

HOUSE No. 1240

The Commonwealth of Massachusetts

PRESENTED BY:

Lindsay N. Sabadosa and Liz Miranda

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to Medicaid coverage for doula services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/19/2023</i>
<i>Liz Miranda</i>	<i>Second Suffolk</i>	<i>1/19/2023</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>1/20/2023</i>
<i>Bud L. Williams</i>	<i>11th Hampden</i>	<i>1/20/2023</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>1/23/2023</i>
<i>Patricia A. Haddad</i>	<i>5th Bristol</i>	<i>1/24/2023</i>
<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>1/25/2023</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>1/25/2023</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>1/25/2023</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>1/26/2023</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>	<i>1/27/2023</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>1/27/2023</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>1/27/2023</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>2/1/2023</i>
<i>Michael P. Kushmerek</i>	<i>3rd Worcester</i>	<i>2/2/2023</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>2/3/2023</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>	<i>2/3/2023</i>
<i>Christopher J. Worrell</i>	<i>5th Suffolk</i>	<i>2/7/2023</i>

<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>2/8/2023</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/9/2023</i>
<i>William J. Driscoll, Jr.</i>	<i>7th Norfolk</i>	<i>2/10/2023</i>
<i>Michelle L. Ciccolo</i>	<i>15th Middlesex</i>	<i>2/13/2023</i>
<i>James C. Arena-DeRosa</i>	<i>8th Middlesex</i>	<i>2/14/2023</i>
<i>Jacob R. Oliveira</i>	<i>Hampden, Hampshire and Worcester</i>	<i>2/14/2023</i>
<i>Kate Donaghue</i>	<i>19th Worcester</i>	<i>2/14/2023</i>
<i>Margaret R. Scarsdale</i>	<i>1st Middlesex</i>	<i>2/15/2023</i>
<i>Adrienne Pusateri Ramos</i>	<i>14th Essex</i>	<i>2/15/2023</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>2/17/2023</i>
<i>Erika Uytterhoeven</i>	<i>27th Middlesex</i>	<i>2/22/2023</i>
<i>Samantha Montaño</i>	<i>15th Suffolk</i>	<i>2/24/2023</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>3/6/2023</i>
<i>Rodney M. Elliott</i>	<i>16th Middlesex</i>	<i>3/9/2023</i>
<i>Lydia Edwards</i>	<i>Third Suffolk</i>	<i>3/9/2023</i>

HOUSE No. 1240

By Representative Sabadosa of Northampton and Senator Miranda, a joint petition (accompanied by bill, House, No. 1240) of Lindsay N. Sabadosa, Liz Miranda and others relative to Medicaid coverage for doula services. Health Care Financing.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act relative to Medicaid coverage for doula services.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1: Chapter 118E of the General Laws is hereby amended by inserting after
2 section 10N the following section:-

3 Section 10-O: Medicaid Coverage for Doula Services.

4 (A) For purposes of this section, the term “doula services” shall have the following
5 meaning:

6 “Doula Services” are physical, emotional, and informational support, but not medical
7 care, provided by trained doulas to individuals and families during and after pregnancy, labor,
8 childbirth, miscarriage, stillbirth or pregnancy loss. Doula services include but are not limited to:

9 (1) continuous labor support;

10 (2) prenatal, postpartum, and bereavement home or in-person visits throughout the
11 perinatal period, lasting until 1 year after birth, pregnancy loss, stillbirth, or miscarriage;

12 (3) accompanying pregnant individuals to health care and social services appointments;

13 (4) providing support to individuals for loss of pregnancy or infant from conception

14 through one year postpartum;

15 (5) connecting individuals to community-based and state- and federally-funded

16 resources, including those which address social determinants of health;

17 (6) making oneself available (being on-call) around the time of birth or loss as well as

18 providing support for any concerns of pregnant individuals throughout pregnancy and until one

19 year after birth, pregnancy loss, stillbirth, or miscarriage.

