



State Medicaid Approaches to Doula Service Benefits

Maternal mortality rates [continue to increase](#) in the United States, with significant racial, ethnic, and socioeconomic disparities in birth outcomes. States are using a [variety of approaches to provide doula services](#) within their Medicaid programs to address inequities. Doulas provide continuous physical, emotional, and information support to people before, during, and shortly after childbirth. Current evidence suggests that pregnant people who receive doula care are [more likely](#) to have a healthy birth outcome and a positive birth experience. Because of these improved outcomes there is the potential for [cost-savings](#) over time for state Medicaid programs. States are increasingly seeking federal authorization to provide doula services as an optional benefit under their state Medicaid programs to pregnant beneficiaries. This chart highlights key components and features of states' Medicaid doula benefits as of June 18, 2021. Please contact Taylor Platt (tplatt@nashp.org) with updates or questions.

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
New Jersey	<ul style="list-style-type: none"> State Plan Amendment Effective Date: January 1, 2021 Benefit Category: Preventive Service 	<ul style="list-style-type: none"> Complete a state-approved doula training and requirements Enroll as a Medicaid provider 	<ul style="list-style-type: none"> Fee-for-service (FFS) The reimbursement rate is: <ul style="list-style-type: none"> \$900 for up to 8 visits and labor support (standard doula care); \$1,166 for up to 12 service visits and labor support (enhanced doula care for pregnant beneficiaries age 19 or younger); and Includes \$235 flat rate for attendance during delivery \$100 value-based incentive payment if specific postpartum services provided within 6 weeks of delivery 	<ul style="list-style-type: none"> Doulas may: <ul style="list-style-type: none"> Practice and bill independently; OR Join a provider agency or clinic and bill independently; OR Enroll as a managed care organization (MCO) provider
Minnesota	<ul style="list-style-type: none"> State Plan Amendment Effective Date: July 1, 2014 Benefit Category: Extended Service 	<ul style="list-style-type: none"> Complete a state-approved doula training Register on the state's doula registry (requires an application and fee) 	<ul style="list-style-type: none"> FFS The reimbursement rate is: <ul style="list-style-type: none"> \$47 per prenatal or postpartum visit and \$488 for labor and delivery; and Covers up to seven sessions, including labor and delivery 	<ul style="list-style-type: none"> Doulas may not practice or bill independently A supervising physician, nurse practitioner, or certified nurse midwife must bill and supervise all doula services
Oregon	<ul style="list-style-type: none"> State Plan Amendment Effective Date: May 1, 2017 Benefit Category: Preventive Service 	<ul style="list-style-type: none"> Complete a state-approved doula training and requirements Register on the state's doula registry (requires an application) Obtain certification as a Traditional Health Worker (requires an application) Enroll as a Medicaid provider 	<ul style="list-style-type: none"> Global payment (except in extenuating circumstances) The reimbursement rate is either: <ul style="list-style-type: none"> A \$350 global payment for a package including at least two prenatal visits and two postnatal visits and labor support; OR \$50 per visit for up to four maternity visits and \$150 for labor support, if the doula cannot complete the global package 	<ul style="list-style-type: none"> Doulas may: <ul style="list-style-type: none"> Practice and bill independently; OR Work with an organization or clinic that bills on their behalf A licensed obstetric provider must request the services

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