REIMBURSEMENT FOR DOULA CARE: AN OVERVIEW
PROCESSES & POTENTIALS FOR OREGON STATE

Overview
As of January 1, 2014, Oregon Medicaid will give eligible mothers access to doula care in the intrapartum (labor and delivery) period. Qualified, certified doulas will be able to seek reimbursement through state-outlined pathways, as specified in OARs 410-130-00151 and OARs 410-180-0300 through 410-180-0380. This document serves to provide background information to make reimbursement decisions with the goal of consistency across health plans. These OARs resulted from the 2011 legislative passage of HB3650, which “mandates that members enrolled in Medicaid have access to Traditional Health Workers (TWHs) [including doulas] to facilitate culturally and linguistically appropriate care.”

Definition
Definition of a birth doula from OAR 410-180-0305(3): “Birth Doula” means a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience.

Certification & Continuing Education
A qualifying doula is certified and registered with the Oregon Health Authority (OHA), as specified in OAR 410-180-0315 and OAR 410-180-0375:

To be certified in Oregon as a birth doula, an individual must:
(1) Successfully complete an approved birth doula training program (http://www.oregon.gov/oha/oei/Pages/approved-thw-training.aspx); or
(2) Have successfully completed all birth doula training requirements as described in OAR 410-180-0375 through one or a combination of non-approved birth doula training programs and meet the cultural competency course requirements through an approved training program for doulas. Completion of training currently includes:

- 16 contact hours in labor training
- 4 contact hours in breastfeeding training
- 12 contact hours in childbirth education training
- 6 hours in cultural competency training
- Read 5 books from an authority approved reading list
- Write an essay on the value of labor support
- Create a resources list
- Attend at least three births and three home visits
- Submit evaluations from work with three families
- Be CPR-certified
- Have a valid food handler’s permit.
Doulas will engage in continuing education and recertification pursuant to their professional associations and OAR 410-180-0320, which states:

1. To maintain certification status, all THWs must complete at least 20 hours of continuing education during every three year renewal period.
2. Continuing education hours taken in excess of the total number required may not be carried over to the next renewal period.
3. The Authority shall award continuing education hours for:
   a. Additional THW training offered by a training program; and
   b. Any other Authority approved training or event.
4. Requests for approval of continuing education may come from the hosting organization or from a certified THW attending the training or event.

**Scope of Work**

**Defined Support Period:** 2 prenatal visits; continuous support during the intrapartum period, including the onset of labor (as defined by the mother) to a minimum of 2 hours after delivery; 2 postpartum visits

**Average length of work:** 24 hours per birth for the intrapartum period; this number is highly variable because each mother and course of labor unfolds differently. 24 hours is an average that accounts for standard deviation on both sides. Average prenatal and postpartum visits will last for one to two hours.

**Type of work:** On-Call. The doula goes on-call for a mother at 37 weeks (term, or earlier if indication arises) through the time of delivery (40 – 42 weeks, on average). Prenatal and postpartum visits are scheduled with the mother on a timeline conducive to her needs. Doulas are required to secure back-up to insure coverage of client in case of emergency or unforeseen illness/circumstance. Partial fees are shared with back-up.

Doula has accountability to the provider to uphold her professional scope of practice in accordance with her professional associations, and to uphold standards of professional conduct as outlined in OAR 410-180-0340:

1. Acquire, maintain and improve professional knowledge and competence using scientific, clinical, technical, psychosocial, governmental, cultural and community-based sources of information;
2. Represent all aspects of professional capabilities and services honestly and accurately;
3. Ensure that all actions with community members are based on understanding and implementing the core values of caring, respect, compassion, appropriate boundaries, and appropriate use of personal power;
4. Develop positive collaborative partnerships with community members, colleagues, other health care providers, and the community to provide care, services, and supports that are safe, effective, and appropriate to a community member’s needs;
5. Regardless of clinical diagnosis, develop and incorporate respect for diverse community member backgrounds including lifestyle, sexual orientation, race, gender, ethnicity, religion, age, marital status, political beliefs, socioeconomic status or any other preference or personal characteristic, condition or state when planning and providing services;
6. Act as an advocate for community members and their needs;
7. Support self-determination and advocate for the needs of community members in a culturally competent, trauma informed manner.
(h) Base decisions and actions in support of empowerment and respect for community member’s culture and self-defined health care goals using sound ethical reasoning and current principles of practice;

