

**First Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO**

**INTRODUCED**

LLS NO. 23-0838.02 Chelsea Princell x4335

**SENATE BILL 23-288**

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**SENATE SPONSORSHIP**

**Fields and Buckner,**

**HOUSE SPONSORSHIP**

**English and Joseph,**

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**Senate Committees**  
Health & Human Services

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING MEASURES TO DETERMINE COVERAGE FOR DOULA**  
102 **SERVICES.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)*

Not later than September 1, 2023, the bill requires the department of health care policy and financing (state department) to initiate a stakeholder process to promote the expansion and utilization of doula services for pregnant and postpartum medicaid recipients (recipients).

The bill requires the state department to work with a maternity advisory committee to create a report detailing the findings and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters or bold & italic numbers indicate new material to be added to existing law.*  
*Dashes through the words or numbers indicate deletions from existing law.*

recommendations from the stakeholder process and submit the report to the general assembly during the state department's "SMART Act" hearing.

Not later than July 1, 2024, the bill requires the state department to seek federal authorization for medicaid providers to provide doula services for pregnant and postpartum people.

The bill creates a doula scholarship program to provide financial support to eligible individuals to pursue doula training and certification. To be eligible for a scholarship, individuals must agree to enroll as a doula provider and provide doula services to recipients.

The bill requires the division of insurance (division) to contract with an independent entity to study the potential health-care costs and benefits of providing coverage for doula services in health benefit plans. The bill requires the division to submit a report to the general assembly during the state department's "SMART Act" hearing detailing the results and recommendations from the study during the state fiscal year 2024-25.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly  
3 finds and declares that:

4 (a) There is strong evidence of positive maternal and infant  
5 outcomes associated with doula services;

6 (b) Doula care is associated with a reduction in the number of low  
7 birth weight babies, preterm births, cesarean sections, labor inductions,  
8 and other medical interventions, and is associated with increased rates of  
9 breast-feeding;

10 (c) Most pregnant persons who utilize doula services have positive  
11 outcomes, and the association between doula support and positive  
12 perinatal outcomes is even stronger for low-income people, people of  
13 color, and people who experience cultural or language barriers to  
14 accessing pregnancy care. However, individuals and families who could  
15 benefit the most from doula services may have the least access to it,  
16 financially and culturally.

1 (d) The United States has the highest rate of maternal mortality  
2 among developed countries, with 1,205 deaths due to maternal causes in  
3 2021;

4 (e) It is estimated that more than 80 percent of the maternal  
5 mortalities in the United States are preventable;

6 (f) Data from the Centers for Disease Control and Prevention  
7 shows that nationally, Black pregnant persons are two to three times more  
8 likely to die from pregnancy-related causes than White pregnant persons.  
9 There are between 69 and 70 deaths per 100,000 live births for Black  
10 pregnant persons, compared to between 26 and 27 deaths per 100,000 live  
11 births for White pregnant persons, and 28 deaths per 100,000 live births  
12 for Hispanic pregnant persons.

13 (g) High rates of maternal mortality among Black pregnant  
14 persons span income and education levels; moreover, risk factors such as  
15 a lack of access to prenatal care and physical health conditions do not  
16 fully explain the racial disparity in maternal mortality;

17 (h) A growing body of evidence indicates that stress from racism  
18 can result in conditions such as hypertension and preeclampsia that  
19 contribute to poor maternal health outcomes among Black pregnant  
20 persons;

21 (i) In the United States, one in three births is a cesarean section,  
22 which costs about 50 percent more than vaginal births. Studies suggest  
23 that having a doula reduces the need for a cesarean section by 25 percent.

24 (j) Currently, Oregon and Minnesota permit medicaid coverage  
25 for doula services, and New York City has launched a doula pilot  
26 program. Studies in Oregon, Minnesota, and Wisconsin have shown that  
27 when pregnant individuals use a doula, it can save the state money.

1 (2) Therefore, the general assembly finds that providing doula  
2 services for medicaid recipients in Colorado would significantly improve  
3 health outcomes for pregnant and postpartum individuals and would help  
4 lower the maternal mortality rate in the state.

