

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:

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 their designee;

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

LBD01902-02-6

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

4 c. one representative serving maternal health needs;

5 d. one representative from the medical insurance industry;

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

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

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

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

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

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

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

36 d. establishing a criteria for adequate and equitable Medicaid
37 reimbursement for a substitute doula, in the event the primary doula is
38 unavailable to provide doula services to Medicaid patients during deliv-
39 ery;

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

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

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

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

50 § 7. The work group, on or before December 31, 2026, shall submit a
51 final report containing all findings and recommendations to the gover-
52 nor, the temporary president of the senate, and the speaker of the
53 assembly.

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