

MARYLAND REGISTER

Proposed Action on Regulations

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2. COMAR Codification

Title Subtitle Chapter Regulation

10 09 39 01-.11

10 67 06 21

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

4. Name of Regulations Coordinator Telephone Number

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6. Check applicable items:

New Regulations

Amendments to Existing Regulations

Date when existing text was downloaded from COMAR online: 08/05/21.

10.09.39 Doula Services

**Subtitle 67 MARYLAND MEDICAID MANAGED CARE PROGRAM:
BENEFITS**

10.67.06 Benefits — Pregnancy - Related Services.

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland, Health-General Article, Title 15, Subtitle 1, Annotated Code of Maryland

Notice of Proposed Action

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The Secretary of Health proposes to (1) Amend Regulation .21 under COMAR 10.67.06 Maryland Medicaid Managed Care Program: Benefits; and (2) Adopt new Regulations .01 — .11 under a new chapter, COMAR 10.09.39 Doula Services.

Statement of Purpose

The purpose of this action is to (1) Establish coverage, requirements, and reimbursement procedures for doulas who enroll in Maryland Medicaid to provide services for pregnant and postpartum individuals; and (2) Add doula and home visiting services to the list of MCO-covered pregnancy-related benefits.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact.

The proposed action establishes Medicaid coverage for doula services. The Program anticipates an economic impact of \$699,658 total funds in Fiscal Year (FY) 2022.

II. Types of Economic Impact.	Revenue (R+/R-)	Magnitude
	Expenditure (E+/E-)	
A. On issuing agency:	(E+)	699,658
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+)	Magnitude
	Cost (-)	
D. On regulated industries or trade groups: (+)		699,658

NONE

E. On other industries or trade groups: NONE

F. Direct and indirect effects on public: NONE

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. The Program will begin reimbursing for doula services in the second half of FY 2022, on January 1, 2022.

(2) There are approximately 25,000 Medicaid deliveries per year. Based on an average national doula services uptake rate of 6%, the Program estimates 1,500 Medicaid participants will access these services each year.

(3) Medicaid reimbursing prenatal and postpartum doula services up to 4 prenatal visits (\$66.48 per visit), labor and delivery (\$350) and up to 4 postpartum visits (\$78.48 per visit) for a total of \$930 per participant. Total estimated cost for service delivery equals \$697,500. This amount is subject to a 50 percent federal match for direct services (\$348,750 federal funds and \$348,750 general funds).

(4) Administrative costs involved with maintaining provider files for Medicaid-enrolled doulas will equal \$2,158. This amount represents a cost of \$6.85 per provider per month and 70 certified doulas in the Program's provider network. This amount is subject to a 75 percent federal match (\$1,618 federal funds and \$540 general funds).

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Economic Impact on Small Businesses

The proposed action has a meaningful economic impact on small business. An analysis of this economic impact follows.

The proposed action establishes a fee schedule for a new covered benefit implemented on January 1, 2022. To the extent that doula providers qualify for Medicaid reimbursement and qualify as small businesses, they will benefit from the establishment of reimbursement rates for doula services.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Jason Caplan, Director, Office of Regulation and Policy Coordination, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499, or email to mdh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through . A public hearing has not been scheduled.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 22

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

Yes

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

50 percent general funds and 50 percent federal funds will be used

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

G. Small Business Worksheet:

Attached Document:

Title 10

MARYLAND DEPARTMENT OF HEALTH

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.39 Doula Services

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland.

.01 Definitions.

