

Department of Legislative Services  
 Maryland General Assembly  
 2020 Session

FISCAL AND POLICY NOTE  
 First Reader

House Bill 1067 (Delegate Wilkins, *et al.*)  
 Health and Government Operations

**Douglas - Doula Technical Assistance Advisory Group and Certification**

This bill establishes the Doula Technical Advisory Group to make recommendations to the Secretary of Health on establishing a voluntary doula certification program. The advisory group must submit an interim report of its findings and recommendations to the Maryland Department of Health (MDH) and specified committees of the General Assembly Committee by January 1, 2021, and a final report by January 1, 2022. If the advisory group recommends establishment of a voluntary doula certification program in its final report, the Secretary of Health must adopt regulations establishing such a program consistent with the advisory group’s recommendations. **The bill takes effect June 1, 2020. The advisory group terminates June 30, 2022. If the advisory group *does not* recommend a voluntary doula certification program, the bill’s remaining provisions terminate.**

**Fiscal Summary**

**State Effect:** No impact in FY 2020. MDH general fund expenditures increase by \$88,300 in FY 2021 and \$80,700 to provide staff and consultant services to the advisory group. Revenues are not affected. To the extent a voluntary doula certification program is recommended and implemented, additional general fund expenditures for staff are necessary beginning as early as FY 2023 (not show below).

(in dollars)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	88,300	80,700	0	0	0
Net Effect	(\$88,300)	(\$80,700)	\$0	\$0	\$0

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

**Bill Summary:** “Doula” means a birth companion who provides personal and physical nonclinical support to women, or families, throughout the woman’s pregnancy, childbirth, and postpartum experience.

### *Doula Technical Assistance Advisory Group*

The advisory group comprises the Secretary of Health (or the Secretary’s designee) and several members with experience and expertise in perinatal health, as appointed by the Governor. To the extent practicable, the members appointed to the advisory group must reflect the geographic, racial, ethnic, cultural, and gender diversity of the State, and each member must be a resident of the State. Members may not receive compensation but are entitled to reimbursement for expenses under standard State travel regulations. The Secretary of Health must designate the chair of the advisory group, and MDH must staff the advisory group. The advisory group must meet at least two times a year.

The advisory group must:

- study Medicaid programs in other states that reimburse doulas;
- review studies and reports on the implementation of programs that reimburse for doula services in Minnesota, Oregon, New York, and any other jurisdiction that the advisory group considers appropriate;
- review specified reports;
- invite stakeholders to meetings and consider public testimony from stakeholders; and
- make recommendations regarding (1) workforce development for doulas; (2) whether a voluntary State doula certification program should be established by MDH and, if so, the training and credentialing that should be required of doulas for certification as nonclinical health care providers; (3) Medicaid reimbursement for doula services; and (4) expansion of doula care to low-income individuals and families.

**Current Law:** Medicaid covers individuals, including pregnant women, with incomes up to 138% of federal poverty guidelines (FPG). Pregnant women with incomes between 138% and 264% FPG may also qualify for Medicaid based on their pregnancy under the “SOBRA” category. Doulas are not licensed or certified in Maryland.

**Background:** According to DONA International, a doula is a trained professional who provides continuous physical, emotional, and informational support to a mother before, during, and shortly after childbirth to help her achieve the healthiest, most satisfying

experience possible. Research indicates that support from a doula is associated with lower caesarian births, fewer obstetrical interventions, fewer complications, decreased use of pain medication, shorter labors, and higher scores for newborns on the “APGAR” test.

### *Medicaid Doula Coverage in Other States*

Minnesota and Oregon provide Medicaid coverage of doula services. In Minnesota, doulas must be certified by an approved organization and register with Minnesota’s doula registry. Doulas must practice under the supervision of a physician, nurse practitioner, or certified nurse midwife enrolled as a Minnesota Medicaid provider. The supervising professional bills Minnesota Medicaid for the doula’s services and payment is rendered to the supervising professional’s national provider identifier (NPI). In Oregon, doulas must become a certified and registered traditional health worker and complete an approved training program and a cultural competency course. Once registered, the doula must obtain a unique NPI, enroll as an Oregon Medicaid provider, and become a state-approved Medicaid billing provider.

In 2019, New York began a Medicaid Doula Pilot Program currently limited to Erie County. The state is working to enroll additional providers to expand the pilot to Kings County (Brooklyn). Erie and Kings counties were selected for the pilot, because they have some of the highest maternal and infant mortality rates and the largest number of Medicaid births in New York state. The program covers four prenatal visits, support during labor and delivery, and four postpartum visits. To participate, a doula must be enrolled as a Medicaid provider (including attesting to doula certification and obtaining an NPI) and contract with state managed care organizations. The fee-for-service reimbursement is a maximum of \$600 (\$360 to attend labor and delivery and \$30 for each prenatal and postpartum visit).

Indiana and New Jersey passed legislation relating to doula services in 2019. Indiana’s law permits pregnancy services provided to Medicaid recipients to include reimbursement for doula services. New Jersey’s law expanded Medicaid to include coverage for doula care. Legislation to require Medicaid coverage of doula services has also been introduced in Arizona, Illinois, Massachusetts, Rhode Island, Texas, Vermont, Washington, Wisconsin, and the District of Columbia, as well as the U.S. House of Representatives.

**State Expenditures:** General fund expenditures increase by \$88,294 in fiscal 2021, which accounts for a 90-day start-up delay from the bill’s June 1, 2020 effective date.

MDH has determined that four regular full-time positions and one regular part-time position is needed to implement this bill, which includes staff necessary to *implement* a voluntary doula certification program. However, the Department of Legislative Services (DLS) advises that the bill initially requires only the establishment of an advisory group to

study and make recommendations about a voluntary State doula certification program. As the advisory group's final report is due January 1, 2022, and the advisory group terminates June 30, 2022, the known added responsibilities incurred by this legislation are not permanent and, thus, may be performed by a contractual employee.

Thus, this estimate reflects the cost of hiring one part-time (50%) contractual program manager to staff the advisory group and complete the required reports. It includes a salary, fringe benefits, one-time start-up costs, one-time only consultant services, and ongoing operating expenses. MDH advises that consultant services are needed to acquire expertise related to the doula profession in order to inform the advisory group and assist in the completion of the required reports.

Contractual Position	0.5
Salary and Fringe Benefits	\$33,086
One-time Consultant Services	50,000
Operating Expenses	<u>5,208</u>
<b>Total FY 2021 State Expenditures</b>	<b>\$88,294</b>

Future year expenditures reflect a full salary with annual increases and employee turnover and ongoing operating expenses. The contractual position terminates June 30, 2022.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

To the extent that the advisory group recommends a voluntary doula certification program, general fund expenditures increase by an additional amount to promulgate regulations and provide staff for the program. DLS advises that there are approximately 70 doulas in the State, and given the voluntary aspect of the program, the number of staff requested by MDH is likely unnecessary.

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### **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** SB 914 (Senator Lam, *et al.*) - Finance.

**Information Source(s):** DONA International; National Health Law Program; New York State Department of Health; Maryland Department of Health; Department of Legislative Services

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