

# Decision Package Bundle



**Agency:** Wash State Health Care Authority  
**Decision Package Code-Title:** 08 - Doula Services  
**Budget Session:** 2019-21 R  
**Budget Level:** Maintenance Level  
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## Agency Recommendation Summary

The Health Care Authority (HCA) requests \$11,728,000 (\$4,597,000 GF-State) and 1.0 FTE in the 2019-2021 biennium to fund doula services under the Maternity Support Services (MSS) program.

## Program Recommendation Summary

- **OTH - HCA - Other**  
See Agency Recommendation Summary

## Fiscal Summary

*Dollars in Thousands*

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001 - 1	\$1,741	\$2,856	\$3,974	\$5,093
Fund 001 - C	\$2,691	\$4,440	\$6,195	\$7,949
<b>Total Expenditures</b>	<b>\$4,432</b>	<b>\$7,296</b>	<b>\$10,169</b>	<b>\$13,042</b>

<b>Biennial Totals</b>		<b>\$11,728</b>		<b>\$23,211</b>
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Staffing	FY 2020	FY 2021	FY 2022	FY 2023
FTEs	1	1	1	1

<b>Average Annual</b>		<b>1.0</b>		<b>1.0</b>
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Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$76	\$76	\$76	\$76
Obj. B	\$27	\$27	\$27	\$27
Obj. E	\$10	\$10	\$10	\$10

Obj. G	\$1	\$1	\$1	\$1
Obj. J	\$9	\$0	\$0	\$0
Obj. N	\$4,309	\$7,182	\$10,055	\$12,928
<b>Revenue</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
001 - 0393	\$2,691	\$4,440	\$6,195	\$7,949
<b>Total</b>	<b>\$2,691</b>	<b>\$4,440</b>	<b>\$6,195</b>	<b>\$7,949</b>
<b>Biennial Totals</b>		<b>\$7,131</b>		<b>\$14,144</b>

## Package Description

A doula is “a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.”<sup>[1]</sup> Many doulas are also trained as lactation specialists. They can provide education to clients and case management as needed. Doulas are community-based professionals, often from the community they serve, and offer home visits.

Doula services have been shown to improve perinatal outcomes and reduce negative outcomes amongst communities affected by disparities. The most efficient and accessible way to cover and pay for doula services now is through HCA’s Maternity Support Services (MSS) program. In the June 2015<sup>[2]</sup> report, the Governor’s Interagency Council on Health Disparities recommended increasing service units in the MSS program. An increase in the number of service units a MSS recipient is allowed is necessary in order to maintain the capacity to provide MSS services that doulas cannot provide (nursing, behavioral health, dietician, non-doula community health workers/representatives [CHW/R] case management).

In the December 2015 report, the Governor’s Interagency Council on Health Disparities <sup>[3]</sup> provides a clear summary of the evidence supporting the use of doulas to improve birth outcomes and makes the recommendation that Medicaid pay for doula services.

Today there are two hospital-based and one community-based doula programs in Washington State that hire and pay doulas to provide services to Medicaid clients. There also are efforts to develop doula programs specifically for Native American women and pregnant clients with substance use disorder. Since Medicaid does not currently reimburse for doula services, these programs are funded through grants and donations and are not able to meet the demand. There was a successful program operated by a Federally Qualified Health Center (FQHC), several years ago, that closed once the outside funding from National Health Service Corps ended. There are currently two other states, Minnesota and Oregon, that have implemented coverage and reimbursement for doula services.

## Summary of Reasons for Proposal:

HCA is proposing to add doula services as a covered benefit in the MSS program at this time to:

- Reduce disparities in birth outcomes amongst racial, ethnic, and geographic populations.
- Improve birth outcomes for mothers and babies by reducing preterm birth, low birth weight, cesarean sections; shortening labors; reducing the need for interventions such as pain medication, vaginal operative delivery; the consequences of morbidities such as severe lacerations, and hemorrhage; and improved success with breastfeeding and length of time providing breast milk to infants.
- Align with efforts to increase the number of clients that have access to home visits and increase the number of home visits a pregnant and postpartum mother receives.
- Seize on the opportunity that Centers for Medicare and Medicaid Services (CMS) has allowed two other states to cover doula services to propose a sustainable model of covering doula services that CMS may accept.
- Provide reimbursement support to existing doula programs in Washington State that are serving communities with high disparities such as African Americans, Native Americans, and clients with substance use disorder and to encourage the development of more programs.
- Align with the growing support from the Governor, Legislature, advocates, and stakeholders around using evidenced based and informed solutions to improve perinatal outcomes.

### **Proposal:**

If this request is funded, HCA plans to implement statewide coverage of doula services by using the current MSS program structure and reimbursement methodologies.

MSS services will be expanded to provide two antepartum visits, two postpartum visits, and labor support for MSS clients by CHW/Rs certified as doulas by a national or state professional organization. Doulas will provide health education, labor support, lactation assistance, and case management for pregnant clients enrolled in MSS. Currently all clients enrolled in Apple Health receive information about what is included in MSS, therefore all pregnant clients will receive information about doula services and will be offered the option to request doula services through MSS.

This proposal increases the total number of service units that MSS clients are allowed and may increase utilization of the program. The increase in service units allows the number of units being utilized for visits such as nursing, dietician, and behavioral health specialist to remain the same.

