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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

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A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE -- PERINATAL DOULA
SERVICES

Introduced By: Senators Quezada, Cano, Mack, DiPalma, Felag, Lombardo, Calkin,
Acosta, Lawson, and Valverde

Date Introduced: March 04, 2021

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Findings.

2 (1) In the United States, maternal mortality rates are among the highest in the developed
3 world and increased by twenty six and six tenths percent (26.6%) between 2000 and 2014.

4 (2) Of the four million (4,000,000) American women who give birth each year, about seven
5 hundred (700) suffer fatal complications during pregnancy, while giving birth, or during the
6 postpartum period, and an additional fifty thousand (50,000) are severely injured.

7 (3) It is estimated that half of the maternal mortalities in the United States could be
8 prevented and half of the maternal injuries in the United States could be reduced or eliminated with
9 better care.

10 (4) In Rhode Island, the maternal mortality rate for the five (5) years 2013-2017 was eleven
11 and two tenths (11.2) per one hundred thousand (100,000) live births. During this five (5) year
12 period, there were six (6) cases of maternal deaths.

13 (5) The severe maternal morbidity rate in RI for 2016 is two hundred nine (209) per ten
14 thousand (10,000) delivery hospitalizations.

15 (6) In Rhode Island, there is also a large disparity for severe maternal morbidity among
16 non-Hispanic Black women three hundred out of ten thousand (306/10,000) compared to non-
17 Hispanic White women one hundred seventy nine and four tenths out of ten thousand
18 (179.4/10,000).

1 (7) Data from the centers for disease control and prevention show that nationally, black
2 women are three (3) to four (4) times more likely to die from pregnancy-related causes than white
3 women. There are forty (40) deaths per one hundred thousand (100,000) live births for black
4 women, compared to twelve and four tenths (12.4) deaths per one hundred thousand (100,000 live
5 births for white women and seventeen and eight tenths (17.8) deaths per one hundred thousand
6 (100,000) live births for women of other races.

7 (8) Black women's risk of maternal mortality has remained higher than white women's
8 risk for the past six (6) decades.

9 (9) Black women in the United States suffer from life-threatening pregnancy complications
10 twice as often as their white counterparts.

11 (10) High rates of maternal mortality among black women span income and education
12 levels, as well as socioeconomic status; moreover, risk factors such as a lack of access to prenatal
13 care and physical health conditions do not fully explain the racial disparity in maternal mortality.

14 (11) A growing body of evidence indicates that stress from racism and racial discrimination
15 results in conditions -- including hypertension and pre-eclampsia -- that contribute to poor maternal
16 health outcomes among black women.

17 (12) Pervasive racial bias against black women and unequal treatment of black women
18 exist in the health care system, often resulting in inadequate treatment for pain and dismissal of
19 cultural norms with respect to health. A 2016 study by University of Virginia researchers found
20 that white medical students and residents often believed biological myths about racial differences
21 in patients, including that black patients have less-sensitive nerve endings and thicker skin than
22 their white counterparts. Providers, however, are not consistently required to undergo implicit bias,
23 cultural competency, or empathy training.

24 (13) Currently, Oregon and Minnesota are two (2) states that permit Medicaid coverage for
25 doula services and New York City has launched a pilot program. Studies in Oregon, Minnesota,
26 and Wisconsin have shown that using a doula can save money.

27 (14) Currently in the US, one in three (3) births is a C-section. They cost about fifty percent
28 (50%) more than conventional births. Using a doula reduces the chances of the need for a C-section
29 by twenty-five percent (25%).

30 (15) According to the manuscript entitled "modeling the cost effectiveness of doula care
31 associated with reductions in preterm birth and cesarean delivery", in Minnesota, women who
32 received doula support had lower preterm and cesarean birth rates than Medicaid beneficiaries
33 regionally (4.7% vs. 6.3%, and 20.4% vs. 34.2%). Data show women with doula care had twenty-
34 two percent (22%) lower odds of preterm birth. Cost-effectiveness analyses indicate potential

1 savings associated with doula support reimbursed at an average of nine hundred eighty six dollars
2 (\$986) (ranging from nine hundred twenty-nine dollars (\$929) to one thousand forty-seven dollars
3 (\$1,047) across states).

4 (16) Findings of a 2017 Cochrane, systematic review of twenty-six (26) trials involving
5 fifteen thousand eight hundred fifty-eight (15,858) women revealed that continuous support during
6 labor may improve outcomes for women and infants, including increased spontaneous vaginal
7 birth, shorter duration of labor, a decrease in cesarean birth, and decreases in instrumental vaginal
8 birth, use of any analgesia, use of regional analgesia, low five (5) minute Apgar score and negative
9 feelings about childbirth experiences. The study found no evidence of harms of continuous labor
10 support.