A. *In this chapter, the following terms have the meanings indicated.*

B. *Terms Defined.*

(1) *“Birthing parent” means the participant giving birth, who is receiving doula services throughout their pregnancy including the prenatal, labor, and postpartum periods.*

(2) *“Certified doula” means a trained nonmedical professional who provides continuous physical, emotional, and informational support to the birthing parent throughout the prenatal and postpartum periods who has received a certification as approved by the Program to perform doula services.*

(3) *“Department” means the Maryland Department of Health, the single State agency designated to administer the Maryland Medical Assistance Program under Title XIX of the Social Security Act, 42 U.S.C. §§1396 et seq.*

(4) *“Doula services” means continuous physical, emotional, and informational*

support to the birthing parent throughout the prenatal and postpartum periods, provided by a certified doula, including:

(a) Childbirth education;
(b) Emotional and physical support provided at perinatal visits, and during labor and delivery which may include:

(i) Prenatal counseling;
(ii) Providing person centered care that honors cultural and family traditions; and
(iii) Advocating on behalf of the birthing parent during appointment visits, hospitalization, and delivery;
(c) Provision of evidence-based information on general health practices pertaining to pregnancy, childbirth, postpartum care, newborn health, and family dynamics;

(d) Provision of emotional support, physical comfort measures, and information to the birthing parent to enable the birthing parent to make informed decisions pertaining to childbirth and postpartum care;

(e) Provision of support for the whole birth team including a birthing parent's partner and family members;

(f) Provision of evidence-based information on infant feeding;

(g) Provision of general breastfeeding guidance and resources;

(h) Provision of infant soothing and coping skills for the new parents; and

(i) Facilitation of access to resources that can improve birth-related outcomes including ongoing home visiting services, transportation, housing, Alcohol, Tobacco and Drug cessation, WIC, SNAP, and intimate partner violence resources.

(5) "Home" means the birthing parent's place of residence in a community setting.

(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.

(7) "Medically necessary" means that the service or benefit is:

(a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;

(b) Consistent with current accepted standards of good medical practice;

(c) The most cost-efficient service that can be provided without sacrificing effectiveness or access to care; and

(d) Not primarily for the convenience of the consumer, family, or provider.

(8) "Postpartum period" means the period that begins immediately after childbirth up to 180 days following childbirth.

(9) "Prenatal period" means the developmental period between conception and birth.

(10) "Program" means the Maryland Medical Assistance Program.

(11) "Provider" means an individual, association, partnership, or 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.

.02 Certification Requirements.

A provider shall be certified by one of the following organizations, and present proof of all specified certifications for each organization:

A. Doula Trainings International: Birth Doula and Postpartum Doula Certifications;

B. The Childbirth and Postpartum Professional Association (CAPPA): Certified Labor Doula, Certified Postpartum Doula, and Certified Community Lactation Educator Certifications;

C. The International Black Doula Institute (IBDI): Pregnancy & Childbirth Doula Certification, Postpartum & Newborn Certification, and Lactation/Breastfeeding Certificate of Completion;

D. Ancient Song Doula Services: Full Spectrum Labor & Postpartum Certification;

E. Mamatoto Village: Community Birth Worker Certification;

F. Doulas of North America (DONA): Birth Doula and Postpartum Doula Certifications;

G. International Childbirth Education Association (ICEA): Birth Doula, and Postpartum Doula Certifications;

H. Childbirth International (CBI): Birth Doula, and Postpartum Doula Certifications; or

I. MaternityWise: Labor Doula, and Postpartum Doula Certifications.

.03 Conditions for Participation.

A. General requirements for participation in the Program are that a provider shall meet all conditions for participation as set forth in COMAR 10.09.36.03.

B. Specific requirements for participation in the Program as a certified doula provider require that the provider:

(1) Maintain up to date certification through a doula certification program as specified in Regulation .02 of this chapter; and

(2) Shall have adequate liability insurance.

.04 Covered Services.

A. Effective January 1, 2022, the Program covers doula services as defined in Regulation .01 of this chapter when the services:

(1) Are medically necessary;

(2) Are rendered during a birthing parent's prenatal period, labor and delivery, and postpartum period; and
(3) If rendered not in-person, comply with the telehealth requirements established in COMAR 10.09.49 and any other subregulatory guidance.

