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Doula benefit implementation in 6 state Medicaid programs

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INTRODUCTION

Significant racial inequities exist in birthing experiences[1–3] as well as adverse delivery and postpartum outcomes.[4–7] American Indian and Alaska Native birthing persons and Black birthing persons have a far higher rate of pregnancy-related death,[8,9] and are significantly more likely to have a pregnancy-related morbidity, compared to White birthing persons.[10–13] These racial inequities persist in the postpartum period; relative to White postpartum people who had hypertensive disorders of pregnancy (HDP), Black postpartum people who had HDP may have higher rates of continuing hypertension in the postpartum period[14] and may be less likely to attend a visit with a primary care physician or cardiologist in the year following delivery.[15] Some studies have indicated a higher prevalence of postpartum depression among Black individuals and lower receipt of postpartum mental healthcare.[16–18] Black individuals may also have more opioid use disorder-related hospital visits in the postpartum period relative to their White counterparts.[19] Given that Medicaid pays for more than 40% of all births,[20] these programs have a critical opportunity to cover services that may ameliorate these racial disparities in pregnancy, birth, and postpartum outcomes.

Many calls for increased access to doulas highlight the potential ways their services may help address racial inequities in birth and postpartum outcomes. Doulas are non-medical caregivers who provide physical and emotional support and information to birthing people and their families before, during, and after childbirth.[21] Research suggests that those who use doula services have lower rates of cesarean delivery, preterm birth, and postpartum depression, and are more likely to attend postpartum healthcare visits.[22] The benefits of doula care have been specifically observed among Medicaid enrollees and Black, Indigenous, and People of Color populations, underscoring the potential impact of such services on these groups.[23–26] These benefits may be attributed to doulas' ability to identify mistreatment, empower and advocate on behalf of their clients in healthcare decision-making, and address specific cultural needs and language barriers.[27,28]

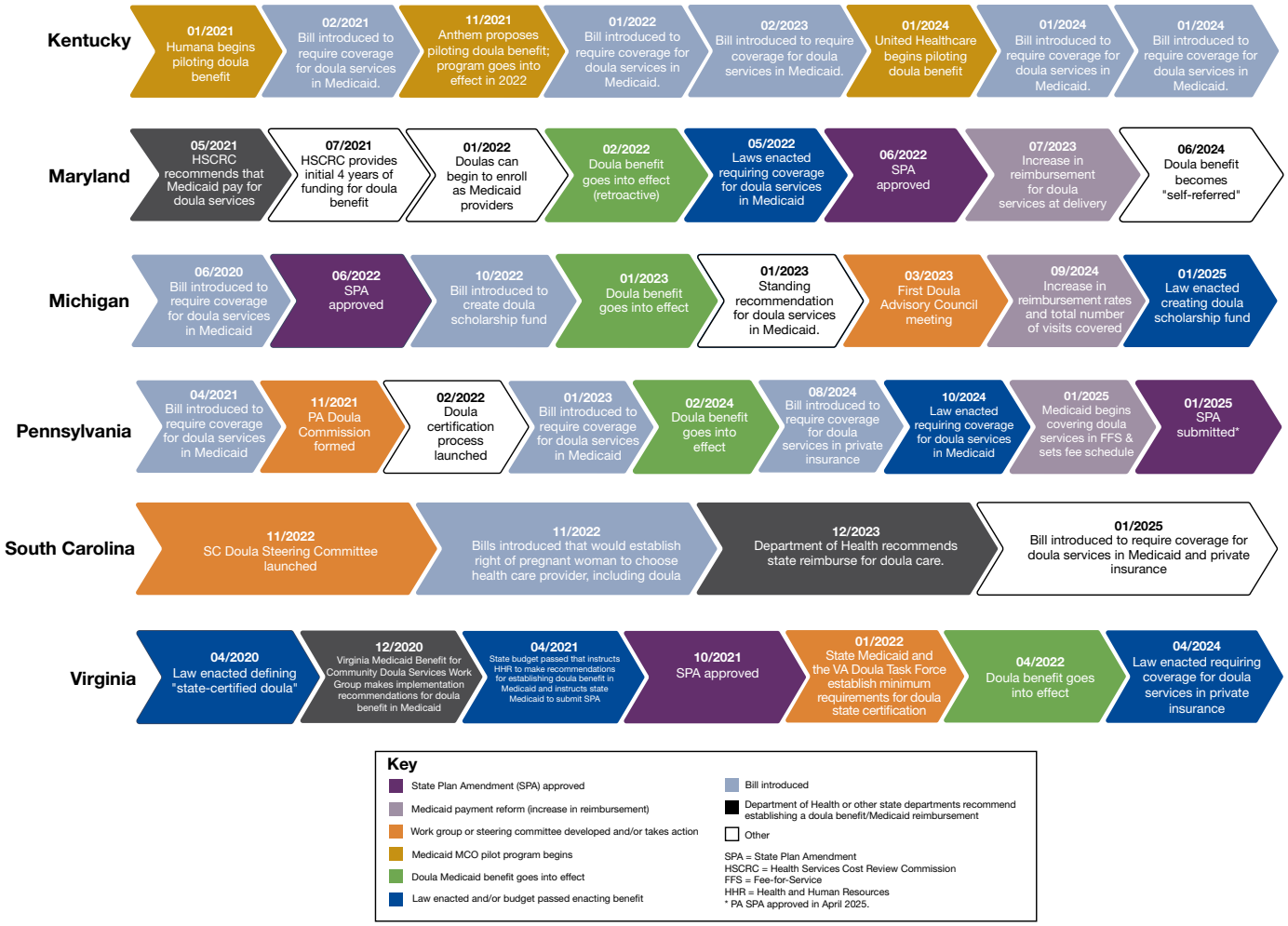
As such, state Medicaid programs are increasingly opting to cover doula services,[29,30] employing a wide range of approaches to implement this new benefit. Additional studies are needed to understand how different state-specific strategies to implement Medicaid doula programs impact racial equity in pregnancy and postpartum health. Project DREAM aims to address this gap in research by focusing on six states in various phases of implementing doula programs: Kentucky, Maryland, Michigan, Pennsylvania, South Carolina, and Virginia. As a foundation for this project, in this policy brief, we describe state efforts to create a doula benefit in Medicaid, comparing their timelines, approaches, and program features. Implementation data will be updated annually to follow any changes in these states. Our results reflect policy data updates through February 28, 2025.

