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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2020

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A N A C T

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

Introduced By: Senators Quezada, Metts, Valverde, Goodwin, and Nesselbush

Date Introduced: January 22, 2020

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  
5 seven hundred (700) suffer fatal complications during pregnancy, while giving birth, or during  
6 the 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  
9 with better care.

10 (4) In Rhode Island, the maternal mortality rate for the five (5) years 2013-2017 was  
11 eleven and two tenths (11.2) per one hundred thousand (100,000) live births. During this five (5)  
12 year 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 black women are three (3) to four (4) times more likely to die from pregnancy-related causes than  
3 ~~White~~ white women. There are forty (40) deaths per one hundred thousand (100,000) live births  
4 for ~~Black~~ black women, compared to twelve and four tenths (12.4) deaths per one hundred  
5 thousand (100,000 live births for ~~White~~ white women and seventeen and eight tenths (17.8)  
6 deaths per one hundred thousand (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  
10 complications 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  
15 discrimination results in conditions -- including hypertension and pre-eclampsia -- that contribute  
16 to poor maternal 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~~ white medical students and residents often believed biological myths about racial  
21 differences in patients, including that black patients have less-sensitive nerve endings and thicker  
22 skin than their white counterparts. Providers, however, are not consistently required to undergo  
23 implicit bias, cultural competency, or empathy training.

24 (13) Currently, Oregon and Minnesota are two (2) states that permit Medicaid coverage  
25 for doula services and New York City has launched a pilot program. Studies in Oregon,  
26 Minnesota, 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  
28 percent (50%) more than conventional births. Using a doula reduces the chances of the need for a  
29 C-section 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) To require Medicaid and private insurance coverage for continuous, one-to-one,  
5 emotional and physical support services to pregnant persons by a trained, culturally competent,  
6 registered perinatal doula.

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

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

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

19 **27-18-85. Perinatal doulas.**

20 Every individual or group health insurance contract, or every individual or group hospital  
21 or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or  
22 renewed in this state on or after July 1, 2021, shall provide coverage for the services of perinatal  
23 doulas if the services are within the perinatal doulas' area of professional competence as defined  
24 by regulations promulgated by the doula certification organization. No insurer or hospital or  
25 medical service corporation may require supervision, signature, or referral by any other health  
26 care provider as a condition of reimbursement, except when those requirements are also  
27 applicable to other categories of health care providers. No insurer or hospital or medical service  
28 corporation or patient may be required to pay for duplicate services actually rendered by both a  
29 perinatal doula and any other health care provider. Direct payment for perinatal doulas shall be  
30 contingent upon services rendered in accordance with rules and regulations promulgated by the  
31 doula certification organization.

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

34 **27-19-77. Perinatal doulas.**

1           Every individual or group health insurance contract, or every individual or group hospital  
2 or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or  
3 renewed in this state on or after July 1, 2021, shall provide coverage for the services of perinatal  
4 doulas if the services are within the perinatal doulas' area of professional competence as defined  
5 by regulations promulgated by the doula certification organization. No insurer or hospital or  
6 medical service corporation may require supervision, signature, or referral by any other health  
7 care provider as a condition of reimbursement, except when those requirements are also  
8 applicable to other categories of health care providers. No insurer or hospital or medical service  
9 corporation or patient may be required to pay for duplicate services actually rendered by both a  
10 perinatal doula and any other health care provider. Direct payment for perinatal doulas shall be  
11 contingent upon services rendered in accordance with rules and regulations promulgated by the  
12 doula certification organization.

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

15           **27-20-73. Perinatal doulas.**

16           Every individual or group health insurance contract, or every individual or group hospital  
17 or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or  
18 renewed in this state on or after July 1, 2021, shall provide coverage for the services of perinatal  
19 doulas if the services are within the perinatal doulas' area of professional competence as defined  
20 by regulations promulgated by the doula certification organization. No insurer or hospital or  
21 medical service corporation may require supervision, signature, or referral by any other health  
22 care provider as a condition of reimbursement, except when those requirements are also  
23 applicable to other categories of health care providers. No insurer or hospital or medical service  
24 corporation or patient may be required to pay for duplicate services actually rendered by both a  
25 perinatal doula and any other health care provider. Direct payment for perinatal doulas shall be  
26 contingent upon services rendered in accordance with rules and regulations promulgated by the  
27 doula certification organization.

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

30           **27-41-90. Perinatal doulas.**

31           Every individual or group health insurance contract, or every individual or group hospital  
32 or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or  
33 renewed in this state on or after July 1, 2021, shall provide coverage for the services of perinatal  
34 doulas if the services are within the perinatal doulas' area of professional competence as defined

1 by regulations promulgated by the doula certification organization. No insurer or hospital or  
2 medical service corporation may require supervision, signature, or referral by any other health  
3 care provider as a condition of reimbursement, except when those requirements are also  
4 applicable to other categories of health care providers. No insurer or hospital or medical service  
5 corporation or patient may be required to pay for duplicate services actually rendered by both a  
6 perinatal doula and any other health care provider. Direct payment for perinatal doulas shall be  
7 contingent upon services rendered in accordance with rules and regulations promulgated by the  
8 doula certification organization.