11 (17) An update last year by Cochrane, found that pregnant women who received the
12 continuous support that doulas provide were thirty-nine percent (39%) less likely to have cesarean
13 birth.

14 SECTION 2. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance
15 Policies" is hereby amended by adding thereto the following section:

16 **27-18-85. Perinatal doulas.**

17 (a) As used in this section, "doula" or "perinatal doula" means a trained professional
18 providing continuous physical, emotional, and informational support to a pregnant individual, from
19 antepartum, intrapartum, and up to the first twelve (12) months of the postpartum period. Doulas
20 also provide assistance by referring childbearing individuals to community-based organizations
21 and certified and licensed perinatal professionals in multiple disciplines.

22 (b) Every individual or group health insurance contract, or every individual or group
23 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
24 or renewed in this state on or after July 1, 2022, shall provide coverage for the services of perinatal
25 doulas in accordance with each health insurers' respective principles and mechanisms of
26 reimbursement, credentialing, and contracting, if the services are within the perinatal doulas' area
27 of professional competence as defined by the doula certification standard developed and maintained
28 by the Rhode Island certification board in collaboration with the department of health, and are
29 currently reimbursed when rendered by any other health care provider. No insurer or hospital or
30 medical service corporation may require supervision, signature, or referral by any other health care
31 provider as a condition of reimbursement, except when those requirements are also applicable to
32 other categories of health care providers. No insurer or hospital or medical service corporation or
33 patient may be required to pay for duplicate services actually rendered by both a perinatal doula
34 and any other health care provider.

1 (c) Every individual or group health insurance contract, or every individual or group
2 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
3 or renewed in this state that is required to cover perinatal doula services as defined in subsections
4 (a) and (b) of this section, shall report utilization and cost information related to perinatal doula
5 services to the office of the health insurance commissioner on or before July 1, 2023 and each July
6 1 thereafter. The office of the health insurance commissioner shall define the utilization and cost
7 information required to be reported.

8 (d) This section shall not apply to insurance coverage providing benefits for:

9 (1) Hospital confinement indemnity;

10 (2) Disability income;

11 (3) Accident only;

12 (4) Long-term care;

13 (5) Medicare supplement;

14 (6) Limited benefit health;

15 (7) Specified disease indemnity;

16 (8) Sickness or bodily injury or death by accident or both; and

17 (9) Other limited benefit policies.

18 SECTION 3. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
19 Corporations" is hereby amended by adding thereto the following section:

20 **27-19-77. Perinatal doulas.**

21 (a) As used in this section, "doula" or "perinatal doula" means a trained professional
22 providing continuous physical, emotional, and informational support to a pregnant individual, from
23 antepartum, intrapartum, and up to the first twelve (12) months of the postpartum period. Doulas
24 also provide assistance by referring childbearing individuals to community-based organizations
25 and certified and licensed perinatal professionals in multiple disciplines.

26 (b) Every individual or group health insurance contract, or every individual or group
27 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
28 or renewed in this state on or after July 1, 2022, shall provide coverage for the services of perinatal
29 doulas in accordance with each health insurers' respective principles and mechanisms of
30 reimbursement, credentialing, and contracting, if the services are within the perinatal doulas' area
31 of professional competence as defined by the doula certification standard developed and maintained
32 by the Rhode Island certification board in collaboration with the department of health, and are
33 currently reimbursed when rendered by any other health care provider. No insurer or hospital or
34 medical service corporation may require supervision, signature, or referral by any other health care

1 provider as a condition of reimbursement, except when those requirements are also applicable to
2 other categories of health care providers. No insurer or hospital or medical service corporation or
3 patient may be required to pay for duplicate services actually rendered by both a perinatal doula
4 and any other health care provider.

5 (c) Every individual or group health insurance contract, or every individual or group
6 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
7 or renewed in this state that is required to cover perinatal doula services as defined in subsections
8 (a) and (b) of this section, shall report utilization and cost information related to perinatal doula
9 services to the office of the health insurance commissioner on or before July 1, 2023 and each July
10 1 thereafter. The office of the health insurance commissioner shall define the utilization and cost
11 information required to be reported.

12 (d) This section shall not apply to insurance coverage providing benefits for:

13 (1) Hospital confinement indemnity;

14 (2) Disability income;

15 (3) Accident only;

16 (4) Long-term care;

17 (5) Medicare supplement;

18 (6) Limited benefit health;

19 (7) Specified disease indemnity;

20 (8) Sickness or bodily injury or death by accident or both; and

21 (9) Other limited benefit policies.

