

Understanding Barriers and Facilitators to Payer Investment in Doula Care

Perspectives from Health Plans, Employers, Risk-Bearing Organizations, and Professional Associations

Background

Doula care is increasingly recognized as an evidence-based intervention that improves maternal health, patient satisfaction, health care experiences, and breastfeeding outcomes.¹⁻⁴ Despite providing a host of benefits, doulas — trained birth workers who provide one-on-one support before, during, and after childbirth⁵ — are underutilized in the United States.² Additionally, there is an unmet need for doula support, particularly among Black birthing people, who disproportionately face adverse maternal and infant health outcomes.^{2,6}

Historically, doula support has not been covered by insurance and is often limited to those with the financial means to privately hire a doula. In an effort to expand access to doula care, several states have implemented or are implementing doula benefits under Medicaid.⁷ California's Medicaid program, Medi-Cal, added doula services as a covered benefit in 2023⁸, but Medi-Cal managed care plans are still working on operationalizing the benefit. Additionally, commercial health plans are not required to cover doula services, leaving a gap in access for pregnant and birthing Californians with commercial insurance.

Study Purpose

Researchers at the University of California, Berkeley, sought to identify and explore potential barriers and facilitators to the implementation of doula benefits in California. This brief examines the perspectives of Medi-Cal managed care plans as they prepared to implement the Medi-Cal doula benefit and commercial plans and large employers who are not legally required to, but may consider, supporting and investing in doula care.

Between September 2021 and February 2022, researchers interviewed 34 people from 11 Medi-Cal managed care plans, five commercial plans, three employers, three risk-bearing organizations, and three professional associations. **Notably, these interviews occurred before California's Department of Health Care Services (DHCS) had finalized the parameters of the Medi-Cal doula benefit.**

Findings

Across all stakeholder groups, participants recognized the benefits of doula support, with some individuals describing expanded access



Road to Medi-Cal coverage of doula services

- **June 2021:** Following years of advocacy, the enacted version of the 2021-2022 state budget includes funding for Medi-Cal coverage of doula services.⁹
- **September 2021:** California's Department of Health Care Services (DHCS) begins meeting monthly with stakeholders to discuss the makeup of the doula benefit.⁸
- **November 2022:** To seek federal approval, DHCS submits a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS).¹⁰
- **December 2022:** DHCS publishes all-plan letter and provider manual.^{11,12}
- **January 2023:** DHCS begins implementing the Medi-Cal doula benefit. CMS approves the SPA.¹⁰



For up-to-date information on the Medi-Cal doula benefit, please visit the [DHCS website](#).

to doula support as an equity-driven intervention that will positively influence pregnant people and address disparities in health care delivery to communities of color and lower-income groups. Participants expressed varied expectations, concerns, and visions for the successful incorporation of doula benefits.

Preparing for the Medi-Cal Doula Benefit

Among Medi-Cal managed care plans, participants expressed little knowledge about community-based and full-spectrum doula care. All participants were aware of the upcoming Medi-Cal doula benefit but were awaiting guidelines related to implementation details such as member eligibility, doula training requirements, and reimbursement rates. Most managed care plan participants expected to eventually see improved maternal and infant health outcomes among members due to the benefit, including improved birth experiences, lower C-section rates, lower preterm birth rates, and fewer low birth weight infants. A few participants hoped the benefit would address racial inequities and improve health outcomes for Black birthing people and infants.

Key considerations for managed care plans as they work towards implementing the doula benefit included: setting reimbursement rates for the benefit amid generally low Medi-Cal rates¹³; identifying doulas and doula organizations in plan coverage areas; guiding doulas as they prepare to contract with plans and submit claims; and ensuring that benefits comply with requirements and are accessible to interested members.

Participants identified potential barriers to benefit implementation, including lack of public knowledge as an impediment to benefit utilization; limited plan capacities and the possibility that competing priorities could impact resource allocation; the doula workforce's capacity to meet demand in plan coverage areas; and the openness of hospital administrators and health care providers to working with doulas. Participants suggested that the public temper expectations about how quickly the Medi-Cal doula benefit would be operational.