METHODS

In December 2023, we assembled a workgroup of 14 doula and university research partners from the six participating states to brainstorm key state doula program features to measure. Using the program features identified at this meeting, we created a data collection instrument in REDCap to collect and organize our data. The draft instrument was returned to doula partners in each state for feedback, which informed additional changes.

To collect implementation data, we searched for official policy documents from each state, such as state plan amendments, bills, laws, Medicaid bulletins, and provider handbooks. We also compiled informal sources of information, such as trainings, news articles, and frequently asked questions documents. Additional resources were added to our review if they were mentioned in already-compiled sources or found purposively to fill in missing details.

Figure 1. Timeline data for doula policy implementation through February 28, 2025



We used the data collection instrument to extract information from each document. Discrepancies and topics not addressed in existing sources were noted. Primary document compilation and data extraction occurred between April and July 2024. In July and August 2024, the data collection team met with doula and university research partners in each state to review the raw data, rectify discrepancies, make corrections, and identify missing sources. Data were updated accordingly. Given the ever-evolving nature of the policies, our doula and research partners continued to share updates and new documents from their states.

RESULTS

Benefit creation

Key milestones for the creation and implementation of doula benefits in Medicaid are shown in Figure 1. Three states – Maryland, Michigan, and Virginia – have codified a doula benefit in their Medicaid State Plan.* Maryland and Michigan's State Plan Amendments (SPAs) were approved by the Centers for Medicare & Medicaid Services (CMS) in June 2022;[31,32] Virginia's SPA was approved in October 2021.[33] Maryland's doula benefit started before the SPA was approved. The state has offered doula services to Medicaid beneficiaries since February 2022.[34] Virginia began offering the benefit in April 2022[35] and Michigan began in January 2023.[36]

In February 2024, Pennsylvania's Department of Human Services (DHS) began allowing doulas to enroll in the Medicaid Assistance program and contract with individual Managed Care Organizations (MCOs).[37] Beginning in January 2025, the state Medicaid program began paying for the provision of doula services to its fee-for-service beneficiaries.[38] The Pennsylvania DHS also submitted a State Plan Amendment in early January 2025.*[38,39,40]