5 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-4-506 as  
6 follows:

7 **25.5-4-506. Coverage for doula services - stakeholder process**  
8 **- federal authorization - scholarship program - training - report -**  
9 **definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT  
10 OTHERWISE REQUIRES:

11 (a) "DOULA" MEANS A TRAINED BIRTH COMPANION WHO PROVIDES  
12 PERSONAL, NONMEDICAL SUPPORT TO PREGNANT AND POSTPARTUM  
13 PEOPLE AND THEIR FAMILIES PRIOR TO CHILDBIRTH, DURING LABOR AND  
14 DELIVERY, AND DURING THE POSTPARTUM PERIOD.

15 (b) "MATERNITY ADVISORY COMMITTEE" MEANS THE COMMITTEE  
16 FACILITATED BY THE STATE DEPARTMENT COMPOSED PREDOMINANTLY OF  
17 BLACK, INDIGENOUS, AND OTHER PEOPLE OF COLOR WITH MATERNITY  
18 CARE EXPERIENCE AS RECIPIENTS.

19 (2) NO LATER THAN SEPTEMBER 1, 2023, THE STATE DEPARTMENT  
20 SHALL INITIATE A STAKEHOLDER PROCESS TO PROMOTE THE EXPANSION  
21 AND UTILIZATION OF DOULA SERVICES FOR PREGNANT AND POSTPARTUM  
22 RECIPIENTS IN THE STATE. IN CONDUCTING THE STAKEHOLDER PROCESS,  
23 THE STATE DEPARTMENT SHALL:

24 (a) DESIGN AN OUTREACH STRATEGY THAT INCLUDES BEST  
25 PRACTICES IN COMMUNITY ENGAGEMENT, INCLUDING, BUT NOT LIMITED  
26 TO:

27 (I) ENGAGING TRUSTED COMMUNITY PARTNERS TO SUPPORT THE

1 WORK;

2 (II) REIMBURSEMENT OF PARTICIPATION COSTS FOR INDIVIDUALS

3 WHO ARE NOT OTHERWISE PAID TO PARTICIPATE;

4 (III) REIMBURSEMENT OF CHILD CARE COSTS FOR INDIVIDUALS

5 WHO PARTICIPATE; AND

6 (IV) TRANSLATION SERVICES AND MEETING TIMES THAT ALLOW

7 DIVERSE AND INCLUSIVE PARTICIPATION;

8 (b) SOLICIT FEEDBACK RELATED TO:

9 (I) INCLUDED TRAININGS OR CERTIFICATIONS FOR DOULAS;

10 (II) A BILLING PROCESS FOR DOULA SERVICES;

11 (III) WAYS TO RECRUIT DOULAS AND INTEGRATE THEM INTO

12 HOSPITAL DELIVERIES;

13 (IV) SUPPORT NEEDED TO BUILD AND RETAIN A DOULA

14 WORKFORCE;

15 (V) COMMUNITY OUTREACH TO DETERMINE HOW TO BEST

16 PROMOTE DOULA SERVICES; AND

17 (VI) THE DOULA SCHOLARSHIP PROGRAM CREATED IN SUBSECTION

18 (7) OF THIS SECTION.

