



DOULAS & MEDICAID REIMBURSEMENT IN NJ

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New Jersey Medicaid coverage for doula care: Jan 1, 2020



*A 1664/S 1784
Began 11 days ago!*

- A1664/S 1784--This bill provides for the expansion of the State Medicaid program to include coverage for doula care through the language AMENDED P.L.1968, c.413 to add 'Doulas'
- And clarified the Commissioner of Human Services "shall apply for such State plan amendments or waivers as may be necessary to implement the provisions."

A 1664/S 1784 (the NJ doula Medicaid waiver bill) passed because of the evidence that maternal health is costly, fragmented and inequitable.

NJ has 40% of births in NJ are Medicaid enrolled. 42,000 births per year



1. Maternity Care too often does not align with quality or choice.
2. Maternity Care is very costly, and resources are poorly aligned with need.
3. Outcomes are unacceptable, inequitable, and many are worsening/ Inequitable health outcomes



Report finds NJ hospitals are performing too many c-sections.

JUNE 11, 2018

Published by Leah Mishkin of NJTVnews

A new [Leapfrog report](#) shows New Jersey hospitals are performing too many C-sections.

The state is in the bottom five in the country in terms of meeting recommended standards.

"For pregnant women, it's hard because we want to listen to our health care providers and trust them, but we also want to, to the extent we can, arm ourselves with data like looking at the Leapfrog safety information," said [New Jersey Health Care Quality Institute](#) President and CEO Linda Schwimmer.

The report
down posit

NJHCQI'S CHANNELS

New Jersey C-Section Rate is Still High. See How Your Hospital Compares.

MAY 15, 2018

Published by Linda Washburn, northjersey.com

New Jersey hospitals performed worse — not better — in lowering the rate of Cesarean deliveries for newborns in the most recent report on the quality of maternity care, released Tuesday.

Only nine of 48 hospitals where babies are delivered brought the rate of such surgery down to the national goal level, with 15 hospitals that had reached the goal set by the federal Health and Human Services.

For example, two hospitals — such as CentraState Medical Center in Freehold and Hackensack University Medical Center — have C-section rates over 40 percent, far above the national goal.

"We need to reduce C-section rates," said Linda Schwimmer, president and CEO of the [New Jersey Health Care Quality Institute](#). "Now is the time for hospital leadership to prioritize maternal and child health."



MATERNAL HEALTH AMONG 2018 TOP PRIORITIES FOR STATE SENATE

LILLO H. STANTON | JANUARY 2, 2018

Growing disparity between outcomes for white and black women also a concern for lawmakers



Maternal health is an issue that Senate Democrats are planning to make a priority in 2018, as health officials have identified that deaths among pregnant women or those giving birth have started to rise. One recent report suggests New Jersey has one of the worst maternal mortality rates in the nation.

Senate health committee chairman Joseph Vitale (D-Middlesex), said he will schedule legislative hearings on the issue early in the new session, which begins the second week of January. He

wants to explore ways the state can better support pregnant women and babies in the future. (No

A Call to Action to Decrease Maternal Mortality Rates



A campaign by Rutgers and the Tara Hansen Foundation prompts New Jersey to designate January 23 of each year as Maternal Health Awareness Day

By Patti Verbanas | January 22, 2018



After giving birth, Tara Hansen expressed concern about her

For Tara Hansen, the birth of her first child, in her life with her high school sweetheart, a young, athletic special-education teacher had that she craved spinach and mushrooms over

Brandon's birth was textbook as well, but she care providers that her body didn't feel right. A healthy postpartum patient, she was sent home but died from an infection that had occurred during

"Tara was the only person who knew something was kept falling on deaf ears," says Ryan. "Everyone was to be expected because she just had a

South Jersey mother was the last person anyone expected to die

Our health care system focuses on babies but often ignores their mothers.