Expanding Commercial Coverage of Doula Care

Participants from commercial plans and employers that do not presently cover doula services reported a range of interest in adding a doula benefit in the future. Factors that could lead to the introduction of a commercial doula benefit include consumer demand, competition, and a desire to prioritize health equity. More evidence that doula support improves health outcomes and contributes to cost-savings would also help them build a stronger business case and therefore gain leadership buy-in. Still, employers who wish to offer doula coverage through health insurance would need plan support to implement a doula benefit. If commercial plans and employers were to offer a doula benefit, they may need to consider measures to ensure the doula benefit would address inequities and whether to establish requirements for doulas who want to serve members and employees. Additionally, commercial plans and employers may need to educate members and employees about doula care and address provider concerns about doula care.

Key definitions

Medi-Cal is California's Medicaid program that provides health insurance coverage to more than 14 million Californians.¹⁴ Medi-Cal provides coverage to low-income adults, pregnant people, children, adults in long-term care, seniors, persons with disabilities, and undocumented children and young adults.¹⁵ More than 80% of Medi-Cal beneficiaries receive coverage through the **Medi-Cal managed care delivery system**.¹⁴ The state contracts with these managed care plans to provide services to enrolled members for a fixed amount each month per member.¹⁵ Other Medi-Cal beneficiaries receive coverage through the **fee-for-service (FFS)** delivery system. In these cases, DHCS directly pays enrolled Medi-Cal providers.¹⁵

Commercial health plans are health insurance plans administered by private companies or nonprofit groups. Most people who are commercially or privately insured receive coverage through their employer.¹⁶ Employers can choose to offer employees health and wellness benefits outside of insurance coverage.

Full-spectrum doula care includes support during childbirth, the prenatal and postpartum periods, abortion, miscarriage, and stillbirth.¹⁷

A **community doula** or **community-based doula** is a non-clinical birth worker who comes from the same cultural community or shares the same language as the client.^{5,18} Community doulas, who specifically represent under-resourced communities, provide culturally competent, trauma-informed support to clients who face complex social, economic, and environmental issues.⁵ Often, community doulas work with community-based agencies that provide no- or low-cost doula services.

There are several ways the Medi-Cal doula benefit could impact commercial plans and employers. The Medi-Cal benefit could improve awareness of doula care among the general public, leading to increased consumer demand for doula coverage, and therefore put pressure on commercial plans to offer a doula benefit. Furthermore, guidelines and processes established by DHCS will create a partial roadmap for commercial plans to leverage. At the same time, participants anticipated that heightened demand for doulas could lead to less doula availability.

Key Insights From Payers

To facilitate access to doula benefits, this study suggests that payers — including managed care plans, commercial plans, and employers — prioritize the following:

Increasing Familiarity: Payers should become familiar with full-spectrum and community-based doula care, the overall benefits of doula care, as well as doulas' rates in coverage areas. Health plans, risk-bearing organizations, and professional associations should also work to educate health care providers about the positive impact of doulas and how providers can support doulas.

Foundational Relationships: Payers should build relationships with doulas and doula organizations in coverage areas.

Fostering Champions: Managed care plans with employees who serve as “champions” of doula care will likely be proactive in building relationships with doulas and promoting the benefit among members and providers. All payers should foster doula champions at multiple levels within a plan.

Applying Past Knowledge: Managed care plans with experience implementing doula pilot programs will be better equipped to implement the Medi-Cal doula benefit. These plans have already started building relationships with doulas. Additionally, these plans are knowledgeable about doula care and the importance of establishing respectful rates that will attract doulas. Similarly, commercial plans and employers with experience implementing doula pilots have expertise that can be leveraged for future commercial benefits.

Communication and Assistance: Payers should listen to doulas' needs and incorporate their feedback into the plan's contracting and rate setting processes; train doulas on how to submit claims and provide ongoing support; and check in with doulas often to troubleshoot, especially during the early years of benefit implementation.

Community Investment: Payers should partner with anti-racist, equity-driven community organizations to invest in growing a culturally diverse doula workforce.