22 SECTION 4. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
23 Corporations" is hereby amended by adding thereto the following section:

24 **27-20-73. Perinatal doulas.**

25 (a) As used in this section, "doula" or "perinatal doula" means a trained professional
26 providing continuous physical, emotional, and informational support to a pregnant individual, from
27 antepartum, intrapartum, and up to the first twelve (12) months of the postpartum period. Doulas
28 also provide assistance by referring childbearing individuals to community-based organizations
29 and certified and licensed perinatal professionals in multiple disciplines.

30 (b) Every individual or group health insurance contract, or every individual or group
31 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
32 or renewed in this state on or after July 1, 2022, shall provide coverage for the services of perinatal
33 doulas in accordance with each health insurers' respective principles and mechanisms of
34 reimbursement, credentialing, and contracting, if the services are within the perinatal doulas' area

1 of professional competence as defined by the doula certification standard developed and maintained
2 by the Rhode Island certification board in collaboration with the department of health, and are
3 currently reimbursed when rendered by any other health care provider. No insurer or hospital or
4 medical service corporation may require supervision, signature, or referral by any other health care
5 provider as a condition of reimbursement, except when those requirements are also applicable to
6 other categories of health care providers. No insurer or hospital or medical service corporation or
7 patient may be required to pay for duplicate services actually rendered by both a perinatal doula
8 and any other health care provider.

9 (c) Every individual or group health insurance contract, or every individual or group
10 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
11 or renewed in this state that is required to cover perinatal doula services as defined in subsections
12 (a) and (b) of this section, shall report utilization and cost information related to perinatal doula
13 services to the office of the health insurance commissioner on or before July 1, 2023 and each July
14 1 thereafter. The office of the health insurance commissioner shall define the utilization and cost
15 information required to be reported.

16 (d) This section shall not apply to insurance coverage providing benefits for:

17 (1) Hospital confinement indemnity;

18 (2) Disability income;

19 (3) Accident only;

20 (4) Long-term care;

21 (5) Medicare supplement;

22 (6) Limited benefit health;

23 (7) Specified disease indemnity;

24 (8) Sickness or bodily injury or death by accident or both; and

25 (9) Other limited benefit policies.

26 SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance
27 Organizations" is hereby amended by adding thereto the following section:

28 **27-41-90. Perinatal doulas.**

29 (a) As used in this section, "doula" or "perinatal doula" means a trained professional
30 providing continuous physical, emotional, and informational support to a pregnant individual, from
31 antepartum, intrapartum, and up to the first twelve (12) months of the postpartum period. Doulas
32 also provide assistance by referring childbearing individuals to community-based organizations
33 and certified and licensed perinatal professionals in multiple disciplines.

34 (b) Every individual or group health insurance contract, or every individual or group

1 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
2 or renewed in this state on or after July 1, 2022, shall provide coverage for the services of perinatal
3 doulas in accordance with each health insurers' respective principles and mechanisms of
4 reimbursement, credentialing, and contracting, if the services are within the perinatal doulas' area
5 of professional competence as defined by the doula certification standard developed and maintained
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7 currently reimbursed when rendered by any other health care provider. No insurer or hospital or
8 medical service corporation may require supervision, signature, or referral by any other health care
9 provider as a condition of reimbursement, except when those requirements are also applicable to
10 other categories of health care providers. No insurer or hospital or medical service corporation or
11 patient may be required to pay for duplicate services actually rendered by both a perinatal doula
12 and any other health care provider.

13 (c) Every individual or group health insurance contract, or every individual or group
14 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
15 or renewed in this state that is required to cover perinatal doula services as defined in subsections
16 (a) and (b) of this section, shall report utilization and cost information related to perinatal doula
17 services to the office of the health insurance commissioner on or before July 1, 2023 and each July
18 1 thereafter. The office of the health insurance commissioner shall define the utilization and cost
19 information required to be reported.

20 (d) This section shall not apply to insurance coverage providing benefits for:

- 21 (1) Hospital confinement indemnity;
- 22 (2) Disability income;
- 23 (3) Accident only;
- 24 (4) Long-term care;
- 25 (5) Medicare supplement;
- 26 (6) Limited benefit health;
- 27 (7) Specified disease indemnity;
- 28 (8) Sickness or bodily injury or death by accident or both; and
- 29 (9) Other limited benefit policies.

1 SECTION 6. This act shall take effect on July 1, 2022.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE -- PERINATAL DOULA
SERVICES

- 1 This act would provide for health care coverage by health insurance companies for
- 2 perinatal doula services.
- 3 This act would take effect on July 1, 2022.

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