain number of years of experience as a doula and number of clients served, might also provide documentation of such in order to qualify to serve Medi-Cal enrollees and seek Medi-Cal reimbursement. This would allow a doula who may have successfully been serving clients for decades to successfully qualify to serve Medi-Cal enrollees, even if they have no ability to prove to the state the training, shadowing, or apprenticeship they may have done many years before. Also, doulas who choose not to seek Medi-Cal reimbursement should be permitted to continue to practice and accept clients on their own, without requiring any qualification by the state.

Additionally, as was also proposed in SB 65, we urge the Department to create a centralized registry listing all the doulas who have qualified to serve Medi-Cal enrollees and seek Medi-Cal reimbursement. Such a registry should align with existing Medi-Cal provider directories and be searchable by health plan, geographical area, race and ethnicity of the doula, languages spoken by the doula, and any relevant specializations. To ensure notification and dissemination of knowledge about the benefit, Medi-Cal managed care health plans must affirmatively provide information about the availability of doula care in their materials and notices on reproductive and sexual health, family planning, perinatal care, and at each prenatal and postpartum appointment.

Preventive Services Recommendation Requirement

In Minnesota, which has had Medicaid coverage for doula care for the past seven years, the uptake of doula Medicaid services has been abysmally low. From 2014 to March 2020, a total of only $354,000 was spent by the State Department of Health Services and by Managed Care Organizations. During that time, doulas supported Medicaid clients through a total of 850 births. In contrast, some 26,000 individuals give birth in Minnesota while on Medicaid each year. So clearly a vanishingly slim number of Medicaid enrollees in the state have been able to actually access the doula benefit.

One of the key reasons cited as to why the uptake of the doula Medicaid benefit in Minnesota has been so low, has been the difficulty navigating what was known as the "supervision" requirement. Not many Medicaid providers have been willing to "supervise" doulas, and doulas themselves are not always able to find or make a viable connection with an existing licensed Medicaid provider. We believe California would do well to learn from the lessons of Minnesota.

Accordingly, we urge the Department to be as creative and flexible as possible in its implementation of the requirement, pursuant to 42 C.F.R. Section 440.130(c), that doula services provided as preventive services must be "recommended" by a licensed Medicaid provider. We also note that both New Jersey and Virginia submitted State Plan Amendments to cover doula services as preventive services, and in neither instance has the state gone into detail about the nature of the recommendation that will be required. New Jersey's State Plan Amendment was approved in February 2021. Virginia's SPA was just submitted on August 24, 2021 and is still pending approval.

It is our understanding that in order to fulfill the preventive services requirement, it is only necessary that the benefit be recommended by a licensed Medicaid provider, and not that the licensed Medicaid provider provide direct supervision of the doula and their services. This was a point of confusion for many on the September 16, 2021 call, and caused a great deal of anxiety for doulas, who thought that in order to serve Medi-Cal enrollees they would have to suddenly be beholden and report to health care providers. For doulas, who see the pregnant or postpartum person as their client and who they are ultimately responsible for, to be directly supervised by or reliant on their client's OB or midwife in order to get paid, would raise an impermissible conflict of interest.

To address this concern and still meet the preventive services recommendation as is required to receive federal financial participation, the Department could allow community-based doula

groups, doula groups and collectives, and other third party entities, to have a licensed Medicaid provider on staff who fulfills the supervision requirements under federal law. A wide range of licensed Medicaid providers could also be empowered to fulfill the supervision requirement, including physicians, nurse practitioners, nurse midwives, certified midwives, licensed midwives, and licensed social workers. Finally, managed care plans may be able to play a role here both in the outreach to the enrollees about the availability of doulas and in allowing enrollees to be directly referred to a doula simply by calling a doula referral line staffed by a licensed professional.

Equitable and Sustainable Reimbursement

We understand that the Department has a specific division that handles the issue of fees and reimbursement rates. However, since an fair and equitable reimbursement rate is absolutely critical to the success of a potential doula Medi-Cal benefit, we feel compelled to raise some key concerns here.

Medi-Cal coverage for doula care has the potential to address racial disparities in maternal care, particularly for Black pregnant and postpartum people. It also has the potential to help reduce overall maternal care spending on unnecessary medical procedures and pregnancy complications. Yet doulas cannot on their own eliminate the individual, institutional, and structural racism in the health care system. Already, the profession experiences higher than usual rates of turnover and burnout. In order to adequately support pregnant and postpartum Medi-Cal enrollees who receive this benefit, we must also support the doulas who provide care to them. The reimbursement rate provided to doulas serving Medi-Cal enrollees must provide a sustainable living wage, while taking into account the number of clients that a doula can realistically serve in any given month or set time period. Only then can we be assured that the doula care provided to Medi-Cal enrollees is sustainable, equitable, and inclusive.

