SENATE BILL 166

By: Senator Ellis Senators Ellis and Lam

Introduced and read first time: January 12, 2022
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 2, 2022

CHAPTER ______

AN ACT concerning

Maryland Medical Assistance Program – Doula Program Services – Coverage

FOR the purpose of establishing the Maryland Medical Assistance Program Doula Program; requiring the Maryland Department of Health to administer the Doula Program; requiring a provider to meet certain requirements in order to participate in the Doula Program; providing doula services in the Maryland Medical Assistance Program; requiring the Maryland Medical Assistance Program to cover certain doula services, with certain limitations; and generally relating to doula services under the Maryland Medical Assistance Program–Doula Program.

BY adding to

Article – Health – General
Section 15–141.3
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

15–141.3.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.
(2) “BIRTHING PARENT” MEANS THE INDIVIDUAL GIVING BIRTH AND
WHO IS RECEIVING DOULA SERVICES THROUGHOUT THE PARENT’S PREGNANCY
INCLUDING THE PRENATAL, LABOR, AND POSTPARTUM PERIODS.

(3) “CERTIFIED DOULA” MEANS A TRAINED NONMEDICAL
PROFESSIONAL WHO PROVIDES CONTINUOUS PHYSICAL, EMOTIONAL, AND
INFORMATIONAL SUPPORT TO THE BIRTHING PARENT THROUGHOUT THE
PRENATAL, LABOR, AND POSTPARTUM PERIODS WHO HAS RECEIVED A
CERTIFICATION TO PERFORM DOULA SERVICES APPROVED BY THE PROGRAM.

(4) “DOULA PROGRAM” MEANS THE MARYLAND MEDICAL
ASSISTANCE PROGRAM DOULA PROGRAM.

(5) “DOULA SERVICES” MEANS CONTINUOUS AND NONCLINICAL
PHYSICAL, EMOTIONAL, AND INFORMATIONAL SUPPORT, BASED ON
EVIDENCED-BASED EVIDENCE-BASED PRACTICES AND WITH RESPECT FOR
INDIVIDUAL CARE NEEDS, CULTURE, AND FAMILY TRADITIONS, TO A BIRTHING
PARENT PROVIDED BY A CERTIFIED DOULA, INCLUDING:

(I) EDUCATION AND GUIDANCE, SUPPLEMENTING THE
SERVICES OF HEALTH CARE PROVIDERS, ON CHILDBIRTH, COPING SKILLS FOR NEW
PARENTS, BREASTFEEDING, INFANT FEEDING, INFANT SOOTHING, AND MAKING
INFORMED DECISIONS ABOUT CHILDBIRTH AND POSTPARTUM CARE;

(II) PRENATAL COUNSELING COACHING;

(III) SUPPORT FOR OTHER INDIVIDUALS PROVIDING CARE FOR A
BIRTHING PARENT, INCLUDING A BIRTHING PARENT’S PARTNER AND FAMILY
MEMBERS; AND

(IV) FACILITATION OF ACCESS TO RESOURCES THAT CAN
IMPROVE BIRTH–RELATED OUTCOMES INCLUDING ONGOING HOME VISITING
SERVICES, TRANSPORTATION, HOUSING, THE SPECIAL SUPPLEMENTAL NUTRITION
PROGRAM FOR WOMEN, INFANTS AND CHILDREN, THE SUPPLEMENTAL NUTRITION
ASSISTANCE PROGRAM WIC, INTIMATE PARTNER VIOLENCE RESOURCES, AND
ALCOHOL, TOBACCO, AND DRUG CESSATION.

(6) (5) “HOME” MEANS THE RESIDENCE OF THE BIRTHING
PARENT.

(7) (6) “LABOR AND DELIVERY” MEANS THE PERIOD DURING
WHICH THE FETUS, MEMBRANES, UMBILICAL CORD, AND PLACENTA ARE EXPELLED
FROM THE UTERUS THROUGH VAGINAL BIRTH OR THROUGH THE SURGICAL
DELIVERY BY A CESAREAN SECTION.