19 (3) STAKEHOLDERS MUST BE DIVERSE WITH REGARD TO RACE,

20 ETHNICITY, IMMIGRATION STATUS, SEXUAL ORIENTATION, AND GENDER,

21 AND MUST REPRESENT OTHER POPULATIONS THAT EXPERIENCE GREATER

22 HEALTH DISPARITIES AND INEQUITIES. THE STATE DEPARTMENT MAY

23 INCLUDE THE FOLLOWING IN THE STAKEHOLDER PROCESS:

24 (a) DOULAS AND POTENTIAL DOULAS WHO MAY SERVE RECIPIENTS

25 WHO INCLUDE, BUT ARE NOT LIMITED TO, BLACK, INDIGENOUS, AND OTHER

26 PEOPLE OF COLOR, REFUGEES, NON-ENGLISH SPEAKERS, PEOPLE LIVING IN

27 RURAL AREAS, AND PEOPLE WHO WERE RECENTLY INCARCERATED;

1 (b) INDIVIDUALS INDIRECTLY INVOLVED IN THE DELIVERY OF  
2 DOULA SERVICES, INCLUDING, BUT NOT LIMITED TO, CLINICAL PROVIDERS,  
3 HOSPITALS, MANAGED CARE ENTITIES, AND STATE PARTNERS, INCLUDING,  
4 BUT NOT LIMITED TO, THE DEPARTMENT OF PUBLIC HEALTH AND  
5 ENVIRONMENT, DEPARTMENT OF HUMAN SERVICES, DEPARTMENT OF  
6 EARLY CHILDHOOD, AND DEPARTMENT OF REGULATORY AGENCIES;

7 (c) REPRESENTATIVES FROM THE DIVISION OF INSURANCE WITH  
8 SUBJECT MATTER EXPERTISE; AND

9 (d) REPRESENTATIVES FROM THE MATERNITY ADVISORY  
10 COMMITTEE.

11 (4) FOR STATE FISCAL YEAR 2024-25, THE STATE DEPARTMENT  
12 SHALL SUBMIT A REPORT TO THE GENERAL ASSEMBLY AS PART OF THE  
13 STATE DEPARTMENT'S "SMART ACT" PRESENTATION REQUIRED BY  
14 SECTION 2-7-203. THE REPORT MUST INCLUDE FINDINGS AND  
15 RECOMMENDATIONS FROM THE STAKEHOLDER PROCESS AS DESCRIBED IN  
16 SUBSECTION (2) OF THIS SECTION. THE STATE DEPARTMENT SHALL WORK  
17 WITH THE MATERNITY ADVISORY COMMITTEE TO CREATE THE REPORT.

18 (5) IN CARRYING OUT THE STAKEHOLDER PROCESS DESCRIBED IN  
19 SUBSECTION (2) OF THIS SECTION, THE STATE DEPARTMENT IS EXEMPT  
20 FROM THE "PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24.

21 (6) NOT LATER THAN JULY 1, 2024, THE STATE DEPARTMENT  
22 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE DOULA SERVICES FOR  
23 PREGNANT AND POSTPARTUM PEOPLE TO IMPROVE HEALTH OUTCOMES OF  
24 PREGNANT AND POSTPARTUM PEOPLE WHO FACE A DISPROPORTIONATELY  
25 GREATER RISK OF POOR BIRTH OUTCOMES.

26 (7) (a) NOT LATER THAN JULY 1, 2024, THE STATE DEPARTMENT  
27 SHALL CREATE A DOULA SCHOLARSHIP PROGRAM THAT GRANTS FUNDS TO

1 INDIVIDUALS WITHOUT SUFFICIENT FINANCIAL RESOURCES TO COMPLETE  
2 DOULA TRAINING AND CERTIFICATION PROGRAMS NECESSARY TO PROVIDE  
3 DOULA SERVICES.

4 (b) IN DESIGNING THE DOULA SCHOLARSHIP PROGRAM, THE STATE  
5 DEPARTMENT SHALL SOLICIT INPUT FROM GROUPS IDENTIFIED IN  
6 SUBSECTION (3) OF THIS SECTION.

7 (c) THE STATE DEPARTMENT SHALL DEFINE ELIGIBILITY CRITERIA  
8 FOR THE DOULA SCHOLARSHIP PROGRAM THAT INCLUDES, BUT IS NOT  
9 LIMITED TO, THE FOLLOWING:

10 (I) PROOF OF FINANCIAL HARDSHIP;

11 (II) PROOF OF STATE RESIDENCY; AND

12 (III) A STATEMENT OF INTENT TO SERVE AS A DOULA PROVIDER IN  
13 COLORADO FOR PREGNANT AND POSTPARTUM RECIPIENTS.