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References

1. Kozhimannil KB, Attanasio LB, Hardeman RR, O'Brien M. Doula Care Supports Near-Universal Breastfeeding Initiation among Diverse, Low-Income Women. *J Midwifery Womens Health*. 2013;58(4):378-382. doi:10.1111/jmwh.12065
2. Kozhimannil KB, Attanasio LB, Jou J, Joarnt LK, Johnson PJ, Gjerdingen DK. Potential benefits of increased access to doula support during childbirth. *Am J Manag Care*. 2014;20(8):e340-e352.
3. Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Pregnancy and Childbirth Group, ed. *Cochrane Database Syst Rev*. 2017;2017(8). doi:10.1002/14651858.CD003766.pub6
4. Ramey-Collier K, Jackson M, Malloy A, McMillan C, Scraders-Pyatt A, Wheeler SM. Doula Care: A Review of Outcomes and Impact on Birth Experience. *Obstet Gynecol Surv*. 2023;78(2):124-127. doi:10.1097/OGX.0000000000001103
5. Bey A, Brill A, Porchia-Albert C, Gradilla M, Strauss N. *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities*. Ancient Song Doula Services; Village Birth International; Every Mother Counts; 2019:33. <https://everymothercounts.org/resources/advancing-birth-justice-community-based-doula-models-as-a-standard-of-care-for-ending-racial-disparities-2/>
6. Sakala C, Eugene DR, Turon JM, Corry MP. *Listening to Mothers in California: A Population-Based Survey of Women's Child-bearing Experiences Full Survey Report*. National Partnership for Women & Families; 2018. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/PEI/Pages/default.aspx>
7. Doula Medicaid Project. National Health Law Program. Accessed July 7, 2022. <https://healthlaw.org/doulamedicaidproject/>
8. Department of Health Care Services. Doula Services as a Medi-Cal Benefit. Last updated February 3, 2023. Accessed February 22, 2023. <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>
9. 2021-2022 State Budget - State Department of Health Care Services. California Budget 2021-22. Accessed November 1, 2022. <https://www.ebudget.ca.gov/2021-22/pdf/Enacted/GovernorsBudget/4000/4260.pdf>
10. State Plan Amendment CA-22-0002 Approval Document. Published January 27, 2023. Accessed February 22, 2023. <https://www.medicaid.gov/medicaid/spa/downloads/CA-22-0002.pdf>
11. Department of Health Care Services. *Medi-Cal Provider Manual for Doula Services*. 2022. <https://files.medi-cal.ca.gov/pubs-doco/publications/masters-mtp/part2/doula.pdf>
12. Durham D. All Plan Letter 22-031. Published December 27, 2022. Accessed February 22, 2023. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-031-Doula-Services.pdf>
13. Tatar M, Paradise J, Garfield R, 2016. Medi-Cal Managed Care: An Overview and Key Issues. *KFF*. Published March 2, 2016. Accessed February 22, 2023. <https://www.kff.org/medicaid/issue-brief/medi-cal-managed-care-an-overview-and-key-issues/>
14. Department of Health Care Services. Medi-Cal Fast Facts. Published January 27, 2023. Accessed February 22, 2023. https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Fast_Facts.aspx
15. Tatar M, Champan A. *Medi-Cal Explained: The Medi-Cal Program: An Overview*. California Health Care Foundation; 2019. <https://www.chcf.org/publication/medi-cal-program-overview/>
16. Commercial Health Insurance Primer. Published June 23, 2022. Accessed June 23, 2022. <https://www.aha.org/guidesreports/2022-03-21-commercial-health-insurance-primer>
17. Goodman S, Arora A. *The Importance of Full-Spectrum Doulas to Reproductive Health and Justice*. National Partnership for Women & Families; 2022:30. Accessed October 18, 2022. <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/our-communities-hold-the-solutions.pdf>
18. Marshall C, Nguyen A, Arteaga S, et al. *Partnering with Community Doulas to Improve Maternal and Infant Health Equity in California*. School of Public Health, University of California, Berkeley; 2022:11. Accessed October 21, 2022. https://www.share.berkeley.edu/_files/ugd/7ee60a_f6be1b984d0c4b44a2758e96587a6195.pdf