(8) (7) “MEDICALLY NECESSARY INDICATED” MEANS THAT A
SERVICE OR BENEFIT IS: MEETS THE COVERAGE REQUIREMENTS SET BY THE
DEPARTMENT,

(i) DIRECTLY RELATED TO DIAGNOSTIC, PREVENTIVE,
CURATIVE, PALLIATIVE, REHABILITATIVE, OR AMELIORATIVE TREATMENT OF AN
ILLNESS, INJURY, DISABILITY, OR HEALTH CONDITION;

(ii) CONSISTENT WITH ACCEPTED STANDARDS OF GOOD
MEDICAL PRACTICE;

(iii) THE MOST COST EFFICIENT SERVICE THAT CAN BE
PROVIDED WITHOUT SACRIFICING EFFECTIVENESS OR ACCESS TO CARE; AND

(iv) NOT PRIMARILY FOR THE CONVENIENCE OF A CONSUMER,
FAMILY, OR PROVIDER.

(9) (8) “PARTICIPATING DOULA” MEANS AN INDIVIDUAL WHO:

(i) MEETS THE CERTIFICATION REQUIREMENTS AS PROVIDED
IN SUBSECTION (C) (D) OF THIS SECTION; AND

(ii) IS AUTHORIZED BY THE DEPARTMENT TO PROVIDE HEALTH
CARE SERVICES TO A PROGRAM RECIPIENT.

(10) “POSTPARTUM PERIOD” MEANS THE PERIOD WITHIN 180 DAYS
AFTER THE CONCLUSION OF LABOR AND DELIVERY.

(11) (9) “PROVIDER” MEANS AN INDIVIDUAL, AN ASSOCIATION, A
PARTNERSHIP, OR AN INCORPORATED OR UNINCORPORATED GROUP OF DOULAS
CERTIFIED TO PROVIDE DOULA SERVICES AND WHO, THROUGH AN APPROPRIATE
AGREEMENT WITH THE DEPARTMENT, HAS BEEN IDENTIFIED AS A PROGRAM
PROVIDER BY THE ISSUANCE OF AN INDIVIDUAL ACCOUNT NUMBER.

(b) This section may not be construed to limit the authority of
the Health Services Cost Review Commission to set the appropriate
rates for hospital services.

(b) (c) (1) There is a Maryland Medical Assistance Program
Doula Program within the Program.
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(2) THE DEPARTMENT SHALL ADMINISTER THE DOULA PROGRAM.

(3) THE PURPOSE OF THE DOULA PROGRAM IS TO PROVIDE DOULA SERVICES TO PROGRAM RECIPIENTS WHO ARE PREGNANT OR POSTPARTUM.

(4) IN ADMINISTERING THE DOULA PROGRAM AND AS PERMITTED BY FEDERAL LAW, THE DEPARTMENT SHALL:

(i) (1) ENSURE THAT DOULAS PROVIDING CARE UNDER THE DOULA PROGRAM ARE PARTICIPATING DOULAS;

(ii) (2) REVIEW PARTICIPATION IN THE DOULA PROGRAM OF PARTICIPATING DOULAS AND PROGRAM RECIPIENTS; AND

(iii) (3) EVALUATE THE EFFECTIVENESS OF DOULA SERVICES COVERED BY THE DOULA PROGRAM BY:

1. DETERMINING BREASTFEEDING RATES AMONG PROGRAM RECIPIENTS PARTICIPATING IN THE DOULA PROGRAM;

2. COLLECTING INFORMATION ON PROGRAM RECIPIENTS’ POSTPARTUM VISITS TO PARTICIPATING DOULAS THROUGH THE DOULA PROGRAM; AND

3. ADMINISTERING SURVEYS TO COLLECT FEEDBACK FROM PARTICIPATING DOULAS AND PROGRAM RECIPIENTS PARTICIPATING IN THE DOULA PROGRAM.

(c) (D) A PROVIDER SHALL:

(1) BE CERTIFIED BY AT LEAST ONE OF THE FOLLOWING ORGANIZATIONS AN ORGANIZATION APPROVED BY THE DEPARTMENT; AND PRESENT

(2) PRESENT PROOF TO THE DEPARTMENT OF COMPLETION OF THE ASSOCIATED CERTIFICATION FROM AT LEAST ONE OF THE ORGANIZATIONS ORGANIZATION BEFORE PROVIDING DOULA SERVICES THROUGH THE PROGRAM.

