

NEXT STEPS FOR DOULA SERVICES IN NEW YORK STATE

Medicaid Benefit Design and Reimbursement

Senator Samra G. Brouk



Report and Findings from March 7, 2023
Joint Public Hearing on Doula Care Testimony -
New York State Senate Health and Mental Health Committees

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Senator Brouk also thanks everyone who provided written and oral testimony, as well as participated in conversations with Senators and committee staff. The Committee is especially grateful to those New York doulas from every corner of the state who shared their experiences at the hearing in service of a better healthcare system that lives up to our highest and best ideals.

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Dear fellow New Yorkers -

As a person who was born and raised in New York and recently gave birth to my first child - I know first-hand the vast challenges that pregnant people face in this state.

The United States is the most dangerous place in the developed world for a woman to give birth, and New York is by no means a leader in securing positive maternal health outcomes when compared to other states. We are facing a growing maternal mortality crisis that is especially relevant for our Black and Brown birthing people. Racial and ethnic disparities in maternal care are public health issues that have a significant impact on communities throughout the state. ***In New York, Black women are four times more likely to die of pregnancy-related causes and complications*** especially relevant for our Black and Brown Birthing people.

Providing **better access to doula care** and support services is a proven way to address maternal morbidity and maternal mental health. **A doula is a non-clinical professional who offers physical, emotional, and informational support before, during, and after birth.** Doula services have been shown to increase positive health outcomes including reducing birth complications for the mother and baby and improving maternal mental health. I saw the benefits of a birth doula during my own pregnancy, but doulas should not be a luxury-every birthing person in NY should have access to a doula, if they choose.

At the time of the writing of this report, New York state is in the process of developing its plans for its Medicaid program to reimburse community doulas and invest in operational support. I am eager to ensure that doula care is accessible, that we adopt an equitable reimbursement rate statewide, and that doula organizations receive the operational funding they need.

I encourage you to join me in this collaborative effort to improve maternal health across the state. With New York being a role model state, we have the potential of encouraging the work of community doulas throughout the country.

Please do not hesitate to contact me or my team for any needs you may have - whether it be connecting you to resources or sharing any viewpoints or ideas. Your contributions are extremely valuable to me.

Sincerely,

A handwritten signature in black ink, appearing to read "Sam Brouk".

Senator Samra G. Brouk
55th District - Chair of the Senate Committee on Mental Health

MATERNAL MORTALITY

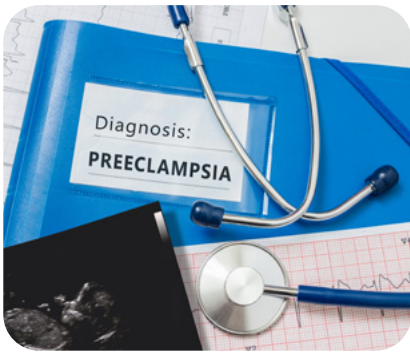
Maternal mortality has devastating impacts on communities, children, and families all around the world. Mortality as it relates to maternal health is a public health crisis, as well as a human rights crisis.

Maternal mortality is the death of a woman during pregnancy, at delivery, or soon after a delivery. Between 2000 and 2020, the maternal mortality ratio (number of maternal deaths per 100,000 live births) dropped by about 34% worldwide, but in 2020 the maternal mortality rate in the US was 24 deaths per 100,000 live births – more than three times the rate in most other high-income countries. In 2021, the maternal death rate rose even higher to 32.9.



New York State in particular faces challenges, ranking 23rd in the nation in maternal mortality. The New York State Expert Panel on Postpartum Care recognizes that racial disparities are at the heart of these outcomes. In this state, Black women experience 51.6 mortalities per 100,000 live births compared to white women who face 15.9 mortalities per 100,000 live births.

Black women face more than five times the risk of mortality than white women in New York. These statistics are especially heartbreaking because data analysis by the New York State Department of Health indicates that up to 78% of maternal deaths in this state are preventable, and that racial discrimination plays a role in these negative health outcomes. The three most common causes of pregnancy-related deaths for women in New York are embolism, hemorrhage, and mental health conditions. The preeclampsia rate is 60 percent higher in Black women than in white women, and Black women are more likely to develop severe preeclampsia.