Updated: MAY 12, 2017 — 3:50 PM EDT



Donate

Bryan Anselm for ProPublica

The Last Person You'd Expect to Die in Childbirth

The U.S. has the worst rate of maternal deaths in the developed world, and 60 percent are preventable. The death of Lauren Bloomstein, a neonatal nurse, in the hospital where she worked illustrates a profound disparity: The health care system focuses on babies but often ignores their mothers.

by Nina Martin, ProPublica, and Renee Montagne, NPR
May 12, 2017

This story was co-published with NPR.

o died, including Lauren Bloomstein, were cared for by the same OB-

NPR

URSE, Lauren Bloomstein had been taking care

er own. The prospect of becoming a mother led recently — "the happiest and most alive I'd own mother had died of a massive heart brother for a while, then with a neighbor in gate mom, but in important ways she'd grown

Princeton health summit focuses on impact of race in maternal health issues

JOANNA GAGIS, PRODUCER/CORRESPONDENT | SEPTEMBER 24, 2019 | [HEALTH CARE](#)



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CONTRIBUTORS | Opinion *This piece expresses the views of its author(s), separate from those of this publication.*

Maternal mortality rates for black women in NJ are alarmingly high | Opinion

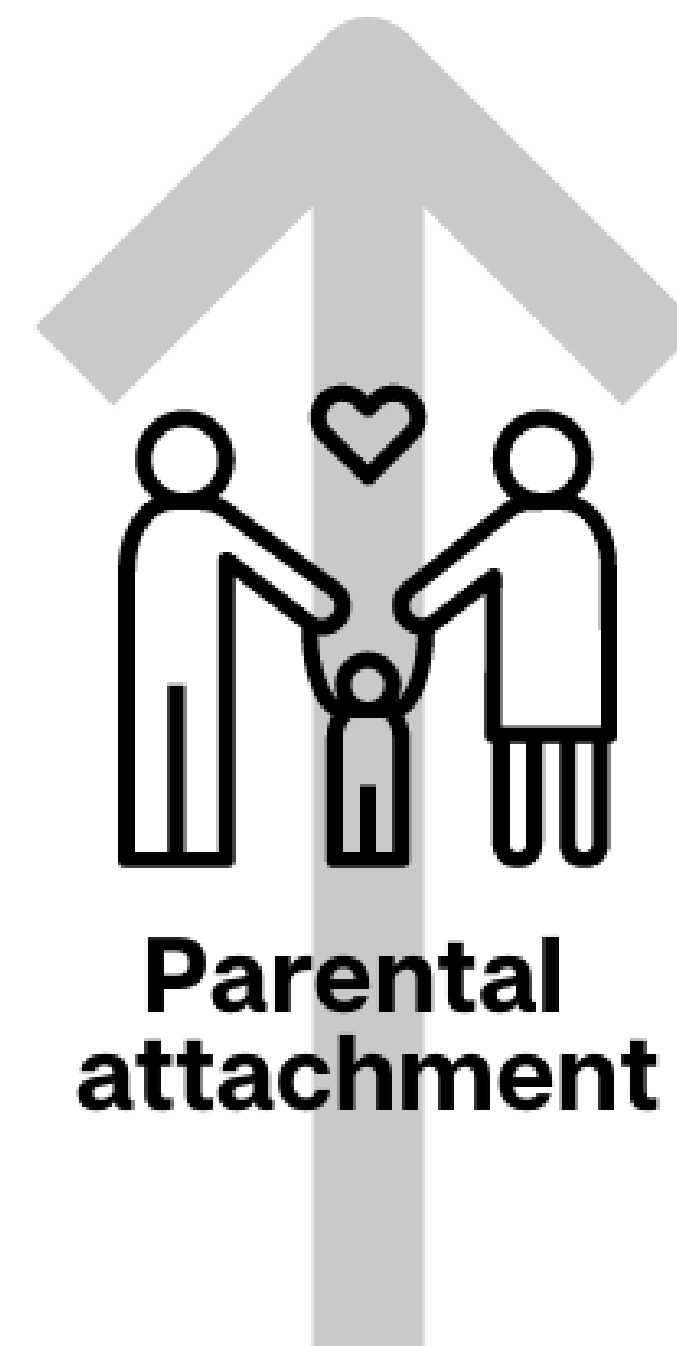
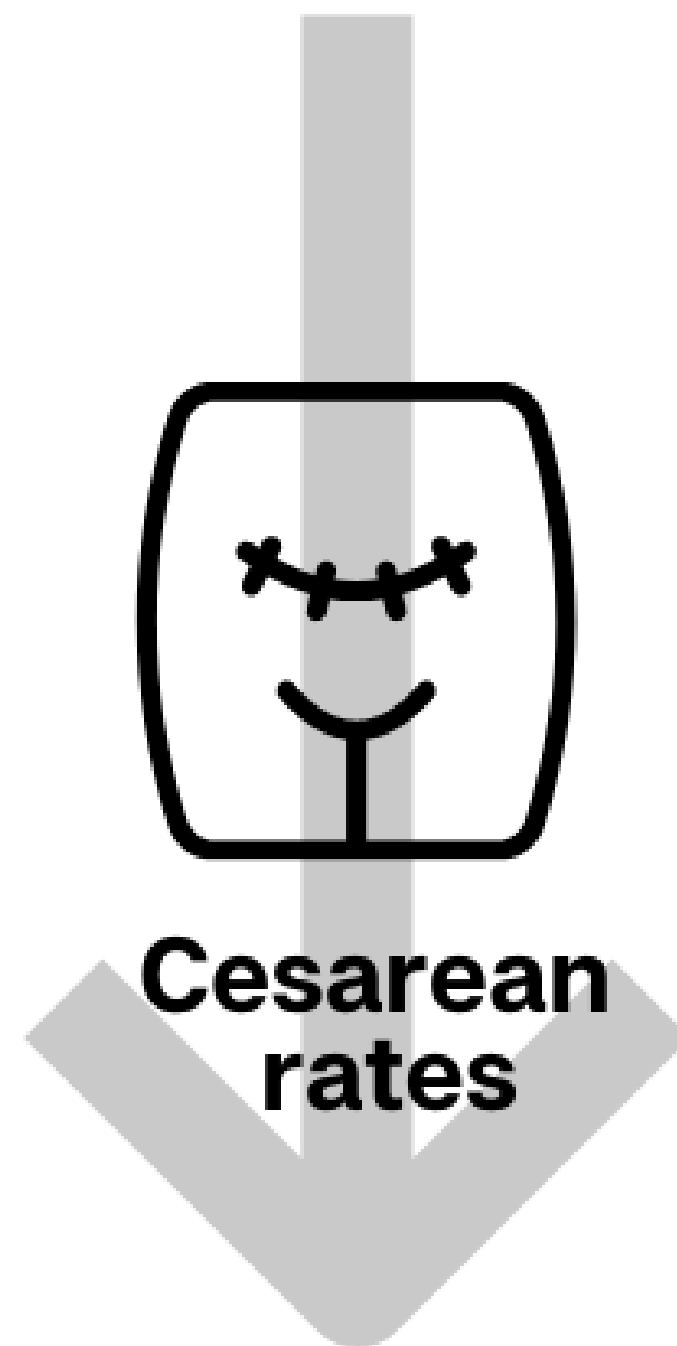
Shavonda E. Sumter