All six states have introduced bills related to creating a doula benefit in Medicaid, but only three have passed them into law. In April 2020, Virginia's governor signed a law defining "state certified doulas"[41] and, in April 2021, he approved a state budget that included a requirement for the Medicaid Department to submit a SPA creating a doula benefit.[42] Maryland's legislature enacted a law in May 2022 without the governor's signature that set requirements for doula providers (e.g. certification, liability insurance) and established a doula benefit in Medicaid.[43] In October 2024, the governor of Pennsylvania signed a bill to require coverage of doula services in Medicaid, seek Federal approval for the benefit in the form of a SPA or waiver, and establish a Doula Advisory Board.[44,45] In January 2025, Michigan enacted a law creating a doula scholarship fund.[46]

* PA SPA approved in April 2025 with an effective date of January 2025.

Michigan, Kentucky, and South Carolina legislatures have introduced bills, in some cases multiple times, to establish Medicaid coverage for doula services, but none have become law.[47–55]

In Kentucky, two MCOs are piloting a doula benefit: Humana, and UnitedHealthcare (UHC). Humana's doula pilot program began in 2021, and it accepts doula registration applications from individual doulas and doula organizations. UHC's program started in 2024 and the MCO contracts with doulas through a single third-party organization. Anthem, another MCO that operated in Kentucky until 2025, also piloted a doula program in 2021 but ended the program shortly thereafter.

To date, there have been no MCO efforts in South Carolina to pilot a doula benefit. However, in January 2025, the state was selected by CMS to participate in the Transforming Maternal Health (TMaH) Model. One central aim of the model is to support each state's Medicaid agency in improving access to person-centered maternal health services, including doulas.[56]

Other timeline features

Most states have formed a statewide advisory committee that advises on the doula benefit: the Maryland Doula Technical Assistance Advisory Group, the Michigan Doula Advisory Council, the Pennsylvania Doula Commission, the South Carolina Doula Steering Committee, and the Virginia Doula Task Force.

Three states conducted a statewide assessment that recommended Medicaid coverage of doula services or advised on features of such a benefit. In December 2020, the Virginia Medicaid Benefit for Community Doula Services Work Group made specific recommendations about components of a doula benefit in Medicaid.[57] The Maryland Health Services Cost Review Commission released a report in May 2021 recommending approval of $8 million annually from Medicaid to support programs including reimbursement of doula services.[58] Finally, the South Carolina State Health Assessment from the Department of Public Health issued a recommendation that the state reimburse for doula care in December 2023.[59] Other reports recommending Medicaid coverage of doulas services have been widely disseminated in the state.[60]

Professional requirements for doulas

Four states – Maryland, Michigan, Pennsylvania, and Virginia – allow doulas to enroll with their programs as Medicaid providers. This entails obtaining a national provider identifier (NPI), completing a background check, supplying a social security number and a tax identification number, and disclosing financial interests, among other requirements. Maryland, Michigan, and Virginia require Medicaid providers, including doulas, to obtain liability insurance. Liability insurance is recommended but not universally required in Pennsylvania. Michigan also requires Medicaid providers to have a high school diploma. In Virginia, Medicaid providers must live in the state or within 50 miles of the state border.

Two states, Virginia and Pennsylvania, also require doulas to be certified by a designated certifying body to enroll as Medicaid providers. For certification, doulas in Virginia must complete 60 hours of training,[61] while those in Pennsylvania must complete 24.[62] In both states, a doula must live or work in the state at least 51% of the time to become certified. Doulas must also sign a code of ethics and get their certification application notarized. In Pennsylvania, doulas are required to provide documentation of current CPR certification and supply three client evaluations.[62] The initial certification fee is $100 in Virginia[61] and $50 in Pennsylvania.[62] In both states, to maintain certification, doulas must complete continuing education – 15 hours every 2 years in Virginia,[61,63] and 15 hours every 3 years in Pennsylvania.[64]

Maryland, Michigan, and Virginia require doula training by approved organizations. As of February 2025, Maryland had approved 30 organizations,[65] Michigan had approved 26,[66] and Virginia had approved 19.[67] Pennsylvania does not approve individual training organizations. Instead, there are two pathways to becoming a certified doula – "experience" and "education / training." Those opting for the "education / training" pathway must demonstrate that they have completed relevant education or training in specific knowledge areas, while doulas opting for the experience pathway must be currently practicing and have at least one year of experience.[62]

