

# STATE OF NEW YORK

10364

## IN ASSEMBLY

May 13, 2022

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Solages) --  
read once and referred to the Committee on Health

AN ACT to establish a work group to set reimbursement rates for doulas  
in the state Medicaid program and address other criteria related to  
their practice

The People of the State of New York, represented in Senate and Assem-  
bly, do enact as follows:

1 Section 1. The legislature acknowledges the excluded history that  
2 healthcare workers and doulas have as members of historically excluded  
3 communities, and acknowledges the exclusionary forces these professions  
4 have had in gaining the recognition, certification, and equitable  
5 compensation for the critical work they do in pregnancy, maternal  
6 health, maternal mental health, and childcare. The legislature declares  
7 that it is the purpose of this work group to examine and recommend the  
8 best practices for integrating doulas into New York state's Medicaid  
9 healthcare system and ensuring the state is prepared and ready to  
10 elevate the critical work doulas perform across historically excluded  
11 communities across the state of New York.

12 § 2. There is hereby established in the department of health, the  
13 doula Medicaid reimbursement work group, hereinafter referred to as the  
14 "work group." The majority of the members of the work group shall be  
15 composed of doulas, as well as multi-disciplinary experts in the field  
16 of doula services and maternal health who serve and are representative  
17 of the racial, ethnic, geographic and socioeconomic diversity of birth-  
18 ing people in communities across the state served by the state's Medi-  
19 caid program.

20 § 3. The work group shall be composed of fourteen members, which shall  
21 include eight members to be appointed by the governor as follows:

22 a. the commissioner of the department of health or his, her, or their  
23 designee;

24 b. five representatives who may either be practicing doulas, or doulas  
25 in training, or individuals with expertise in the field of doula  
26 services;

27 c. one representative serving maternal health needs;

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

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1 d. one representative from the medical insurance industry;  
2 e. and six additional members, three appointed on the recommendation  
3 of the temporary president of the senate; and three appointed on the  
4 recommendation of the speaker of the assembly.

5 § 4. The governor shall designate the commissioner of the department  
6 of health or his, her, or their designee, as chair of the board. Members  
7 of the work group shall receive no compensation for their services, but  
8 shall be reimbursed for actual expenses incurred during the performance  
9 of their duties on the work group. Reimbursement shall allow for histor-  
10 ically excluded communities to participate wholly in the performance of  
11 their duties on the work group by providing, if necessary, reimburse-  
12 ments for reasonable expenses incurred that may include, but not be  
13 limited to, travel, meals and lodging.

14 § 5. Appointments shall be made within ninety days of the effective  
15 date of this act. Vacancies in the work group shall be filled in the  
16 same manner provided for original appointments. The appointee makeup of  
17 the work group shall be majority doula, as well as multi-disciplinary  
18 experts in the field of doula services and maternal health who serve and  
19 are representative of the racial, ethnic, geographic, and socioeconomic  
20 diversity of birthing people in communities across the state.

21 § 6. The work group shall conduct a study and evaluation of the costs,  
22 benefits and issues that may be associated with Medicaid reimbursement  
23 for doula and for providing doula care to Medicaid recipients. The work  
24 group shall consider factors including but not limited to:

25 a. identifying evidence-based practices related to when and how doula  
26 care results in improvements to maternal and infant mortality rates;

27 b. identifying successful Medicaid doula programs and initiatives in  
28 other states and recommend programs, tools, and funding sources that are  
29 needed to implement similar programs and initiatives in New York state;

30 c. establishing a criteria for adequate and equitable Medicaid  
31 reimbursement rates for a primary doula;

32 d. establishing a criteria for adequate and equitable Medicaid  
33 reimbursement for a substitute doula, in the event the primary doula is  
34 unavailable to provide doula services to Medicaid patients during deliv-  
35 ery;

36 e. considering the appropriate quantity and selection of antepartum,  
37 intrapartum, or postpartum doula visits to qualify for Medicaid  
38 reimbursement;

39 f. examining the need for doula liability coverage and insurance;

40 g. considering the need for continuing education for doula; and

41 h. recommending the state file an amendment to the Medicaid state plan  
42 to include payment for doula services rendered for antepartum, intrapar-  
43 tum, or postpartum doula services provided to a birthing person or to a  
44 person at a reasonable time postpartum for labor and delivery support by  
45 a doula.

46 § 7. The work group, on or before December 31, 2022, shall submit a  
47 final report containing all findings and recommendations to the gover-  
48 nor, the temporary president of the senate, and the speaker of the  
49 assembly.

50 § 8. This act shall take effect on the ninetieth day after it shall  
51 have become a law.