Published 5:44 a.m. ET Apr. 12, 2019

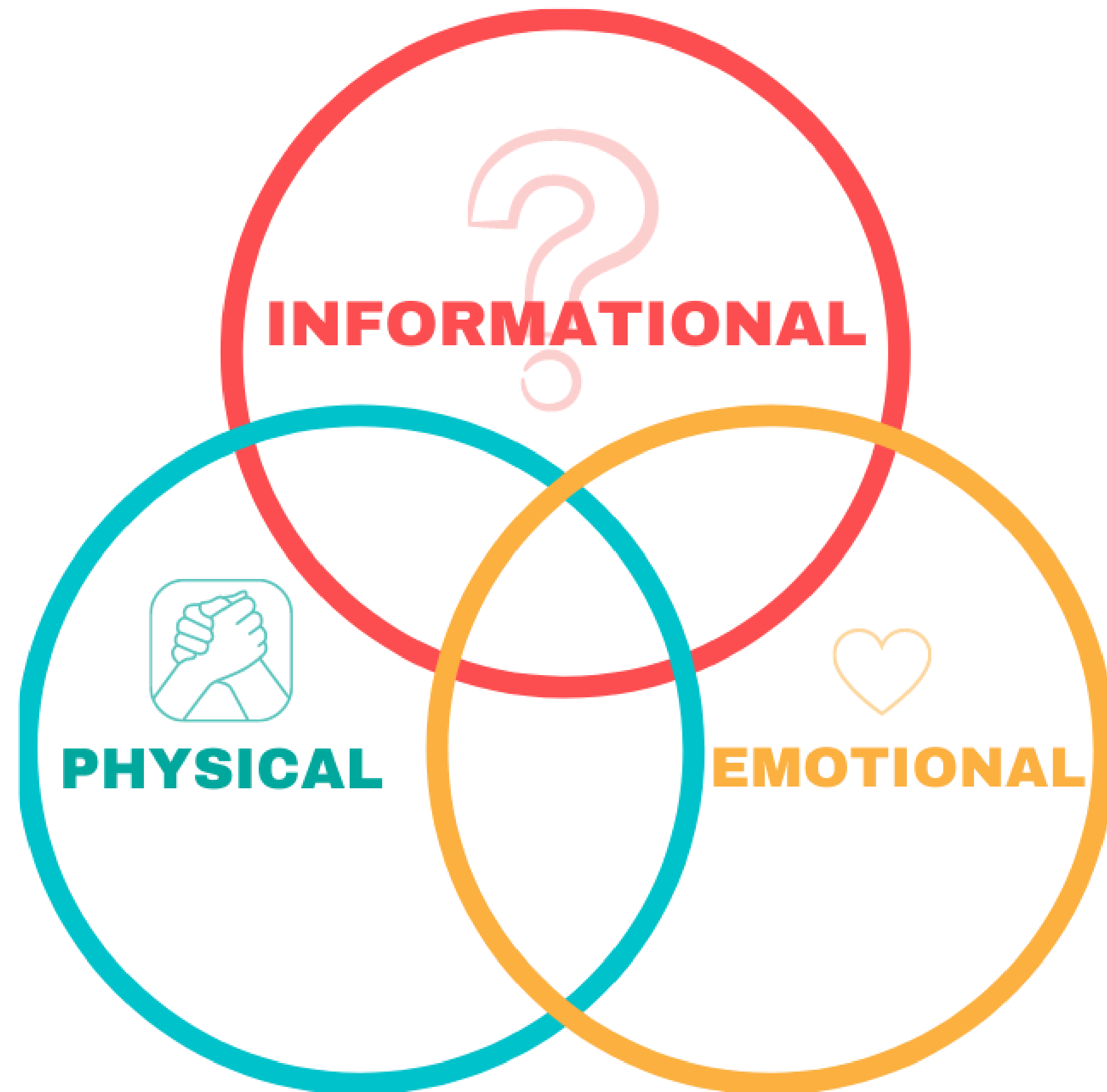
View Comments



Doulas are Proven to:



DOULAS PROVIDE NON-CLINICAL SUPPORT BEFORE, DURING & AFTER BIRTH





Doula Care

ADVANCES THE “TRIPLE AIM” BY:

- Improving quality of care
- Enhancing experience of care and engagement in care decisions
- Shifting healthcare spending towards cost-effective practices



DOULAS ARE TAUGHT TO:

- ♦ **Recognize** birth as a key life experience;
- ♦ **Nurture and protect** a woman's memory of birth;
- ♦ **Maintain an uninterrupted presence** during labor and birth;
- ♦ **Recognize the effect of emotions** on the physiology of labor;
- ♦ **Provide comfort techniques** and promote positions that facilitate progress during labor;
- ♦ **Facilitate** positive communication;
- ♦ **Promote** early breastfeeding and bonding.

