



Official Statement from DONA International on S3494 Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act (MOMMIES Act)

October 10, 2018

On September 25, 2018, a new bill titled the [Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act \(MOMMIES Act\)](#) was introduced by United States Senator Cory Booker (D-NJ), along with Senators Kirsten Gillibrand (D-NY), Tammy Baldwin (D-WI), Ben Cardin (D-MD), Richard Blumenthal (D-CT) and Kamala Harris (D-CA). According to the press release about the bill:

The MOMMIES Act would improve maternal health outcomes by:

- Extending Medicaid coverage for postpartum women to a full year after giving birth, rather than the current limit of 60 days that many women face
- Ensuring that all pregnant and postpartum women have full Medicaid coverage, rather than coverage that can be limited to pregnancy-related services
- Establishing a maternity care home demonstration project to study this innovative model of care in several states
- Extending the Affordable Care Act's primary care bump to ensure that Medicaid beneficiaries have access to primary care providers, including women's health providers
- Encouraging increased access to doula care to provide pregnant women on Medicaid with emotional, physical, and informational support
- Studying telemedicine and its effectiveness and potential to improve Medicaid beneficiaries' access to maternity care

DONA International proudly supports the MOMMIES Act and applauds Senators Booker, Gillibrand, Baldwin, Cardin, Blumenthal, and Harris for demonstrating that [doulas](#) play a central role in providing high quality care to American families during pregnancy, birth, and the postpartum period.

The vision of DONA International is “a doula for every person who wants one.” We believe that creating opportunities for doulas to be paid through Medicaid is a key strategy for increasing access to doulas for *all* birthing people. We also believe that doulas deserve and have a right to be compensated fairly and equitably for the critical work that they do.

Finally, DONA International recognizes the complex issues related to Medicaid payment for doulas that can make it a controversial topic. As such, we have some recommendations for states' future implementation of the MOMMIES Act:

- ***Seek out and work collaboratively with local community-based doulas and birth advocacy organizations*** who have invaluable insights to share to help make this endeavor a success—particularly marginalized and/or under-resourced communities, as well as communities of color. Doulas who are working in communities where they themselves live or grew up are uniquely positioned to provide high quality, culturally appropriate doula care.
- ***Carefully consider the doulas' scope of practice, training, certification, and level of experience.*** While DONA International is the first and largest doula training and certification organization in the world, there are numerous other organizations that train and/or certify doulas in the United States that vary tremendously in terms of quality, content, and approach. The education that doulas receive informs their scope of practice and has a profound impact on the birthing families they serve. While DONA International does not hold a stance about any particular organizations' quality of doula education, we do believe in the importance of training and certification. We recommend that states implementing the MOMMIES Act understand and think critically about the education, experience, and



scope of practice of the doulas with whom they choose to work to ensure a proper fit for the local communities. A few examples of questions that decision-makers can ask themselves in order to evaluate whether a doula organization is a good fit include:

- What is the training and/or certification process for these doulas? What requirements must a doula fulfill in order to become certified?
- What are the qualifications of the doula trainers?
- Is there a standardized or approved curriculum for training? If so, what is included or excluded from it? Is the training online or in-person?
- What is the structure of the doula organization and who are its leaders (e.g. for-profit, not-for-profit, single owner, board of directors, etc.)?
- How long has the organization been in existence? Does the organization have a good track record or reputation for effectiveness and professionalism?
- Does this organization have an official scope of practice and code of ethics? If so, what is it and does it align with the goals of the program?
- Does the organization have a formal process for handling potential grievances or ethics complaints?
- Do doulas have resources available for support and mentorship from other doulas?
- ***Doulas must be paid fairly and equitably for the important work that they do.*** Discuss sustainable, fair compensation—including benefits like health care coverage and parental leave—with local doulas to decide together how payment should work. Keep in mind that individual doulas, just like other health care providers, may choose not to accept Medicaid payment.
- ***Keep birthing people at the center of care.*** Ask the communities that will be impacted by the MOMMIES Act what *they* need and want. Review the existing literature in this area, such as the Listening to Mothers surveys. Focus on outreaching marginalized and/or under-resourced communities and communities of color that tend to receive poorer quality care and experience worse maternal and newborn health outcomes.

DONA International welcomes any opportunities for collaboration or discussion of the MOMMIES Act with policymakers, advocates, or other stakeholders. For more information, contact DONA International's Director of Advocacy at advocacy@dona.org.

Who we are:

Founded nearly 25 years ago, DONA International is the largest and longest-standing doula association in the world offering leading-edge, evidence-based education and certification programs to support the professional development of birth and postpartum doulas to provide the highest quality perinatal support to birthing people and their families around the globe. Learn more about DONA International at www.dona.org.

Read about the many benefits of doulas [here](#).

Full text | Section 5 of the MOMMIES Act

[MACPAC Report and CMS Guidance on Increasing Access to Doula Care for Medicaid Beneficiaries](#)

MACPAC Report



- 1) Not later than 1 year after the date of the enactment of this Act, the Medicaid and CHIP Payment and Access Commission (referred to in this section as “MACPAC”) shall publish a report on the coverage of doula care under State Medicaid programs, which shall at a minimum include the following:
 - A. Information about coverage for doula care under State Medicaid programs that currently provide coverage for such care, including the type of doula care offered (such as prenatal, labor and delivery, and postpartum care)
 - B. An analysis of barriers to covering doula care under State Medicaid programs.
 - C. An identification of effective strategies to increase the use of doula care in order to provide better care and achieve better maternal and infant health outcomes.
 - D. Recommendations for legislative and administrative actions to increase access to doula care in State Medicaid programs.
- (2) In developing the report required under paragraph (1), MACPAC shall consult with relevant stakeholders, including—
 - A. States;
 - B. Organizations representing consumers, including those that are disproportionately impacted by poor maternal health outcomes;
 - C. Organizations and individuals representing doula care providers, including those who serve underserved communities; and
 - D. Organizations representing health care providers.

CMS Guidance

1. Not later than 1 year after the date that MACPAC publishes the report required under subsection (a)(1), the Administrator of the Centers for Medicare & Medicaid Services shall issue guidance to States on increasing access to doula care under Medicaid. Such guidance shall at a minimum include—
 - A. Options for States to provide medical assistance for doula care service under State Medicaid programs;
 - B. Best practices for ensuring that doulas receive reimbursement for doula care services provided under a State Medicaid program, which may include allowing organizations such as doula collectives to receive reimbursement directly for doula care services provided under the State Medicaid program;
 - C. Best practices for increasing access to doula care services under State Medicaid programs.
2. In developing the guidance required under paragraph (1), the Administrator of the Centers for Medicare & Medicaid Services shall consult with MACPAC and other relevant stakeholders, including—
 - A. State Medicaid officials;
 - B. Organizations representing consumers, including those that are disproportionately impacted by poor maternal health outcomes;
 - C. Organizations representing doula care providers, including those who serve underserved communities; and
 - D. Organizations representing health care professionals.

Access the full bill and its status [here](#).