It's also important to dispel the myth that only vulnerable, uneducated Black women are dying. The maternal mortality rate for Black mothers in the top quintile of income distribution is similar to that of white mothers at the bottom of this economic strata. For example, among Black women who have obtained a college degree, pregnancy related deaths are 5 times as high as white women with a similar education. This combined evidence speaks to the extensive social and economic

inequities entrenched in the racial and ethnic discrimination in our healthcare systems and wider society.

MATERNAL MENTAL HEALTH

The mental health of an individual can greatly impact their psychological, social, physical, and emotional well-being. Mental health conditions are the [most prevalent complication](#) of pregnancy and childbirth, far above gestational diabetes and preterm birth. More than 800,000 birthing people in the United States will experience an [episode of major or minor depression](#) within the first three months postpartum.



Although most people are familiar with the “baby blues,” maternal mental health is a far more complex issue with a wide range of disorders and symptoms from low mood, depression, and anxiety to intrusive thoughts, obsessive compulsive disorder, birth-related post-traumatic stress disorder, and psychosis.

When women are left untreated, their mental health disorders do not just impact them, but can also have devastating outcomes for the child, the individual’s family, and society overall. [Suicide](#) is one of the leading causes of death in the first year postpartum. Despite the importance of treatment and services, **it’s estimated that 75 percent of women who experience maternal mental health [symptoms go untreated](#).**

[Women living in poverty and women of color](#) are more likely to experience maternal mental health conditions and less likely to be able to access care, due to less available culturally appropriate mental health care, cultural and racial biases in the healthcare system, and barriers to care such as transportation or childcare.

**Need mental health support? Call the [Postpartum Resource Center of New York](#) at 1-855-631-0001*

DOULA CARE

“Strategies to improve infant and maternal outcomes, particularly for families of color and low-income families, have historically focused disproportionately on addressing pre-existing conditions, structural barriers to care access, and individual behavior. A successful approach to improving outcomes for families requires incorporating human rights and reproductive justice frameworks that not only value lived experiences, but that also center community-led approaches to resolving the maternal health crisis.” – [Advancing Birth Justice](#): Community-Based

Doula Models as a Standard of Care for Ending Racial Disparities

A doula is a trained, non-clinical professional who provides physical, emotional, and informational support to a pregnant person before, during, and after childbirth.

In peer-reviewed research, doula care [has been shown to](#) improve childbirth outcomes, increase the quality of care delivery, and achieve cost savings.

The benefits of doula services are profound. In relation to [birthing outcomes](#), doulas are proven to decrease the overall cesarean rate by 50% and decrease the length of labor by 25%. Evidence further suggests that [doula services](#) are associated with shorter births (on average about a 40-minute reduction) and higher Apgar scores for infants at birth. In addition, birthing [parents who use a doula](#) are four times less likely to have a low birth weight baby, two times less likely to experience a birth complication, and are significantly more likely to initiate breastfeeding. Individuals that had continuous support provided by a doula are [less likely to use pain medication](#) or epidural analgesia.



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DOULA CARE CONT.

Studies suggest that increasing access to doula care, particularly for [communities of color and Medicaid recipients](#), is a strong tool to improve birthing and health outcomes and experiences while also reducing maternal mortality. Access to doula care can [improve communication](#) between low-income birthing people and their healthcare providers and staff. Correspondingly, it can lessen outcomes of bias and racial injustices.



The care and support from a doula before and after birth can have a positive [impact on maternal emotional wellbeing and mental health](#) – by reducing anxiety, unhappiness and stress, and increasing self-esteem and self-efficacy.

Individualized support for pregnant persons improves the birth experience as well as physical and psychological outcomes for mother and baby. Studies have shown that this type of personalized support for pregnant persons improves the birth experience and the physical and psychological outcomes for mother and baby, and can have a positive impact on the well-being of a whole family.



HEARING TESTIMONY

On Tuesday, March 7, 2023 the Senate Standing Committee on Mental Health Chair Senator Samra G. Brouk and the Senate Standing Committee on Health Chair Senator Gustavo Rivera hosted a [Public Hearing: To receive testimony on how to identify and examine best practices for integrating doulas into New York’s maternal healthcare system.](#)

Seventeen people testified at the hearing and additional people submitted testimony.

As outlined in submitted testimony, available in Appendix, hearing testimony emphasized the urgent need for New York State to take concrete actions to improve maternal and birth outcomes and to end racial disparities in maternal mortality and morbidity. The beneficial impact of doula support on better health outcomes is widely recognized in the state, including by groups and individuals in attendance at the hearing.