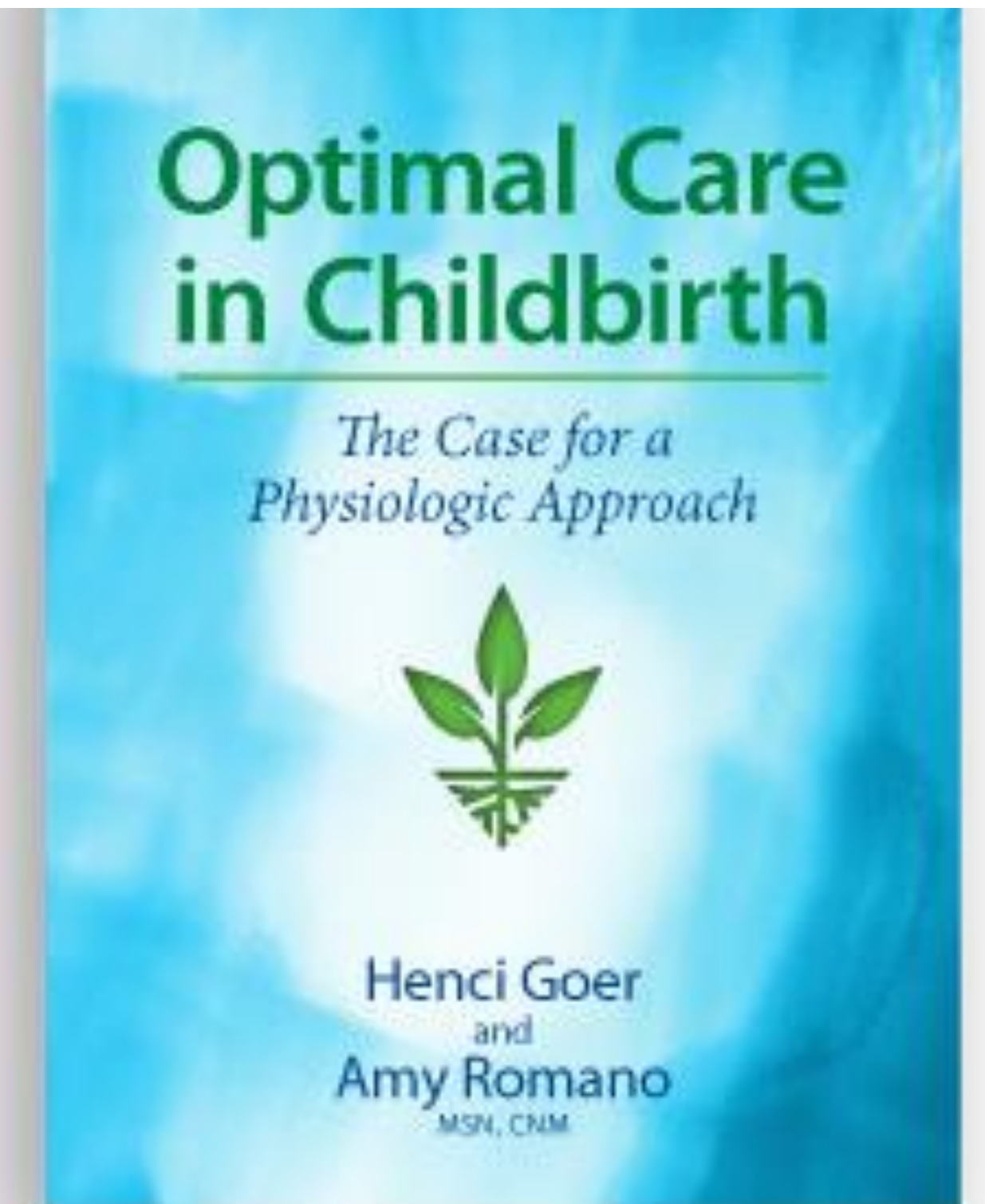
Doulas Improve Outcomes:

Overused Procedures

- labor induction
- epidural analgesia
- cesarean section
- rupturing membranes
- episiotomy

Underused Procedures

- continuous labor support
- measures to bring comfort and promote labor progress
- non-supine positions for giving birth
- early skin-to-skin contact
- interventions for breastfeeding initiation, duration, and postpartum depression





“Community based doulas do essential work.