(i) Maintain individual confidentiality; and

(j) Recognize and protect an individual’s rights. Individuals being served have the right to:

- Be treated with dignity and respect;
- Be free from theft, damage, or misuse of personal property;
- Be free from neglect of care, verbal, mental, emotional, physical, and sexual abuse;
- Be free from financial exploitation;
- Be free from physical restraints;
- Voice grievances or complaints regarding services or any other issue without discrimination or reprisal for exercising their rights;
- Be free from discrimination in regard to race, color, national origin, gender, sexual orientation, or religion; and
- Have their information and records confidentially maintained.

Duties: Birth doula services include the following activities that support physiologic birth practices and informed choice during childbearing:

- Initiates relationship with client to establish birth preferences and support desires;
- Joins the woman upon arrival at the birth facility, at her request for continuous support, and stays through labor, delivery and through the immediate postpartum period;
- Provides emotional, physical and non-pharmacological pain management and comfort measures, including, but not limited to: breathing techniques, use of focal points (visualization), positioning, comfort massage, counter pressure, hot and cold therapy, hydrotherapy, and verbal reassurance;
- Offers informational support and education to the woman and her support team in accordance with the provision of evidence-based, informed choice during childbirth and personal empowerment;
- Helps to communicate the clinical care team’s instructions and recommendations to the mother, as well as the mother’s birthing desires to the clinical care team;
- Aids and encourages the mother and her support team to communicate with the clinical care team about any questions or concerns they may have;
- Assists with building positive and thorough communication between the patient and care team;
- Assists in initiating and sustaining breastfeeding postpartum;
- Screens clients for perinatal mood disorders and provides appropriate referrals; and
- Supports the client in navigating community resources and social services, as needed

Anticipated Outcomes: improved health, decreased interventions, and associated cost-savings.4

In 2013, Hodnett and colleagues published an updated Cochrane Review on the effects of continuous intrapartum support compared with standard care. The review included all randomized controlled trials that compared support during labor with standard care from the Cochrane Pregnancy & Childbirth Group’s Trials Register. In total, twenty-two trials accounting for 15,288 women were included in the review. Significant main findings are as follows:

- Increased likelihood of spontaneous vaginal birth
- Decreased likelihood of epidural and other analgesia intrapartum
- Shorter average labor length
- Decreased likelihood of cesarean birth or instrumental vaginal delivery (forceps, vacuum)
- Decreased likelihood of low 5 min Apgar scores
- Decreased likelihood of dissatisfaction with labor and delivery experience

Multiple other studies have demonstrated the efficacy of doula care, including improved maternal confidence, increased breastfeeding rates, and improved mother-infant bonding. References available upon request.

Compensation
Currently in Oregon, there are a number of organizations providing doula care, particularly in the Tri-County area where the examples below come from. There is a range of payments from no payment (pro bono) to $1400+. Women contact doulas through various resources such as doula agencies, online referrals, or provider recommendations, and then hire them as private contractors or via community-based agencies.

Market pricing for doula care varies widely based on several factors, including the setting in which the doula is working, the demographic of the women she serves, the experience of the doula, the add-on services she provides before and beyond intrapartum care, and the market demand and availability for doula care.

a) Community-based Doulas: (free or average of $200/birth via grant funding). These are doulas working in a non-profit or volunteer programs, and providing pregnancy, birth and postpartum support or just intrapartum support. Examples include: International Center for Traditional Childbearing (ICTC), PDX Doulas, Gateway Doula Project.

b) Private Doulas: Hired by the mother and/or expectant family ($300 - $1400) with a range of experience from 3 (standard certification minimum) to 1000 births. Examples: Mother Tree International, Doula Love, Renaissance Doulas, Portland Doula Association.

c) Hospital-based Doulas: hired by the hospital to provide intrapartum care. Average hourly cost is $30.55, including FTE benefits, with ten 24-hour shifts a month and an average of one birth per shift. Example: Providence MCC Staff Doulas.