“Time and time again the voices of black women have been ignored within health-care and continue to be dismissed as an afterthought, forced coercion into complying with medical procedures by threatening to call child protective services, the continued lack of access to equitable culturally relevant care, and compounded by the stress of racism and implicit bias continue to kills on a daily basis and is showing up in the birth room and during the postpartum period.” – Chanel L. Porchia-Albert, Founder and Executive Director, Ancient Song Doula Services, Brooklyn, NY



HEARING TESTIMONY CONT.

“Too often the work of these community doulas and their expertise gets marginalized. All of them are working in their own communities. Many are experiencing the same reproductive injustice as the families they work with. They see their clients at their doula appointments, but they also see them at church, at the grocery store, their kids’ school, at cookouts or neighborhood events. These are black women, like me, who have seen up close, the ways in which preventable death and illness unfolds in pregnancy and leaves entire communities paralyzed. Our work is not housed in hospital affiliated centers, clinics, health departments or heavily funded non-profit organizations. Our work is in collective spaces, donated offices, community centers, libraries, homeless shelters and even our own homes. These formal and informal collectives do not receive government funding or state allocated grants because traditionally these reimbursement sources have minimized the scope of our work while creating barriers, overburdensome paperwork, delays, and red tape in reimbursement.” – Astier Bey, Co-Director for Village Birth International and the Co-Founder of the Sankofa Reproductive Health and Healing Center, Syracuse, NY

“Doulas can disrupt families’ experiences of harm, mistreatment, and adverse health impacts by advocating for birthing people in the medical system while enhancing birthing people’s feelings of agency, security, and respect. Doulas provide nonclinical emotional, physical, and informational support before, during, and after labor and birth and have been consistently shown to improve birth outcomes and experiences of care. The community-based doula model responds to the disinvestment within Black, Brown, and Indigenous communities by providing culturally reflective support and access to information and referrals at little to no cost.” – Dr. Twylla Dillion, Executive Director HealthConnect One

During the hearing, the benefits and limitations of the New York State Department of Health’s Office of Health Insurance Programs **Medicaid Doula Pilot Program** (started in 2019) were discussed. While the pilot was initially planned for both Erie and Kings County, very few doulas enrolled in the Kings County program due to inadequate reimbursement rates. As of January 9, 2023, 917 birthing people were enrolled in one of six different Medicaid Managed Care Plans or Medicaid Fee-for-Service to cover doula services for Medicaid-enrolled pregnant people living in Erie County. To date, 82% of claims are for prenatal visits, 6% are for labor and delivery support and 12% are for postpartum visits. The benefits of these services for patients are clear - 97% of respondents said having a doula improved or somewhat improved their childbirth experience, and 92% rated their doulas as good or excellent. In addition to low reimbursement rates, doulas who participated in the programs expressed a need for administrative support in Medicaid program enrollment.

HEARING TESTIMONY CONT.

The top recommendation from panelists and submitted testimony was support for an **equitable reimbursement rate of \$1930** to cover up to 8 prenatal and postpartum visits (\$85/vist) and labor and delivery support (\$1250). The prenatal and postpartum home visits are an essential part of preventive care and can last up to two hours, not including travel time and additional communication with clients conducted outside of visits. This rate is designed to also cover uncompensated doula expenses such as training and education, resource referrals, educational materials, phone and text communication outside of set appointments, transportation and parking, childcare and meals during long labors, liability insurance, administrative costs, professional development, marketing, accounting and legal fees, etc.

Panelists also spoke at length about the importance of following the **leadership of community-based doulas** in the design and implementation of the New York State Medicaid benefit and identifying a **sustainable funding stream for community based doula organizations** for community doula training and administrative support. Community-based doulas best understand the scope and nature of doula work in vulnerable populations and must be consulted when structures and processes for the state program are being implemented. In addition to much needed billing support, a reliable funding stream will allow community based doula organizations to strengthen infrastructure around billing, data collection, training, reflective supervision, peer support, mentorship, network referral, professional development and continuing education and coordination of community social services.



To read testimony submitted by participants in this hearing, visit: <https://www.nysenate.gov/calendar/public-hearings/march-07-2023/joint-public-hearing-receive-testimony-how-identify-and>

ADEQUATE MEDICAID REIMBURSEMENT FOR DOULA CARE

Despite the numerous, well-documented benefits of doula care to address maternal mortality and maternal mental health, services remain widely underutilized. In addition, cost has been identified as the single [most significant obstacle to obtaining doula services](#) nationwide.

