STATE OF NEW YORK

5709--A

2025-2026 Regular Sessions

IN ASSEMBLY

February 20, 2025

Introduced by M. of A. SOLAGES, SHIMSKY, GONZALEZ-ROJAS, CUNNINGHAM, McDONOUGH, GIGLIO, WALKER, RAGA, NOVAKHOV, BICHOTTE HERMELYN, MEEKS, CLARK, REYES -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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 Assembly, do enact as follows:

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

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

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

a. the commissioner of the department of health or their designee;

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

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

c. one representative serving maternal health needs;

d. one representative from the medical insurance industry;

e. and six additional members, three appointed on the recommendation of the temporary president of the senate; and three appointed on the recommendation of the speaker of the assembly.

§ 4. The governor shall designate the commissioner of the department of health or their designee, as chair of the board. Members of the work group shall receive no compensation for their services, but shall be reimbursed for actual expenses incurred during the performance of their duties on the work group. Reimbursement shall allow for historically excluded communities to participate wholly in the performance of their duties on the work group by providing, if necessary, reimbursements for reasonable expenses incurred that may include, but not be limited to, travel, meals and lodging.

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

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

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

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

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

d. establishing a criteria for adequate and equitable Medicaid reimbursement for a substitute doula, in the event the primary doula is unavailable to provide doula services to Medicaid patients during delivery;

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

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

g. considering the need for continuing education for doulas; and

h. recommending the state file an amendment to the Medicaid state plan to include payment for doula services rendered for antepartum, intrapartum, or postpartum doula services provided to a birthing person or to a person at a reasonable time postpartum for labor and delivery support by a doula.

§ 7. The work group, on or before December 31, 2026, shall submit a final report containing all findings and recommendations to the governor, the temporary president of the senate, and the speaker of the assembly.

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