

House Bill 1216

By: Representative Cannon of the 58th

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated,
2 relating to medical assistance generally, so as to provide for a pilot program to provide
3 coverage under the Medicaid program for doula care for pregnant Medicaid recipients; to
4 provide for reimbursement; to provide for doula qualifications; to provide for a report; to
5 provide for termination of the pilot project and automatic repeal of the statute; to provide for
6 related matters; to provide for legislative findings; to repeal conflicting laws; and for other
7 purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 The General Assembly finds that:

- 11 (1) The maternal mortality rate for Black women is almost three times that of
12 non-Hispanic white women;
- 13 (2) A doula is a trained professional who provides physical, emotional, and informational
14 support to clients before, during, and after childbirth to help them achieve a healthy and
15 satisfying birth experience;
- 16 (3) Evidence based benefits of doula care include:

- 17 (A) Doula care has been associated with Medicaid cost savings of around \$1,000 per
18 birth;
- 19 (B) The presence of a doula during labor decreased the likelihood of cesarean delivery
20 and reduced the need for an epidural;
- 21 (C) Among Medicaid beneficiaries, doula care has been shown to result in lower preterm
22 birth rates and improved rates of breastfeeding;
- 23 (D) Doula care is also associated with shorter births, a 40 minute reduction in birth time
24 and higher Apgar scores for infants at birth; and
- 25 (E) Doula support is linked to reduced rates of postpartum depression and anxiety,
26 increased positive feelings about the birth experience, and feelings of empowerment
27 about one's pregnancy outcomes;
- 28 (4) Only 6 percent of U.S. births involved doula services and such low utilization may be
29 attributable to several factors, including high out-of-pocket costs, limited number of doulas,
30 lack of awareness of the profession, and lack of uniformity in training requirements;
- 31 (5) Comparing maternal care in Georgia to other states:
- 32 (A) Georgia ranks fourth in low birth weight babies and sixth in preterm birth rates;
- 33 (B) Georgia currently ranks forty-ninth for having the second highest maternal mortality
34 rate in the country;
- 35 (C) Less than 50 percent of the counties in Georgia have a labor and delivery facility;
36 and
- 37 (D) Georgia ranks fiftieth for the avoidance of care, which is the highest rate in the
38 country among women ages 18-44 who reported needing care but avoided care due to
39 cost;
- 40 (6) In Georgia, there have been ten rural hospital closures since 2012 which has resulted
41 in a loss of 31 beds; and
- 42 (7) As states consider designing policies to advance doula care, the following
43 considerations should be taken into account:

- 44 (A) Doulas should be recognized as part of the maternal healthcare workforce;
45 (B) The work of doulas should be funded adequately;
46 (C) Doulas should be equal partners in policy and implementation efforts; and
47 (D) Doulas should be afforded improved access to training and education to build a
48 diverse workforce. Healthcare providers should also be provided with training
49 opportunities to learn about the positive outcomes associated with doula care.

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SECTION 2.

51 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to
52 medical assistance generally, is amended by adding a new Code section to read as follows:

53 "49-4-159.4.

54 (a) Subject to available funding, the department shall develop and implement a pilot
55 program to provide Medicaid coverage for doula care for pregnant Medicaid recipients.
56 Such pilot program shall provide reimbursement for up to five doula visits for each
57 pregnant Medicaid recipient, which may include visits for prepartum and postpartum care
58 and labor and delivery, at a reimbursement rate of up to \$700.00 per visit.

59 (b) All doulas participating in the pilot program shall have completed appropriate training,
60 as determined by the department, and have at least one year of experience in providing
61 doula services.

62 (c) No later than June 30, 2026, the department shall submit a detailed written report on
63 the implementation and effectiveness of the pilot program to the Governor, Lieutenant
64 Governor, Speaker of the House of Representatives, and the chairpersons of the House
65 Committee on Health, the Senate Health and Human Services Committee, the House
66 Committee on Appropriations, and the Senate Appropriations Committee. Such report
67 shall include the health outcomes of mothers, birth givers, and babies participating in
68 Medicaid who are living in Georgia and the best process for reimbursing doulas to promote

69 their economic security and retention in the healthcare workforce in Georgia. The report
70 shall also include recommendations as to expansion of the pilot program state wide.
71 (d) The pilot program created by this Code section shall terminate on June 30, 2026, and
72 this Code section shall be repealed by operation of law on such date."

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SECTION 3.

74 All laws and parts of laws in conflict with this Act are repealed.