HCA assumes improved outcomes and reduced costs for Medicaid and the health care delivery system through the use of doulas. As Medicaid covers a population more likely to experience health disparities, HCA assumes that a reduction in health disparities can also be achieved.

### **What alternatives did you explore and why was this option chosen?**

No other alternatives were explored.

[1] DONA International definition <https://www.dona.org/what-is-a-doula/>

[2] <http://healthequity.wa.gov/Portals/9/Doc/Publications/Reports/HDC-ActionPlan-June2015-Final.pdf>

[3] <http://healthequity.wa.gov/Portals/9/Doc/Publications/Reports/ActionPlan-December2015-Final.pdf>

## **Assumptions and Calculations**

### ***Expansion or alteration of a current program or service:***

This proposal is an expansion of the current MSS program. Previous expenditures were \$15.8M in the 2015-17 biennium and \$13.0M in the 2017-19 biennium.

### ***Detailed assumptions and calculations:***

HCA assumes a federal share of 47 percent for staffing costs and 61 percent for client services. These estimates are based on the federal share of the MSS program as it's currently structured.

It is difficult to know exactly how many Apple Health clients will choose doula services. The utilization estimate is based on the following:

- MSS is utilized by 50 percent of all Apple Health clients with deliveries, totaling 21,401 in calendar year 2016.
- MSS is targeted at higher risk clients and communities that have the highest disparities in outcomes, so utilization of doulas will be higher amongst these clients and achieve the most benefit.
- One hospital system in WA with a doula program reports that seven percent of deliveries are attended by a doula regardless of payer (most are self-pay).
- Minnesota's managed care organizations provided doula services to 15-20 percent of enrollees' births in 2010-2014.[4]

HCA assumes 15 percent of MSS clients will receive doula services in fiscal year 2020 and an increase of 10 percent each year for the next three years for a total increase of 45percent of all MSS clients receiving doula services in fiscal year 2023.

Reimbursement for doula services will be \$688 per birth for non-FQHC clients and on average \$1,606 per birth for FQHC clients.

HCA assumes no changes to the Medicaid State Plan or WAC to implement coverage and reimbursement, given doula services will be provided under the existing MSS program. However, the agency has initiated conversations with CMS regarding this proposal. If CMS requires changes to the MSS program or requires that doula services not be housed in the MSS program, the agency will then need to submit a State Plan Amendment, create a new WAC, and potentially revise both the State Plan and WACs.

[4] Kozhimannil et.al. (2016). Modeling the cost-effectiveness of doula care associated with reduction in preterm birth and cesarean delivery. Birth Issues in Perinatal Care 43:1 March 2016.

### ***Workforce Assumptions:***

HCA requests one full-time equivalent (FTE), Medical Assistance Program Specialist 3, to develop, implement, monitor and maintain the program.

## **Strategic and Performance Outcomes**

### ***Strategic framework:***

This proposal impacts several Results Washington Goal 4: Healthy & Safe Communities measures:

- Decrease infant mortality
- Decrease low birth weight among African Americans, American Indians/Alaska Natives
- Decrease primary cesarean section rate
- Constrain annual health care cost growth

This proposal impacts two parts of the agency's Strategic Plan:

- The **Medicaid Transformation Project** has performance measures related to reproductive health that encourage Accountable Communities of Health (ACH) and providers to improve perinatal outcomes. The solution meets Transformation goals of rewarding quality of care and improving health equity by assuring that clients receive perinatal care that improves outcomes, especially in high risk communities and populations. Doula services are community based and integrate with the health care system in meeting the goal of Healthier Washington to impact communities social and health well-being.
- The **Value-Based Purchasing Roadmap** seeks to achieve the triple aim of better health, better care, and lower costs. Creating a maternity bundle that includes a variety of evidenced based strategies to improve perinatal outcomes uses reimbursement incentives to achieve these goals. Including doula services in a maternity bundle that integrates and coordinates with other services and programs currently covered (i.e. MSS, Infant Case Management [ICM], CHWs, home visiting [HV]) encourages providers to work together to improve quality of care and address poor outcomes.

### ***Performance outcomes:***

The HCA expects the following performance outcomes to improve and to experience reduced costs as a result:

- Lower cesarean section rates
- Lower preterm birth rate
- Increased exclusive breastmilk feeding of newborns at discharge and longer maintenance of breastmilk feeding
- Decreased cost for deliveries due to lower complication rates
- Decreased utilization of neonatal intensive care unit (NICU)

## **Other Collateral Connections**

### ***Intergovernmental:***

Support is anticipated from other state agencies that have participated on statewide workgroups recommending the reinstatement of doula services as covered by Medicaid.

The HCA anticipates support from some tribes, local health jurisdictions, and ACHs in the expansion of doula services into communities impacted by health disparities, which may be encouraged by reinstating coverage by Medicaid.

***Stakeholder response:***

Stakeholder response is anticipated to be very favorable. There are several groups advocating for renewed coverage of doula services by Medicaid. Advocates have expressed that if funds are limited they would like the funds to be directed to community-based services to serve the most in need.

***Legal or administrative mandates:***

None

***Changes from current law:***

None

***State workforce impacts:***

None

***State facilities impacts:***

None

***Puget Sound recovery:***

None

## IT Addendum

***Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff? No***