It is particularly critical that the reimbursement rate for doulas providing services to Medi-Cal enrollees not be benchmarked to either physician or midwifery payments, as the services provided by doulas and the nature of their work is fundamentally different. Specifically, community-based doulas spend a great deal more time with their clients than OBs or midwives. As such, the nature of their work and the number of clients they can realistically take on at any given time is very different. Their compensation should reflect as much.

As many doulas will now be able to receive reimbursement for their services through Medi-Cal, it is imperative that the reimbursement process is not prohibitively difficult. DHCS should work to design a program that is sustainable for individual doulas who will be managing the

reimbursement process alone, as well as doula collectives who may have a centralized method for managing the process. The process for receiving reimbursement should also be timely to support doula work as a full-time and sustainable career option. Reimbursement delays would be detrimental to the sustainability of doula care for Medi-Cal enrollees.

We also urge the Department to build off of existing services in contemplating reimbursement models. Some community-based doula groups are already partially funded, but by combining these funds with Medicaid funds they may be able to staff up to help meet the significant demand for doulas. Clinics may be able to contract with doulas on their own or in coordination with Comprehensive Perinatal Services Programs. Because there are fewer doulas than needed, the Department should think creatively about how to leverage the resources that are there and not dissuade doulas from participating with a one-size fits all payment model.

In Conclusion

Those of us who have experienced the care and support of a doula know very well the life-changing and life-saving work that they do. We are all thrilled that full spectrum doula care will soon be available to all pregnant and postpartum Medi-Cal enrollees. Fully half of all births in California are funded by Medi-Cal. As such, this benefit stands to impact the lives of tens of thousands of individuals and families across the state. We know California has a chance here to craft a benefit that is truly equitable, sustainable, and inclusive for all individuals involved, and we are eager and ready to work with the Department to make this happen.

Sincerely,

Co-Sponsors of SB 65, California Momnibus

Black Women for Wellness Action Project
California Nurse-Midwives Association
March of Dimes
NARAL Pro-Choice California
National Health Law Program
Western Center on Law and Poverty
Women's Foundation of California |Dr. Beatriz María Solís Policy Institute

2020 Mom
ACCESS REPRODUCTIVE JUSTICE
ACLU California Action

API Equality-LA
Asian Resources, Inc
Birth Fusion Childbirth Services
Birth In Color RVA
BLACK Wellness & Prosperity Center
Black Women Birthing Justice
Black Women for Wellness
BreastfeedLA
California Black Health Network
California Healthy Nail Salon Collaborative
California Immigrant Policy Center
California Latinas for Reproductive Justice
California Pan-Ethnic Health Network
California Preterm Birth Initiative
California Rural Legal Assistance Foundation (CRLA Foundation)
Center on Reproductive Rights & Justice (CRRJ) at Berkeley Law
Children Now
Cornerstone Doula Training
Disability Rights California
Disability Rights Education and Defense Fund (DREDF)
Diversity Uplifts Inc.
DONA International
Doulas Telar Org
Every Mother Counts
Expecting Justice
First 5 Association of California
First 5 LA
Frontline Doulas
Happy Mama Healthy Baby Alliance
Health Access
HEART
HOMME Lab
Indian River County Healthy Start Coalition
Letthemflourish
LOOM
Los Angeles County Department of Public Health
Makayla Symonne's LLC
Maternal and Child Health Access

Mi Familia Vota
National Center for Youth Law
National Doula Network
National Organization for Women, Hollywood Chapter
Neighborhood Legal Services of Los Angeles County
Nevada County Citizens for Choice
Oakland Better Birth Foundation
Pacifica Family Maternity Center
Planned Parenthood Affiliates of California
Public Justice Center
San Francisco General Hospital Volunteer Doula Program
San Francisco Human Rights Commission
Sankofa Birthworkers Collective of the Inland Empire
Shiphrah's Circle
So Zen Birth Services
Southbay Cares
Street Level Health Project
TEACH
The Central Valley Urban Institute
The Children's Partnership
The Praxis Project
Therapeutic Play Foundation
UCSF Bixby Center for Global Reproductive Health
Women's Foundation California
Women's Health Specialists