d) Medicaid of Oregon currently reimburses $75 for intrapartum services only, pursuant to OAR 410-130-0015, and this rate only applies to fee-for-service (“open card”) clients. This rate was established as a starting point after examining projected cost-savings associated with intrapartum doula services in terms of two outcomes (cesarean section, epidural use) and associated Medicaid fee structure and claims history. Reimbursement rates for clients covered by the Oregon Health Plan and whose care is managed by Coordinated Care Organizations (CCOs) are under negotiation. The recommendation below is for Medicaid clients whose care is administered via CCOs. Additionally, we recommend additional investigation of the $75.00 rate for fee-for-service clients with possibility for increase.

**Compensation Recommendation:** $600 one-time fee per client, to include: 2 prenatal visits, continuous support at the labor/birth, and 2 postpartum visits.

Based on community standards for the doula profession in Oregon and the importance of professional sustainability, we recommend that CCOs administering Oregon Medicaid health plans reimburse doulas a fee of $600/client. Rationale: The doula profession follows an on-call structure and aims to support normal physiologic birth and a woman’s personal autonomy, in conjunction with the recommendations of her clinical care team and evidence-based practices. As a traditional health worker (THW), the provision of doula care to all women is an essential ingredient for achieving reductions in documented health disparities and improving maternal-child health outcomes for all families. Further, the reimbursement rate for doula services must be a sustainable living wage commensurate with the private professional realm of doula care and associated THW fields. The recommended fee of $600/client will help to insure long-term sustainability and viability of a professional workforce of doulas that are reimbursed through Medicaid health plans, in commitment to health equity for all and concurrent cost-savings in maternity care systems.
Compensation Structure
Provider Payment for Oregon Medicaid fee-for-service clients: Clinical provider will recommend a doula, or the mother will hire a doula from the certified registered doulas list maintained by the OHA. The provider will bill on behalf of the doula via a U-9 modifier, as specified in OAR 410-130-0015 and summarized below:

- The licensed obstetrical practitioner may be eligible for an additional payment, as remuneration for the attending doula providing the doula services;
- Doulas shall not receive direct payment from the Division;
- To be considered for the additional payment, the professional claim for the delivery services must include the unique Medicaid modifier –U9 appended to the appropriate obstetrical code billed at the time of delivery;
- This modifier may only be billed once per pregnancy. Multiples (i.e. twins, triplets) are not eligible for additional payment for the doula’s services;
- Only one additional payment shall be made for the doula services regardless of the number of doulas providing the services;
- Only providers with a provider type designation of 34 or 42 may bill the U9 modifier.
- Doula services at the time of delivery are the only services eligible for payment under this rule.

Payment structures for Oregon Medicaid clients managed by CCOs should be established ASAP.

The Provider has accountability to pay the doula in a timely manner.

Disputes will follow an established Grievance Process, as specified in OAR 410-180-0380, summarized below:

- Any individual may make a complaint verbally or in writing to the Authority regarding an allegation as to the care or services provided by a certified or provisionally certified THW pursuant to OAR 410-180-0305 or that an approved training program has violated THW statutes or these rules.
- The identity of an individual making a complaint shall be kept confidential to the extent permitted by law but may be disclosed as necessary to conduct the investigation and may include but is not limited to disclosing the complainant’s identity to the THW’s employer.
- If a complaint involves an allegation of criminal conduct or that is within the jurisdiction of another local, state, or federal agency, the Authority shall refer the matter to the appropriate agency.
- The Authority shall investigate complaints and take any actions that are necessary for resolution.

Recommendations & Summary
We concur with Hodnett and colleagues (2013)⁴ who conclude their Cochrane Review of continuous labor support with this recommendation: “Continuous support during labour should be the norm, rather than the exception. Hospitals should permit and encourage women to have a companion of their choice during labour and birth, and hospitals should implement programs to offer continuous support during labour…Given the clear benefits and absence of adverse effects of continuous labour support, policy makers should consider including it as a covered service for all women.”⁵ Therefore, given the documented benefits and associated cost-savings of doula care and continuous doula support, we recommend that doulas who meet established state requirements be eligible for a per client reimbursement payment of $600 by all Oregon Medicaid health plans.

References Cited