Doula reimbursement under New York State's Medicaid program would make this type of care more accessible; this is especially important in New York where nearly [half of all births are covered by Medicaid](#).



The current Medicaid reimbursement rates established under the recent [New York State Doula Pilot Program](#) have faced significant criticism (see testimony in Appendix A).

In August of 2022, NYCDA (New York Coalition for Doula Access) launched a strategic collaboration, “Medicaid Alignment Project” of 195 stakeholders including doula practitioners, patients, doula organizations, hospital administrations, payers and health department officials.

NYCDA has proposed \$1,930 as an **equitable, statewide Medicaid reimbursement rate** for doula services in New York State. Proposed reimbursement breakdown:

- Coverage of eight prenatal/postpartum visits at \$85 each (\$680 with an average visit time of 2 hours)
- Continuous labor support and associated costs at \$1250

This \$1930 rate has earned the support of New York State Senator Samra Brouk, The City of New York, and other stakeholders.

An adequate Medicaid reimbursement will be a key component in ensuring that services are available to the communities and individuals that need it most. [Implementing an equitable Medicaid rate](#) will exponentially increase access to doulas, retain doulas in the profession, and improve health outcomes for mothers and families.

NEXT STEPS



Under the leadership of Senator Samra Brouk, in March 2023 the [New York State Senate passed its "One House"](#) Budget to set an equitable Medicaid reimbursement rate for doulas: "Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023 and thereafter, **Medicaid reimbursement for doulas shall be at least one thousand nine hundred thirty dollars** for four antepartum visits, labor and delivery attendance, and four postpartum visits, subject to the approval of the commissioner and the director of the division of the budget."

The [Executive Budget Medicaid Scorecard](#) outlines "Statewide Medicaid Coverage and Higher Reimbursement for Doulas" starting January 2024, committing an investment of \$2.3 million in FY 2024 and \$8.5 for FY 2025. The New York State Department of Health planned a series of [Virtual Town Halls](#) to engage doula stakeholders to develop and implement the Medicaid doula services benefit and reimbursement rate before submitting its [Medicaid State Plan Amendment](#).

NEXT STEPS CONT.

Direct and sustainable collaboration by state agencies with community based doulas, community based doula organizations, and community based doula training programs will be key to the successful design and implementation of this Medicaid benefit. These collaborative planning efforts should be inclusive and transparent. These could include regular and planned collaborative discussion around establishing criteria for providing services as a doula, training requirements, education, and continuing education. This could include designing listings and directories advertising doulas that will bill Medicaid



for services. This could include collaboration with managed care organizations to develop training materials for doulas to navigate the billing process, including a plan to offer independent community doulas training for how to access Medicaid reimbursement and complete necessary paperwork. This could include the development of culturally responsive data mechanisms for both birthing people and doulas, including data collection that addresses barriers to accessing care in different parts of the state.

In addition to planning and collaboration with community doulas must come a mechanism to establish an adequate **funding mechanism for community doula organizations** to aid in their recruitment, training, support and administrative work. Community doula organizations are already doing important work to increase the number of qualified doulas to serve in the community, developing mentorship and peer programs to support doulas in their work, providing assistance with reimbursement paperwork, and providing protections for non-Medicaid reimbursed doula care, among other services. Without adequate state support and funding, community doula organizations will be unable to effectively implement programs that will truly make Medicaid doula services available to the most vulnerable people in our state.

Lastly, New York State should take steps to develop criteria for policies that would **elevate doulas from “visitor” status** in medical and hospital establishments to fully integrate doulas into the birthing team in various healthcare facilities in a way that acknowledges the breadth and importance of their work.

FURTHER READING

- New York State Department of Health [Maternal Mortality Reports and Updates](#)
- NYCDA - [New York Coalition for Doula Access](#)
- [Advancing Birth Justice](#): *Community-Based Doula Models as a Standard of Care for Ending Racial Disparities* by Asteir Bey, Aimee Brill, Chanel Porchia-Albert, Melissa Gradilla, Nan Strauss
- [Black Mamas Matter](#): *Advancing The Human Right To Safe And Respectful Maternal Health Care*
- [Evidence Based Birth](#)
- [New York State Medicaid Doula Services Benefit](#) Doula Stakeholder Meetings





Senator Brouk

A Path to Medicaid Doula Care in New York State