Doulas in Kentucky, Michigan, and Virginia must contract with each MCO to be reimbursed for services provided to that MCO's beneficiaries. Pennsylvania and Maryland do not have such a requirement. Starting in June 2024 and through December 2025, Maryland made their doula benefit "self-referred," meaning that doulas who are enrolled as Medicaid providers will not need to contract with each MCO to receive reimbursement.[34] As of January 2025, the Pennsylvania Department of Health began directly reimbursing doulas for services provided to both managed care and fee-for-service beneficiaries.[38] Doulas in Pennsylvania who provide services through maternity care teams, where payment is disbursed to another Medicaid-enrolled provider, may continue to be reimbursed by MCOs.[38]

Referrals

Many states classify doula care as a preventative service. As such, it is subject to Federal Regulation 42 C.F.R. Section 440.130(c), which defines preventative services as "services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law." States have approached this requirement differently. In Michigan, the state's Chief Medical Executive issued a standing order in January 2023, referring every eligible Medicaid enrollee in the state for doula services.[68] In Pennsylvania, under the fee-for service model, and in Virginia, doulas must obtain the written recommendation of a licensed provider for each Medicaid-enrolled client they serve.[38,69] Recommendation requirements in Pennsylvania managed care are determined by individual MCOs. Maryland does not have a referral requirement.

Visit schedule and services

Maryland, Michigan, Pennsylvania, and Virginia cover doula services at delivery, regardless of the mode of delivery (i.e., vaginal or cesarean). In Maryland, doulas must make labor and delivery services available to every client.[70] Michigan does not reimburse for services that occur during an out-of-hospital birth.[71] In Pennsylvania, doulas can be reimbursed for labor and delivery services rendered at home, but not at a birth center.[38]

Maryland and Virginia cover eight additional visits; these visits may occur during the prenatal or postpartum periods.[33,34*] In Virginia, reimbursement for any visits beyond this limit can occur with prior authorization. Michigan initially covered 6 visits in total, but this increased to 12 visits in October 2024.[36,72] Pennsylvania reimburses for 12 prenatal or postpartum visits and two "other services" visits per calendar year.[38] The "other services" visits can be used for fertility and pre-conception counseling, pregnancy loss, infant loss, or termination of pregnancy.[38] Doula services for bereavement or grief support – which may be needed following pregnancy loss – are also covered in Maryland and Michigan.[34,71]

The postpartum period during which doula services are covered varies by state: 180 days (Maryland)[34], 12 months (Michigan and Pennsylvania),[38,71] and 6 months, longer with prior authorization (Virginia).[33*] In Maryland and Michigan, telemedicine or virtual visits are covered, except for services provided at delivery, which must occur in person.[34,71] In Pennsylvania, the first prenatal and postpartum visits, as well as services provided at delivery, must occur in person but the remaining visits may be delivered via telehealth.[38]

MCOs in Kentucky that are piloting doula programs establish their own visit schedules. Humana currently covers five prenatal and three postpartum visits and services rendered at delivery. Prenatal and postpartum visits can occur in person or via telehealth, but delivery care must be provided in person.

Reimbursement

In Maryland and Virginia, perinatal doula services reimbursement is based on the length of the visit. Maryland reimburses $16.62 per 15 minutes for prenatal visits and $19.62 per 15 minutes for postpartum visits.[34] The maximum visit length is 1 hour.[34] Virginia reimburses $14.99 per 15 minutes for perinatal visits. The maximum visit length is also 1 hour, except for the initial prenatal visit, which can be up to 90 minutes.[33] In Michigan and Pennsylvania, reimbursement for perinatal visits is based on a minimum visit length. In Michigan, visits must be at least 20 minutes and are reimbursed at $100 per visit.[36,72] In Pennsylvania, the minimum visit length for perinatal and "other services" visits is 30 minutes; the fee-for-service and minimum MCO reimbursement is $100 for perinatal visits and $175 for "other services" visits.[38] All four states reimburse at a flat rate for delivery: $800 in Maryland,[34] $1,500 in Michigan,[72] $1,000 in Pennsylvania,[38] and $350 in Virginia.

