

**MEMO**

**TO: Senate Health and Welfare Committee**  
**FR: Matt Levin, VT Early Childhood Advocacy Alliance**  
**DA: 1/26/24**  
**RE: S. 109 – PROPOSED REVISED RATE AND CERTIFICATION LANGUAGE**

On behalf of our coalition partners, we submit the following suggestions for alternative language that we ask you to consider as you continue your work on S. 109.

**Proposed Alternative Rate Structure**

- Fees are per pregnancy, regardless of the number of infants involved
- ~~Billed on a fee for service basis~~
- ~~Shall not exceed \$850.00, allocated as follows:~~
  - ~~\$25.00/hr for prenatal visits, not to exceed four hours~~
  - ~~flat fee of \$650.00 for physical and emotional support for the entire course of the mother’s labor and delivery, which shall include unlimited telephone and e-mail contact and the doula’s commitment to be available on an on-call basis~~
  - ~~\$25.00/hr for postpartum visits, which may include postpartum hospital visits, not to exceed two hours~~
  - ~~up to \$50.00 for administrative expenses~~
- Flat fee of \$1600 for physical and emotional support for the entire course of the labor and delivery, which shall include unlimited electronic contact and the doula’s commitment to be available on an on-call basis, and 10 hours of perinatal visits.
- Up to an additional 10 hours of postpartum support is optional, billed at \$400 or \$40/hr.
- Doula care is inclusive of all pregnancy outcomes
- Perinatal visits can take place during the prenatal period and up to 12 months after the end of the pregnancy.
- Doula services can be provided in-person and via telehealth.

Comparison rates in other states:

STATE	RATE	IMPLEMENTATION DATE
CALIFORNIA	\$3,152.65 (vaginal)/ \$3,263.31 (cesarean)	1/1/24
MASSACHUSETTS	\$1700	12/8/23
MINNESOTA	\$2000	1/1/24
NEVADA	\$1500 urban/ \$1650 rural	9/1/23
RHODE ISLAND	\$1,500	7/1/22
WASHINGTON DC	\$1950.71	10/1/22

Source: National Health Law Program chart listing the status of Medicaid coverage in each state ([Source](#))

### **Proposed Doula Advisory Board (DAB):**

- The DAB is made up of five members, at least three of whom are current or former doulas working with Medicaid-eligible populations.
- The DAB has representation from doula with lived experience as marginalized populations, including but not limited to community based, BIPOC and/or LGBTQIA doulas.
- The DAB advises/collaborates with DVHA regarding rate setting for Medicaid coverage.
- The DAB works with OPR on determining competencies, trainings, and certifications for meeting eligibility requirements.
- The DAB participates in complaints, conduct, discipline, and grievance processes as overseen by OPR.

### **Proposed Doula Certification Pathways:**

- a. Certification: Formal certification from organizations approved by the DAB.
- b. Experience: Have at least three years of active doula experience within the previous five years, and can attest to skills in prenatal, labor, and postpartum care through three written client testimonial letters or professional letters of recommendation, to be reviewed and approved by the DAB.
- c. Demonstrate Competencies: As determined by DAB. Competencies could include:
  1. Physiology during the perinatal period including birth, as well as fetal growth in each trimester of pregnancy.
  2. Best practices for trauma informed care
  3. Common medical interventions during pregnancy, childbirth, and the postpartum period
  4. Common potential complications associated with pregnancy, childbirth, and the postpartum period, including but not limited to:
    - a. pregnancy and infant loss
    - b. mental health conditions including Perinatal Mood and Anxiety Disorders
    - c. substance use disorder
    - d. high blood pressure.
  5. Labor and delivery comfort measures
  6. Best practices for supporting those of marginalized populations including not limited to:
    - a. BIPOC
    - b. LGBTQIA
    - c. Those in recovery or actively using
    - d. History of mental health disorders, inter-partner violence and/or trauma
    - e. NICU families
  7. Basic newborn care, including the fundamentals of breastfeeding/chestfeeding and common newborn medical interventions.
- d. Mentorship: Engage in a mentorship with a DAB-approved doula who is also participating in this program, and with at least three years of work with Medicaid population. Mentorship is considered complete when mentee successfully supports at least three Medicaid-eligible families under the supervision of the mentor.