B. The Program shall cover up to:

- (1) Eight prenatal or postpartum visits; and
- (2) One labor and delivery service.

.05 Limitations.

Doula services covered under this chapter are subject to the following limitations:

A. One of the following providers 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.

B. Doula services furnished during labor and delivery may not be rendered via telehealth;

C. Payment for doula services shall be limited to direct services provided. Expenses may not be reimbursed for items related to:

- (a) Travel;
- (b) Administrative overhead; or
- (c) Ongoing certification, training, or consultation.

D. Multiple visits are not allowed in the same day except in the following instances:

- (a) A prenatal visit occurs earlier in the day, and a labor and delivery visit later in the day, or
- (b) A labor and delivery visit occurs earlier in the day, and a postpartum doula later in the day.

.06 Payment Procedures.

A. The provider shall submit the request for payment in the format designated by the Program.

B. The Program reserves the right to return to the provider, before payment, all invoices not properly signed, completed, and accompanied by properly completed forms required by the Program.

C. The provider shall charge the Program the provider's customary charge to the general public. If the service is free to individuals not covered by Medicaid:

- (1) The provider:
 - (a) May charge the Program; and
 - (b) Shall be reimbursed in accordance with §H of this regulation;
- (2) The provider's reimbursement is not limited to the provider's customary charge.

D. The Program will pay for covered services, the lesser of:

(1) The provider's customary charge to the general public unless the service is free to individuals not covered by Medicaid; or

(2) The Program's fee schedule.

E. The provider may not bill the Program or the participant for:

- (1) Completion of forms and reports;
- (2) Broken or missed appointments;
- (3) Professional services rendered by mail;
- (4) Professional services rendered via telehealth when services are indicated as an exclusion; or
- (5) Providing a copy of a participant's medical record when requested by another provider on behalf of the participant.

F. Payments for services rendered to a birthing parent shall be made directly to a qualified provider.

G. Billing time limitations for claims submitted pursuant to this chapter are set forth in COMAR 10.09.36.06.

H. Reimbursement.

- (1) Unless otherwise specified, payments shall be made in 15-minute units of service.
- (2) Effective January 1, 2022, rates for the services outlined in this chapter shall be as follows:
 - (a) For prenatal care services, \$16.62 per 15-minute unit of service, up to 4 units of service per visit;
 - (b) For labor and delivery attendance, a flat rate of \$350; and
 - (c) For postpartum care services, \$19.62 per 15-minute units of service, up to 4 units of service per visit.

.07 Recovery and Reimbursement.

Recovery and reimbursement regulations are set forth in COMAR 10.09.36.07.

.08 Cause for Suspension or Removal and Imposition of Sanctions.

Cause for suspension or removal and imposition of sanctions are set forth in COMAR 10.09.36.08.

.09 Appeal Procedures.

Providers filing appeals from administrative decisions made in connection with these regulations shall do so according to COMAR 10.09.36.09.

.10 Interpretive Regulation.

Interpretive regulatory requirements shall be as set forth in COMAR 10.09.36.10.

.11 Implementation Date.

This chapter shall be implemented on January 1, 2022.

10.67.06 Maryland Medicaid Managed Care Program: Benefits

Authority: Health-General Article, Title 15, Subtitle 1, Annotated Code of Maryland

.21 Benefits — Pregnancy-Related Services.

A. An MCO shall provide to its pregnant and postpartum enrollees medically necessary pregnancy-related services, including:

(1)—(2) (text unchanged)

(3) Enriched maternity services, including:

(a)—(e) (text unchanged)

(f) Appropriate levels of inpatient care, including emergency transfer of pregnant women and newborns to tertiary care centers; [and]

(g) Smoking cessation education and treatment[.];

(h) *Doula services; and*

(i) *Home visiting services.*

B.—D. (text unchanged)

DENNIS R. SCHRADER
Secretary of Health