20 (7) providing support for other individuals providing care for a birthing parent,

21 including a birthing parent's partner and family members.

22 (B) Coverage of Doula Services:

23 (1) The Division shall provide coverage of doula services to pregnant individuals and

24 postpartum individuals up to 12 months following the end of the pregnancy who are eligible for

25 medical assistance under this chapter and/or through Title XIX or Title XXI of the Social

26 Security Act. The Division shall provide the same coverage of doula services to pregnant and

27 postpartum individuals who are not otherwise eligible for medical assistance under this chapter

28 or Titles XIX or XXI of the Social Security Act solely because of their immigration status.

29 (2) The Division must cover continuous support through labor and childbirth, and at least

30 up to six doula visits across the prenatal and one year postpartum period, including at least two

31 postpartum visits, without the need for prior authorization. The Division must also establish a

32 procedure to cover additional doula visits as needed.

33 (C) Creation of Doula Advisory Committee: There is hereby created a Doula Advisory
34 Committee.

35 (1) The committee shall consist of 10-12 members to be appointed by the commissioner
36 of public health, or designee.

37 (a) All but 2 of the members must be practicing doulas from the community; the
38 remaining 2 members must be individuals from the community who have experienced pregnancy
39 as a MassHealth member and are not practicing doulas.

40 (b) Among the members described in (a) above:

41 (i) at least 1 member must be a person who identifies as belonging to the LGBTQIA+
42 community;

43 (iii) at least 1 member must be a person who has experienced a severe maternal
44 morbidity, a perinatal mental health or mood disorder, or a near-death experience while pregnant
45 or in maternity care;

46 (iv) at least 1 member must be a person who identifies as a person with disabilities or
47 disabled person;

48 (c) The members of the committee shall represent a diverse range of experience levels-
49 from doulas new to the practice to more experienced doulas.

50 (d) The members of the committee shall be from areas within the Commonwealth where
51 maternal and infant outcomes are worse than the state average, as evidenced by the MA
52 Department of Public Health's most current perinatal data available at the time the member is
53 appointed.

54 (e) The members of the committee shall represent an equitable geographic distribution
55 from across the Commonwealth.

56 (2) The committee must be convened within six months of passage of this law.

57 (3) Of the initial appointments to the Doula Advisory Committee, half shall be appointed
58 to a term of 2 years and half shall be appointed to a term of 18 months. Thereafter, all terms shall
59 be 2 years. The commissioner of public health, or designee, shall fill vacancies as soon as
60 practicable.

61 (4) At least once every 8 weeks, the Division must meet with the Doula Advisory
62 Committee to consult about at least the following:

63 (a) the scope of doula services covered by MassHealth;

64 (b) doula competencies required for reimbursement by MassHealth, and standards of
65 proof or demonstration of those competencies;

66 (c) the recruitment of a diverse workforce of doulas to provide services to MassHealth
67 members;

68 (d) the development of comprehensive and high quality continuing education and
69 training that is free or low cost to doulas committed to providing services to MassHealth
70 members, as well as the development of mentorship and career growth opportunities for doulas
71 providing services to MassHealth members;

72 (e) the performance of any third party administrators of MassHealth's doula coverage
73 program, and standards and processes around billing for and prompt reimbursement of doula
74 services;

75 (f) establishing grievance procedures for doulas, MassHealth members, and health care
76 providers about MassHealth’s coverage of doula services and/or the provision of doula services
77 to MassHealth members;

78 (g) outreach to the public and stakeholders about how to access doula care for
79 MassHealth members, and about the availability of and advantages of doula care;

80 (h) the evaluation and collection of data on the provision of, outcomes of, access to, and
81 satisfaction with doula care services provided to MassHealth members;

82 (i) maintaining a reimbursement rate for doula services that incentivizes and supports a
83 diverse workforce representative of the communities served, and establishing a recurring
84 timeframe to review that rate in light of inflation and changing costs of living in the
85 commonwealth;

86 (j) how to ensure that MassHealth’s doula reimbursement program is directed towards
87 the goal of reducing inequities in maternal and birth outcomes among racial, ethnic, and cultural
88 populations who reside in all areas within the commonwealth, as evidenced by the most current
89 perinatal data supplied by the department of public health.