9 SECTION 6. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby  
10 amended by adding thereto the following chapter:

11 CHAPTER 8.16

12 RHODE ISLAND DOULA REIMBURSEMENT ACT

13 **40-8.16-1. Short title.**

14 This act shall be known and may be cited as the "Rhode Island Doula Reimbursement  
15 Act."

16 **40-8.16-2. Definitions.**

17 As used in this chapter:

18 (1) "Accountable care" means an accountable care entity that helps coordinate the  
19 medical care provided to Medicaid-eligible patients.

20 (2) "Antepartum" means the period of pregnancy before labor or childbirth. Services  
21 provided during this period are rendered to the pregnant individual.

22 (3) "Community-based organization (CBO)" means a public or private nonprofit  
23 organization that is representative of a community or significant segments of a community and  
24 engaged in meeting that community's needs in the areas of social, human, or health services.

25 (4) "Competencies" means key skills and applied knowledge necessary for doulas to be  
26 effective in the work field and carry out their roles.

27 (5) "Contact hour" means an hour of classroom, group, or distance learning training, and  
28 does not include homework time, preparatory reading, or practicum.

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

34 (7) "Doula certification organization" means the Rhode Island certification board.

1 (8) “Doula services” means services provided by a certified doula as enumerated in § 40-  
2 8.16-4.

3 (9) Doula training organization” means an entity, nationally or internationally, recognized  
4 by the doula certification organization for training perinatal doulas whose educational  
5 requirements includes the core curriculum topics described in this chapter. These doula training  
6 organizations shall include, but not be limited to, the International Childbirth Education  
7 Association (ICEA), the Doulas of North America (DONA), ToLabor, Birthworks, the Childbirth  
8 and Postpartum Professional Association (CAPP), Childbirth International, the International  
9 Center for Traditional Childbearing, and Commonsense Childbirth, Inc.

10 (10) “Fee-for-service” means a payment model where services are unbundled and paid  
11 for separately.

12 (11) "Insurer" means every nonprofit medical service corporation, hospital service  
13 corporation, health maintenance organization, program that provides free or low-cost health  
14 coverage to low-income individuals, or other insurer offering and insuring health services; the  
15 term shall in addition include any entity defined as an insurer under § 42-62-4.

16 (12) “International board-certified lactation consultant” or “IBCLC” means a health care  
17 professional who specializes in the clinical management of breastfeeding.

18 (13) “Intrapartum” means the period of pregnancy during labor and delivery or childbirth.  
19 Services at this period are rendered to the pregnant individual.

20 (14) “Managed care” means providing for the delivery of Medicaid health benefits and  
21 additional services through contracted arrangements between state Medicaid agencies and  
22 managed care organizations (MCOs) that accept a set per member per month (capitation)  
23 payment for these services.

24 (15) “Postpartum” means the period following childbirth or the end of pregnancy.

25 (16) “Private insurers” means insurance schemes financed through private health  
26 premiums, i.e., payments that a policyholder agrees to make for coverage under a given insurance  
27 policy, where an insurance policy generally consists of a contract that is issued by an insurer to a  
28 covered person.

29 (17) "Registry" means a list of doulas, maintained by the doula certification organization,  
30 that satisfies the qualifications for registration set forth by the doula certification organization.

31 (18) “State medical assistance program” means a federal financial aid of medical  
32 expenses of needy persons.

33 **40-8.16-3. Coverage of doula services.**

34 (a) Doula services shall be eligible for coverage throughout Rhode Island for child-

1 bearing individuals through private insurance and Medicaid.

2 (b) Doula services shall be covered by the state medical assistance program if the doula  
3 seeking reimbursement has completed the following:

4 (1) Applied for and being given a National Provider Identification Number (NPI#);

5 (2) Completed and received approval for all required state medical assistance program  
6 provider enrollment forms;

7 (3) Provided a copy of a doula training certificate or an authentic, original, signed and  
8 dated letter from a doula training organization verifying that the doula has attended and  
9 completed its training or curriculum. To be considered authentic, a letter must be on the doula  
10 training organization's letterhead and signed by an authorized representative;

11 (4) Provided a signed and dated attestation of being trained in the following competencies  
12 through one program or a combination of programs, the result of which is meeting all doula core  
13 competency requirements outlined below:

14 (i) At least twenty-four (24) contact hours of education that includes any combination of  
15 childbirth education, birth doula training, antepartum doula training, and postpartum doula  
16 training;

17 (ii) Attendance at a minimum of one breastfeeding class or valid certified lactation  
18 counselor or IBCLC;

19 (iii) Attendance at a minimum of one childbirth class;

20 (iv) Attendance at a minimum of two (2) births;

21 (v) Completion of cultural competency training;

22 (vi) Completion of HIPAA / client confidentiality training;

23 (vii) Completion of CPR certification for children and adults; and

24 (viii) Completion of SafeServ certification for meal preparation.

