§ 365-p. Doulas for Medicaid. 1. Definitions. (a) For the purposes of this section, "doula" means a trained person who provides continuous physical, emotional, and informational support to a pregnant person and the family of such pregnant person during or a reasonable time after pregnancy.

(b) A doula may provide services in hospitals, birthing centers, at home deliveries and other community settings.

2. New York state community doula directory. (a) The department shall establish and maintain a community doula directory for doulas on the department's internet website for the purposes of Medicaid reimbursement and promoting doula services to Medicaid recipients.

(b) The directory shall include the following information concerning doulas such as:

(i) the name of the doula who provides doula services;

(ii) the address and location of where the doula provides doula services;

(iii) the name of each Medicaid provider that employs or contracts with a doula to provide doula services to eligible Medicaid recipients;

(iv) the doula's national provider identification number, if applicable; and

(v) all documentation of criteria pursuant to subdivision three of this section.

(c) The department shall determine the method of registration and the documentation required to verify such criteria has been met.

(d) Each doula shall be responsible for completing the requirements pursuant to subdivision three of this section.

(e) The department shall not impose any fee on any doula to register for admittance into the New York state community doula directory.

(f) The community doula directory shall be publicly accessible at no cost to the doula or birthing person looking to hire a doula in their community.

3. Criteria for admittance into the New York state community doula directory. (a) Each doula seeking Medicaid reimbursement shall apply to be registered in the New York state community doula directory.

(b) A doula shall submit to the department a certified copy of such

doula's certification from a doula educational organization or by demonstration of satisfactory proficiency pursuant to this subdivision, and his, her, or their full name, address, phone number, email address, and if applicable, their national provider identification number.