90 (5) Each year, the Doula Advisory Committee must, by a majority vote of a quorum of its
91 members, select an individual to serve as its chairperson for a one year term. The Doula
92 Advisory Committee may replace the chairperson in the same manner mid-term.

93 (6) The Doula Advisory Committee may, by a majority vote of a quorum of its members,
94 reduce the frequency of meetings with MassHealth to less than once every 8 weeks.

95 (7) The division and the Department of Public Health shall seek resources to offer
96 reasonable compensation to members of the Doula Advisory Committee for fulfilling their
97 duties, and must reimburse members for actual and necessary expenses incurred while fulfilling
98 their duties.

99 (8) The division, in partnership with the Doula Advisory Committee, shall conduct at
100 least 1 public hearing or forum each year until three years after passage of this law. The purposes
101 of these hearings or forums shall be to gather feedback from the public and to inform the public
102 about MassHealth's coverage of doula care.

103 SECTION 2. Chapter 29 of the Massachusetts General Laws is hereby amended by
104 inserting after section 2QQQQQ the following section:-

105 Section 2RRRRR. (a) There shall be established and set up on the books of the
106 commonwealth a separate fund known as the Doula Workforce Development Trust Fund,
107 hereinafter called the fund. The fund shall be administered by the department of career services
108 which shall contract with the Commonwealth Corporation to administer the fund. The fund shall
109 be credited with: (i) revenue from appropriations or other money authorized by the general court
110 and specifically designated to be credited to the fund; (ii) interest earned on such revenues; and
111 (iii) funds from public and private sources; and other gifts, grants and donations for the growth,
112 training and continuous support of the doula workforce. Amounts credited to the fund shall not
113 be subject to further appropriation and any money remaining in the fund at the end of a fiscal
114 year shall not revert to the General Fund.

115 (b) The Commonwealth Corporation shall make expenditures from the fund for the
116 purposes of:

117 (i) the development and expansion of comprehensive doula training available across the
118 commonwealth, including the development of doula training focused on meeting the needs of
119 MassHealth members;

120 (ii) ensuring that doulas committed to serving MassHealth members have access to high
121 quality doula training at no- or low-cost to them;

122 (iii) the recruitment and retention of doulas from communities with high concentrations
123 of MassHealth members, as well as areas within the commonwealth where maternal and infant
124 outcomes are worse than the state average, as evidenced by the MA Department of Public
125 Health's perinatal data.

126 (iv) expanding doula mentoring opportunities across the state, which provide new doulas
127 the opportunity to attend births and incentivize experienced practicing doulas to take on mentees.

128 (v) leveraging funds to secure future federal funding to support doula workforce
129 development in the commonwealth.

130 (c) The director of career services shall annually, not later than December 31, report to
131 the secretary of administration and finance, the house and senate committees on ways and means
132 and the joint committee on labor and workforce development on the efforts undertaken in
133 support of section (b) above; the number of doulas recruited and trained as a result of activities
134 taken in support of (b) above, including but not limited to sex, gender identity, race, and ethnicity
135 of such doulas; the amount of grants and identities of grantees awarded in support of section (b)
136 above; and the availability of doula training at no- or low-cost to doulas committed to serving
137 MassHealth members.

138 SECTION 3: Chapter 111 of the General Laws is hereby amended by inserting in section
139 70E after “Every patient or resident of a facility shall have the right:”:

140 (p) to have their birth doula’s continuous presence during labor and delivery. Facilities
141 shall not place an undue burden on a patient’s doula’s access to clinical labor and delivery
142 settings, and shall not arbitrarily exclude a patient’s doula from such settings.