(1) DOULA TRAININGS INTERNATIONAL: BIRTH DOULA AND POSTPARTUM DOULA CERTIFICATIONS;

(2) THE CHILDBIRTH AND POSTPARTUM PROFESSIONAL ASSOCIATION: CERTIFIED LABOR DOULA, CERTIFIED POSTPARTUM DOULA, AND CERTIFIED COMMUNITY LACTATION EDUCATOR CERTIFICATIONS;
(3) The International Black Doula Institute: Pregnancy & Childbirth Doula certification, Postpartum & Newborn certification, and Lactation/Breastfeeding certificate of completion;

(4) Ancient Song Doula Services: Full Spectrum Labor & Postpartum Certification;

(5) Mamatoto Village: Community Birth Worker certification;

(6) Doulas of North America: Birth Doula and Postpartum Doula certifications;

(7) International Childbirth Education Association: Birth Doula, and Postpartum Doula certifications;

(8) Childbirth International: Birth Doula, and Postpartum Doula certifications; or

(9) MaternityWise: Labor Doula, and Postpartum Doula certifications.

(D) (E) To participate in the Doula Program, a provider shall:

(1) Meet the requirements of COMAR 10.09.36.03 to participate in the Program;

(2) Maintain up-to-date certification through a Doula certification program listed in subsection (C) of this section as required by the Program; and

(3) Hold adequate liability insurance.

(E) (F) (1) The Program shall cover Doula services that:

(i) Are medically necessary indicated;

(ii) Are provided during the prenatal, labor and delivery, or postpartum period of a birthing parent; and

(iii) If provided remotely, comply with the telehealth requirements in COMAR 10.09.49 and other relevant State and federal law.
(2) The Program shall cover up to:

(i) Eight prenatal or postpartum visits; and

(ii) One labor and delivery service.

(3) Doula services covered by the Program are subject to any limitations adopted by the Department.

(i) One of the following licensed health care professionals shall be present while doula services are provided during labor and delivery:

1. An obstetrician–gynecologist;

2. A family medicine practitioner; or

3. A certified nurse midwife;

(ii) Doula services provided during labor and delivery may not be delivered via telehealth;

(iii) Payment for doula services shall be limited to direct services provided and expenses may not be reimbursed for items related to:

1. Travel;

2. Administrative overhead; or

3. Ongoing certification, training, or consultation; and

(iv) Multiple visits are not allowed in the same day except in the following instances:

1. A prenatal visit that occurs before a labor and delivery visit in the same day; or

2. A labor and delivery visit that occurs before a postpartum doula visit in the same day.

(F)(G) (1) A provider shall submit a request for payment in the format designated by the Program.
(2) The Program may return to the provider, before payment, any invoices that are not properly:

   (I) Signed;

   (II) Completed; or

   (III) Accompanied by properly completed forms required by the Program.

(3) (I) A provider may charge the Program and the Program shall reimburse a provider in accordance with subsection (C) of this section.

   (II) A charge by a provider may be different from a customary charge by the provider for the same service.

   (III) The Program shall pay for covered services at a rate equal to the lesser of:

1. The customary charge of the provider charges to the general public, unless the services are free to individuals not covered by the Program; or

2. The Program’s fee schedule.

(4) A provider may not bill the Program or a birthing parent for:

   (I) Completion of forms and reports;

   (II) Broken or missed appointments;

   (III) A professional service provided by mail;

   (IV) A professional service provided by telehealth when the service is indicated as an exclusion; or

   (V) Providing a copy of the medical record of a birthing parent when another provider requests a copy of the medical record on behalf of the birthing parent.

(5) Payments for services provided to a birthing parent shall be made directly to a qualified provider.
(6) A claim submitted by a provider to the Program is subject to the billing time limitations in COMAR 10.09.36.06.

(6) (1) Unless otherwise specified, payments to providers shall be made in 15-minute units of service.

(2) Rates for doula services shall be:

   (i) For prenatal care services, $16.62 per 15-minute unit of service for up to four units of service per visit;

   (ii) For labor and delivery attendance, a flat rate of $350; and

   (iii) For postpartum care services, $19.62 per 15-minute unit of service for up to four units of service per visit.

(7) A managed care organization that participates in the Program shall provide medically necessary indicated doula services and home visiting services to pregnant and postpartum enrollees.

(8) On or before June 1 each year, the Department shall submit to the Governor and, in accordance with § 2–1257 of the State Government Article, the Senate Finance Committee and the House Health and Government Operations Committee a report on the implementation of the Doula Program.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.