It is enacted by the General Assembly as follows:

SECTION 1. Findings.

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

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

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

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

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

(6) In Rhode Island, there is also a large disparity for severe maternal morbidity among non-Hispanic Black women three hundred out of ten thousand (306/10,000) compared to non-Hispanic White women one hundred seventy nine and four tenths out of ten thousand (179.4/10,000).
(7) Data from the centers for disease control and prevention show that nationally, black women are three (3) to four (4) times more likely to die from pregnancy-related causes than white women. There are forty (40) deaths per one hundred thousand (100,000) live births for black women, compared to twelve and four tenths (12.4) deaths per one hundred thousand (100,000) live births for white women and seventeen and eight tenths (17.8) deaths per one hundred thousand (100,000) live births for women of other races.

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

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

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

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

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

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

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

(15) According to the manuscript entitled "modeling the cost effectiveness of doula care associated with reductions in preterm birth and cesarean delivery", in Minnesota, women who received doula support had lower preterm and cesarean birth rates than Medicaid beneficiaries regionally (4.7% vs. 6.3%, and 20.4% vs. 34.2%). Data show women with doula care had twenty-two percent (22%) lower odds of preterm birth. Cost-effectiveness analyses indicate potential
savings associated with doula support reimbursed at an average of nine hundred eighty six dollars ($986) (ranging from nine hundred twenty-nine dollars ($929) to one thousand forty-seven dollars ($1,047) across states).

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

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

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


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

(b) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after July 1, 2022, shall provide coverage for the services of perinatal doulas in accordance with each health insurers’ respective principles and mechanisms of reimbursement, credentialing, and contracting, if the services are within the perinatal doulas’ area of professional competence as defined by the doula certification standard developed and maintained by the Rhode Island certification board in collaboration with the department of health, and are currently reimbursed when rendered by any other health care provider. No insurer or hospital or medical service corporation may require supervision, signature, or referral by any other health care provider as a condition of reimbursement, except when those requirements are also applicable to other categories of health care providers. No insurer or hospital or medical service corporation or patient may be required to pay for duplicate services actually rendered by both a perinatal doula and any other health care provider.
(c) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state that is required to cover perinatal doula services as defined in subsections (a) and (b) of this section, shall report utilization and cost information related to perinatal doula services to the office of the health insurance commissioner on or before July 1, 2023 and each July 1 thereafter. The office of the health insurance commissioner shall define the utilization and cost information required to be reported.

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

1. Hospital confinement indemnity;
2. Disability income;
3. Accident only;
4. Long-term care;
5. Medicare supplement;
6. Limited benefit health;
7. Specified disease indemnity;
8. Sickness or bodily injury or death by accident or both; and
9. Other limited benefit policies.

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


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

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

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

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

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

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

27-20-73. Perinatal doulas.
(a) As used in this section, “doula” or “perinatal doula” means a trained professional
providing continuous physical, emotional, and informational support to a pregnant individual, from
antepartum, intrapartum, and up to the first twelve (12) months of the postpartum period. Doulas
also provide assistance by referring childbearing individuals to community-based organizations
and certified and licensed perinatal professionals in multiple disciplines.

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

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

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

1. Hospital confinement indemnity;
2. Disability income;
3. Accident only;
4. Long-term care;
5. Medicare supplement;
6. Limited benefit health;
7. Specified disease indemnity;
8. Sickness or bodily injury or death by accident or both; and
9. Other limited benefit policies.

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

27-41-90. Perinatal doulas.

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

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

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

1. Hospital confinement indemnity;
2. Disability income;
3. Accident only;
4. Long-term care;
5. Medicare supplement;
6. Limited benefit health;
7. Specified disease indemnity;
8. Sickness or bodily injury or death by accident or both; and
9. Other limited benefit policies.
hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after July 1, 2022, shall provide coverage for the services of perinatal doulas in accordance with each health insurers' respective principles and mechanisms of reimbursement, credentialing, and contracting, if the services are within the perinatal doulas' area of professional competence as defined by the doula certification standard developed and maintained by the Rhode Island certification board in collaboration with the department of health, and are currently reimbursed when rendered by any other health care provider. No insurer or hospital or medical service corporation may require supervision, signature, or referral by any other health care provider as a condition of reimbursement, except when those requirements are also applicable to other categories of health care providers. No insurer or hospital or medical service corporation or patient may be required to pay for duplicate services actually rendered by both a perinatal doula and any other health care provider.

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

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

(1) Hospital confinement indemnity;
(2) Disability income;
(3) Accident only;
(4) Long-term care;
(5) Medicare supplement;
(6) Limited benefit health;
(7) Specified disease indemnity;
(8) Sickness or bodily injury or death by accident or both; and
(9) Other limited benefit policies.
SECTION 6. This act shall take effect on July 1, 2022.
EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
AN ACT
RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE -- PERINATAL DOULA SERVICES

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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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LC002105/SUB A
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