

SENATE BILL NO. 301

April 27, 2023, Introduced by Senators GEISS, ANTHONY, SANTANA, CHANG, CAVANAGH, MCMORROW, BAYER, WOJNO, SHINK and MCCANN and referred to the Committee on Health Policy.

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
(MCL 400.1 to 400.119b) by adding section 109o.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 109o. (1) An individual who is eligible for medical
2 assistance and who is an expectant mother may receive doula
3 services before, during, and after childbirth. Medical assistance
4 will cover different types of doula services, including, but not
5 limited to, community-based doulas, prenatal doulas, labor and

1 birth doula, and postpartum doula.

2 (2) As required by federal regulations at CFR 440.130(c),
3 doula services must be recommended by a health care provider,
4 including, but not limited to, a licensed practical nurse,
5 registered nurse, social worker, midwife, certified nurse midwife,
6 nurse practitioner, physician assistant, or physician. The health
7 care provider recommending doula services is not required to be
8 part of the recipient's health care team, but collaboration is
9 highly encouraged.

10 (3) Dependent on person-centered needs, doula support during
11 the perinatal period may include, but is not limited to, the
12 following:

13 (a) Prenatal services that include the following:

14 (i) Promoting health literacy and knowledge.

15 (ii) Assisting with the development of a birth plan.

16 (iii) Supporting personal and cultural preferences around
17 childbirth.

18 (iv) Providing emotional support and encouraging self-advocacy.

19 (v) Reinforcing practices known to promote positive outcomes
20 such as breastfeeding.

21 (vi) Identifying and addressing social determinants of health.

22 (vii) Coordinating referrals to community-based support
23 services, including, but not limited to, the women, infants and
24 children program (WIC), behavioral health services, transportation,
25 and home visiting services.

26 (b) Labor and delivery services that include the following:

27 (i) Providing continual physical comfort measures, information,
28 and emotional support.

29 (ii) Advocating for beneficiary needs.

1 (iii) Being an active member of the birth team.

2 (c) Postpartum services that include the following:

3 (i) Providing education regarding newborn care, nutrition, and
4 safety.

5 (ii) Supporting breastfeeding.

6 (iii) Providing emotional support and encouraging self-care
7 measures.

8 (iv) Supporting the recipient in attending recommended medical
9 appointments.

10 (v) Identifying and addressing social determinants of health.

11 (vi) Coordinating referrals to community-based support
12 services, including, but not limited to, the women, infants and
13 children program (WIC), behavioral health services, transportation,
14 and home visiting services.

15 (vii) Grief support services.

16 (4) Doula services must be provided on a face-to-face basis
17 with the recipient, except that prenatal and postpartum services
18 may be provided via telehealth. A doula provider must follow
19 current department policy regarding telemedicine.

20 (5) Doula services may include a maximum of 6 total visits
21 during the prenatal and postpartum periods and 1 visit for
22 attendance at labor and delivery. All prenatal and postpartum
23 visits must be at least a minimum of 20 minutes in duration with a
24 recipient to be considered eligible for reimbursement. Additional
25 visits beyond the limits described in this subsection may be
26 requested through the prior authorization process. A health care
27 provider should contact the Medicaid health plan regarding the
28 prior authorization requirements.

29 (6) A doula must be physically present during labor, delivery,

1 and the immediate postpartum period in order for the visit to be a
2 qualifying visit for attendance at labor and delivery.

3 (7) Documentation for doula services must include a start time
4 and end time of services provided, a description of the
5 professional services rendered, and information regarding the
6 source of the health care provider recommendation for services.
7 Documentation must be kept in accordance with the record-keeping
8 requirements of the medical assistance program and may be subject
9 to review and postpayment audit.

10 (8) An individual qualified to be a doula must be at least 18
11 years of age and possess a high school diploma or equivalent. The
12 department shall certify doulas who have completed training
13 provided by a department-approved doula training program or
14 organization. A doula must provide proof of training to the
15 department on request. At a minimum, a doula training program must
16 include skill development in the following areas:

17 (a) Communication, including active listening, cross-cultural
18 communication, and interprofessional communication.

19 (b) Perinatal self-care measures.

20 (c) Coordination of and linkage to community services and
21 resources.

22 (d) Labor and coping strategies.

23 (e) Newborn care and supportive measures.

24 (9) A doula provider is expected to work within their scope of
25 training. The department, with community input, must continue to
26 review doula training programs, including those created for
27 specific populations to support cultural and community needs. The
28 department shall continue to research pathways for legacy
29 certification, or certification for a doula by providing proof of

1 experience in lieu of training, within the confines of state and
2 federal regulations.

3 (10) A doula provider seeking reimbursement for professional
4 doula services provided to medical assistance recipients must be
5 medical-assistance-enrolled providers. A doula providing services
6 to a medical assistance recipient is required to register with the
7 department doula registry to enroll as a medical assistance
8 provider.

9 (11) As used in this section:

10 (a) "Certified nurse midwife" means an individual who is
11 licensed as a registered professional nurse under part 172 of the
12 public health code, MCL 333.17201 to 333.17242, who has been
13 granted a specialty certification in the practice of nurse
14 midwifery by the Michigan board of nursing under section 17210 of
15 the public health code, MCL 333.17210.

16 (b) "Doula" means a professional trained in childbirth who
17 provides continuous physical, emotional, and informational support
18 to an expectant mother.

19 (c) "Health care provider" means any of the following:

20 (i) A health professional licensed or registered under article
21 15 of the public health code, MCL 333.16101 to 333.18838.

22 (ii) A health facility or agency licensed under article 17 of
23 the public health code, MCL 333.20101 to 333.22260.

24 (iii) A local health department as that term is defined in
25 section 1105 of the public health code, MCL 333.1105.

26 (d) "Midwife" means an individual licensed under part 171 of
27 the public health code, MCL 333.17101 to 333.17123 to engage in the
28 practice of midwifery.

29 (e) "Public health code" means the public health code, MCL

1 333.1101 to 333.25211.