Notably, since the creation of the benefit, both Maryland and Michigan have increased reimbursement for doula services. Until July 2023, Maryland reimbursed $350 for delivery.[73] Before October 2024, Michigan reimbursed $75 per visit and $700 for delivery.[36] Prior to January 2025 in Pennsylvania, doulas were required to individually negotiate reimbursement rates with MCOs.[37]

In Kentucky, MCOs have established their own rates. For example, Humana currently reimburses $75 for prenatal and postpartum visits and $200 for delivery.

Virginia also offers a value-based incentive payment for doulas. Doulas in the state are reimbursed $50 if the birthing person attends at least one postpartum obstetric (OB) visit; and they receive an additional $50 if the birthing person attends a postpartum OB visit and their infant attends a postpartum pediatric visit.[33,74]

CONCLUSION

States have taken significantly different approaches to incorporating a doula benefit in their Medicaid programs. Future research should investigate the implications of these divergent approaches to implementation of a doula benefit in Medicaid on the health of the pregnant and postpartum persons and the development of a doula workforce in each state. Given longstanding racial disparities in adverse delivery outcomes and severe maternal morbidity,[1–7] research on the impact of these policies should investigate whether and how doula services might advance health equity. Further, because state doula benefits are new and still evolving, qualitative research is needed to characterize alignment or discrepancy between written doula policies and the experiences of doulas and birthing people.

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* This has changed since VA SB1418 became law in May 2025.

Table 1. Variation in implementation of Medicaid doula benefit in six states.

Results reflect policy data updates through February 28, 2025.

CREATION OF A DOULA BENEFIT IN MEDICAID	State(s)
State plan amendment (SPA) approved, creating doula benefit.	MD, MI, VA
Doula services covered in fee-for-service and managed care; SPA approval pending.	PA
State has passed legislation regarding doulas and/or doula services.	MD, PA, VA
Some managed care organizations (MCOs) are piloting a doula benefit.	KY
Standing advisory committee, task force, or commission whose membership includes doulas and who guides policy creation and/or implementation.	MD, MI, PA, VA, SC
REQUIREMENTS FOR DOULAS	
Certification from approved doula training organization.	MD, MI, VA
Experience pathway to certification available; proof of training not required if applicant is currently practicing as a doula.	PA
Obtain state certification; those who are not state-certified may still practice but cannot be reimbursed through Medicaid.	PA, VA
Register as a Medicaid provider.	MD, MI, PA, VA
Liability insurance required to become a Medicaid provider.	MD, MI, VA
Contract with each managed care organization.	KY, MI, VA
Completion of continuing education.	PA, VA
Other requirements or documentation at MCO discretion.	MD, MI, PA
REFERRALS	
State's chief Medical Executive issued a standing order that doula services should be offered to families with Medicaid.	MI
Doulas must secure and retain the recommendation of a licensed provider for each client prior to initiating services.	VA, PA[1]
No referral requirement.	MD
VISIT SCHEDULE AND SERVICES	
Visit schedule is flexible; any number of visits can be used either prenatally or postpartum, up to a set total number of visits.	MD, MI, PA, VA[2]
Services provided at vaginal or c-section delivery are reimbursed.	MD, MI, PA, VA
Virtual visits are covered except for attendance at delivery, which must occur in-person.	MD, MI, PA[3]
Visits can be used for bereavement or pregnancy loss support.	MD, MI, PA
Doula services covered for fertility and pre-conception counseling, infant loss, or termination of pregnancy.	PA
Services provided during out-of-state deliveries can be covered if prior authorization is obtained.	MI
REIMBURSEMENT	
Reimbursement for prenatal and postpartum visits is based on the length of the visit.	MD, VA
Reimbursement for prenatal / postpartum visits based on minimum visit length.	MI, PA
Services provided at delivery are reimbursed at a flat rate.	MD, MI, PA, VA
Doulas may receive value-based incentive payments.	VA
Doulas can offer services as individuals or as part of a group.	MD, MI, PA, VA
No reimbursement for missed or cancelled visits.	MD, MI, PA
No reimbursement for services provided at an out-of-hospital birth.	MI

1. Applies to doulas reimbursed by the Department of Human Services in Pennsylvania PA. MCO maternity care teams may have different requirements.
2. This has changed since VA SB 1418 became law in May 2025.
3. First prenatal and postpartum visits must occur in person in PA.

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