Being with another person in her time of need — standing firmly in one’s own strength and helping the person find hers — is the ultimate human act. It is the essence of relationship based work. Strong, caring relationships nurture babies, and **these same positive relationships keep adults vital and learning.**

The community based doula is a community development strategy.”

- Abramson, Breedlove & Issacs, 2002

DOULAS ARE A 'PROTECTIVE FACTOR'

IN PROGRAMS ACROSS THE COUNTRY

“Even though Aniya (newborn) might grow up around the stresses and chaos a lot of poor kids grow up with, the attachment she made with Barbara (teen mom) will help protect her.

Her allostatic load, the stress on her body and brain will be smaller, and her non-cognitive skills will have a chance to flourish, meaning, theoretically at least, she'll do better in school, be more social, more confident.”

**THIS
AMERICAN
LIFE**



Doulas' Impact:

WOMEN WITH CONTINUOUS SUPPORT DURING CHILDBIRTH

More Likely

to have a spontaneous vaginal birth
to have slightly shorter labor

Less Likely

to have intrapartum analgesia
to report dissatisfaction with their births
to have a cesarean or instrumental vaginal birth
to have regional analgesia
to have a baby with a low 5 minute Apgar



***NO ADVERSE EFFECTS
WERE IDENTIFIED***

A photograph of a woman in labor lying on a hospital bed. She is wearing a blue hospital gown and has her hands clasped together. A woman in a grey shirt, likely a doula, is sitting on the left side of the bed, supporting the laboring woman. A man in a grey shirt is lying on the right side of the bed, looking down at the laboring woman. In the background, a nurse in a blue uniform is standing near a computer monitor. The room is decorated with various items, including a sign that says "LIVE GOD YOUR AND HELL GET IN HIS", a sign that says "OPEN", a sign that says "WILL OPEN", a sign that says "Should", and a sign that says "Don't".

“Continuous labor support by a doula
is one of the most effective tools to
improve labor and delivery outcomes.”

- Safe Prevention of the Primary Cesarean Delivery, ACOG & SMFM

OVERDUE

MEDICAID & PRIVATE INSURANCE COVERAGE OF DOULA CARE



If a doula were a drug, it would be unethical not to offer it. Adapted from John Kennell, MD¹

HEALTH BENEFITS^{2,3}



Continuous labor support by a doula is "one of the most effective tools to improve labor and delivery outcomes."
American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine⁴

WHAT DOULAS DO

Doulas provide emotional, informational & physical support before, during & after birth for childbearing women and their partners

Doulas and family members work together as a support team.

Family members have long-term, close relationships with the mother-to-be.

Doulas are trained and experienced at providing labor and birth support.

INFORMATION



Prenatal & postpartum resources & referrals

Answering questions about labor and birth

EMOTIONAL SUPPORT

Relaxation techniques

Encouragement

Calm environment



COMMUNICATION

Foster positive communication with doctors, midwives & nurses



Support informed decision making

Help women advocate for themselves

HANDS ON SUPPORT

Walking & position changes

Massage

Hydrotherapy

Breastfeeding support



UNMET NEED⁵

Just **6%** of women had labor support from a doula in 2011-12

Of those who did not use a doula, more vulnerable women were more likely to have wanted doula support



Percent of women who wanted - but did not have - doula support



SPENDING



COST SAVINGS

In 2013, hospitals billed
\$126 billion⁶
for maternal & newborn care

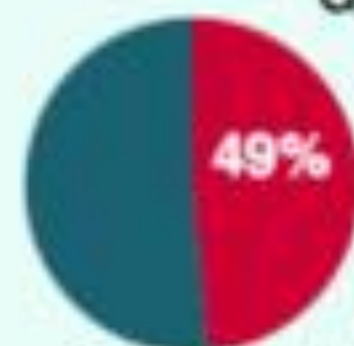


MORE

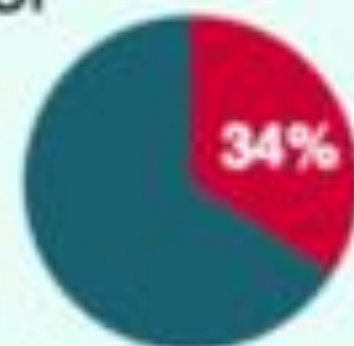
is spent on childbirth
care than any other
type of hospital care⁷

Reducing spending on childbirth
care by even a small percentage
would have a big effect!