25 (c) Once enrolled as a state medical assistance program provider, a doula shall be eligible  
26 to enroll as a provider with fee-for-service, managed care, and accountable care payers, affiliated  
27 with the state medical assistance program.

28 (e) In order to follow federal Medicaid and private insurance requirements applicable to  
29 covered services, doula services shall be reimbursed on a fee-for-service schedule.

30 **40-8.16-4. Scope of practice.**

31 A doula may provide services to a pregnant individual such as:

32 (1) Services to support pregnant mothers and people, improve birth outcomes, and  
33 support new mothers and families with cultural specific antepartum, intrapartum, and postpartum  
34 services, referrals, and advocacy;

1 (2) Advocating for and supporting physiological birth, breastfeeding, and parenting for  
2 their client;

3 (3) Supporting the pregnancy, labor, and birth by providing emotional and physical  
4 support with traditional comfort measures and educational materials, as well as assistance during  
5 the transition to parenthood in the initial postpartum period through home visits;

6 (4) Empowering pregnant people and new mothers and people with evidenced-based  
7 information to choose best practices for birth, breastfeeding, and infant care;

8 (5) Providing support to the laboring client until the birth of the baby;

9 (6) Referring clients to their health care provider for medical advice for care outside of  
10 the doula scope of practice;

11 (7) Working as a member of the client’s multidisciplinary team; and

12 (8) Offering evidence-based information on infant feeding, emotional and physical  
13 recovery from childbirth, and other issues related to the postpartum period.

14 (b) A doula shall not engage in the “practice of medicine,” as defined in § 5-37-1.

15 **40-8.16-5. Establishing a statewide registry of perinatal doulas.**

16 (a) The doula certification organization shall promulgate rules and regulations that  
17 establish a statewide registry for doulas and specify the qualifications necessary for doula  
18 registration.

19 (b) Individuals seeking entry on a statewide registry of doulas shall, at a minimum:

20 (1) Be at least eighteen (18) years of age;

21 (2) Not be listed on the doula certification organization’s provider exclusion list;

22 (3) Successfully complete training in all competencies as outlined in § 40-8.16-3;

23 (4) Be required to provide two (2) positive client references of quality job performance;

24 (5) Receive and maintain certification by an approved doula certification organization;

25 and

26 (6) Maintain personal liability insurance either individually or through a collaborative,  
27 association, or business of doulas that can prove liability insurance coverage for all doulas  
28 working through, with or under them.

29 **40-8.16-6. Payment for doula services.**

30 (a) Medical assistance coverage for doula services:

31 (1) Chapter 8 of title 40 shall include "doula services" as described in §§ 40-8.16-4 and  
32 40-8.16-5; and

33 (2) The coverage available for doula services per pregnancy, regardless of the number of  
34 infants involved, which shall be billed on a fee-for-service basis, shall be available through one



1 year postpartum, shall not be less than eight hundred and fifty dollars (\$850), and shall be eligible  
2 towards the following activities: prenatal visits, physical and emotional support during a  
3 childbearing individual's labor and birth, telephone or virtual communications between doula and  
4 client, time spent being on call for the birth, postpartum visits, and time spent on administrative  
5 time, such as documentation or paperwork.

6 (b) Every individual or group hospital or medical expense insurance policy or individual  
7 or group hospital or medical services plan contract delivered, issued for delivery, or renewed in  
8 this state shall provide coverage for the services of perinatal doulas if the services are within the  
9 perinatal doulas' area of professional competence as defined by regulations promulgated by the  
10 doula certification organization. No insurer or hospital or medical service corporation may  
11 require supervision, signature, or referral by any other health care provider as a condition of  
12 reimbursement, except when those requirements are also applicable to other categories of health  
13 care providers. No insurer or hospital or medical service corporation or patient may be required to  
14 pay for duplicate services actually rendered by both a perinatal doula and any other health care  
15 provider. Direct payment for perinatal doulas shall be contingent upon services rendered in  
16 accordance with rules and regulations promulgated by the doula certification organization.

17 SECTION 7. This act shall take effect on July 1, 2021.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

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

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- 1           This act would provide for medical assistance health care for expectant mothers and
- 2           would establish medical assistance coverage and reimbursement rates for perinatal doula services.
- 3           This act would take effect on July 1, 2021.

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