14 (d) THE STATE DEPARTMENT SHALL DEFINE CRITERIA FOR  
15 ORGANIZATIONS TO CONDUCT TRAINING AND CERTIFICATION PROGRAMS  
16 FOR DOULAS THAT INCLUDE, BUT ARE NOT LIMITED TO:

17 (I) AN APPROVED CERTIFICATION PROCESS FOR DOULAS;

18 (II) AN EQUITABLE APPROACH TO DOULA RECRUITMENT AND  
19 TRAINING; AND

20 (III) AN APPROVED BUDGET TO PROVIDE FREE TRAINING TO  
21 ATTENDEES.

22 (e) THE STATE DEPARTMENT MAY REQUIRE INDIVIDUALS WHO  
23 RECEIVE SCHOLARSHIP MONEY PURSUANT TO THE DOULA SCHOLARSHIP  
24 PROGRAM DESCRIBED IN THIS SUBSECTION (7) TO SUBMIT TO THE STATE  
25 DEPARTMENT, NOT LATER THAN SIX MONTHS AFTER THE INDIVIDUAL'S  
26 COMPLETION OF DOULA TRAINING OR CERTIFICATION, DOCUMENTATION  
27 THAT THE INDIVIDUAL IS SERVING AS A DOULA FOR RECIPIENTS OR IS

1 WORKING TOWARD ENROLLMENT AS A DOULA MEDICAL ASSISTANCE  
2 PROVIDER. IF AN INDIVIDUAL DOES NOT COMPLETE THE DOCUMENTATION,  
3 THE STATE DEPARTMENT MAY SEEK REPAYMENT OF THE FUNDS AWARDED  
4 TO THE INDIVIDUAL THROUGH THE DOULA SCHOLARSHIP PROGRAM.

5 (f) ANY MONEY APPROPRIATED TO THE DOULA SCHOLARSHIP  
6 PROGRAM AND NOT EXPENDED PRIOR TO JULY 1, 2024, IS FURTHER  
7 APPROPRIATED TO THE STATE DEPARTMENT THROUGH JUNE 30, 2025, TO  
8 BE USED FOR THE SAME PURPOSE.

9 (g) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE STATE  
10 DEPARTMENT SHALL REPORT ANNUALLY BEGINNING IN 2025 TO THE  
11 GENERAL ASSEMBLY AS PART OF THE STATE DEPARTMENT'S "SMART  
12 ACT" PRESENTATION, AS REQUIRED BY SECTION 2-7-203, ON THE  
13 UTILIZATION AND OUTCOMES OF THE DOULA SCHOLARSHIP PROGRAM.

14 **SECTION 3.** In Colorado Revised Statutes, **add** 10-16-155.5 as  
15 follows:

16 **10-16-155.5. Actuarial review of doula services - report -**  
17 **definition.** (1) THE DIVISION SHALL CONTRACT WITH AN INDEPENDENT  
18 ENTITY TO CONDUCT AN ACTUARIAL REVIEW OF THE POTENTIAL  
19 HEALTH-CARE COSTS AND BENEFITS OF INCLUDING COVERAGE FOR DOULA  
20 SERVICES FOR PREGNANT AND POSTPARTUM PERSONS COVERED BY HEALTH  
21 BENEFIT PLANS.

22 (2) THE DIVISION SHALL PRESENT THE RESULTS FROM THE  
23 ACTUARIAL REVIEW CONDUCTED PURSUANT TO SUBSECTION (1) OF THIS  
24 SECTION TO THE GENERAL ASSEMBLY AS PART OF THE DIVISION'S "SMART  
25 ACT" PRESENTATION REQUIRED BY SECTION 2-7-203 DURING STATE FISCAL  
26 YEAR 2024-25.

27 (3) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE



1 REQUIRES, "DOULA" MEANS A TRAINED BIRTH COMPANION WHO PROVIDES  
2 PERSONAL, NONMEDICAL SUPPORT TO PREGNANT AND POSTPARTUM  
3 PEOPLE AND THEIR FAMILIES PRIOR TO CHILDBIRTH, DURING LABOR AND  
4 DELIVERY, AND DURING THE POSTPARTUM PERIOD.

5 **SECTION 4. Safety clause.** The general assembly hereby finds,  
6 determines, and declares that this act is necessary for the immediate  
7 preservation of the public peace, health, or safety.