Maternal & newborn stays
account for⁸



of Medicaid
hospitalizations



of privately insured
hospitalizations

1 in 3 births

is by cesarean⁹



56% more than in 1996

but this hasn't made moms or
babies healthier!⁴

**Doulas lower
spending by**



Decreasing

cesareans (an average of 28%)
repeat cesareans
epidurals
complications
chronic conditions

Increasing
breastfeeding

Cesarean births cost
50% more
than vaginal births¹⁰

\$9,537

more for
private
insurance



\$4,459

more for
Medicaid

(includes maternal and newborn care costs)

Decreasing cesareans

28% would save



**\$174
billion**

for private
insurance



**\$659
million**

for Medicaid

each year

STRATEGIES TO EXPAND COVERAGE



Federal or State legislation mandating coverage



Centers for Medicare and Medicaid Services guidance and technical assistance to states



Review by U.S. Preventive Services Task Force for inclusion as a recommended service



State Medicaid coverage via "non-licensed" service practitioner rule, DSRIP or 1115 waiver



Agreements between insurers or managed care organizations with doula agencies or groups



Including doula coverage within innovative payment and delivery systems

2 States

**Oregon +
Minnesota**



have passed legislation
leading to Medicaid coverage
of doula support

LEARN MORE IN THE 2016 ISSUE BRIEF ON INSURANCE COVERAGE OF DOULA CARE at
Choices in Childbirth **Childbirth Connection**

New Jersey Medicaid coverage for doula care: Jan 1, 2020

A 1664/S 1784

- Signed into law May 2019— implementation began 1/1/20
- This bill provides for the expansion of the State Medicaid program to include coverage for doula care through the language AMENDED P.L.1968, c.413 to add 'Doulas'
- And clarified the Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions

- Assembly and Senate versions of this bill were introduced in winter 2018 through maternal health committee hearings first in NJ Senate Healthy & Human Services and then in NJ Assembly Women and Children. (This bill was among 18 other comprehensive pieces of maternal infant health legislation that were introduced, 14 of which have been signed into law.)
- After third reading, passed in NJ Assembly on 3/25/19 with 69 votes for it; 5 votes against; 6 abstentions
- Also on 3/25/19 in NJ Senate passed with 33 votes for and 7 abstentions

New Jersey Medicaid coverage for doula care: Jan 1, 2020

*A 1664/S 1784- see
Medicaid PDF newsletter for
fee for service rates*

- Up to 8 home visits pre and post natal decided collaborative by doula and family
- Up to 12 home visits pre and post natal decided collaboratively by doula and family if client is under age 19
- \$100 incentive for doula if client attends 6 week post partum visit

- Concern about the utilization based on low reimbursement rate
- Provider enrollment is complex
- No landing place nor FAQ for doulas to get more information
- Will disrupt funding of three community doula pilot programs from NJDOH funds that ends on 6/30/21
- FFS does not include infrastructure that is needed



How can we design systems centered on high quality, respectful care that build resilience?

How can I use my privilege to care, nurture and advance health equity?

A 12-Point Plan to Address MCH Across the Life Course

Improving Health Care Services

1. **Provide** interconception care
2. **Increase** access to preconception care
3. **Improve** the quality of prenatal care
4. **Expand** health care access over the life course

Strengthening Families and Communities

5. **Strengthen** father involvement in families

6. **Enhance** service coordination and systems integration
7. **Create** reproductive social capital in communities
8. **Invest** in community mental health, social support, and urban renewal

Addressing social and economic inequities

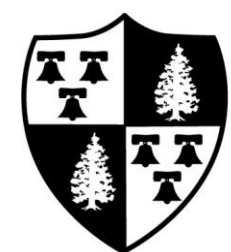
9. **Close** the education gap
10. **Reduce** poverty
11. **Support** working mothers and families
12. **Undo** racism



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