Aligning Pregnancy-Related Medicaid Coverage Extensions and Medicaid Doula Coverage to Improve Maternal Health

by Natasha Rappazzo[1]

Introduction

The United States is facing a maternal health crisis. Social and structural inequities within and beyond our health care system fuel disparities in maternal health.[2] Black, Indigenous, and other people of color (BIPOC) are most at risk for poor maternal health outcomes, especially Black and Indigenous women[3] who are up to five times more likely than white individuals to die from pregnancy-related complications.[4] Many people cannot access essential maternal health services without financial support. Medicaid plays a crucial role in ensuring access to care during and after pregnancy. About forty percent of all births and over half of all births for Black and Indigenous mothers are covered by Medicaid.[5]

As of August 2023, the majority of states are implementing the American Rescue Plan Act's (ARPA) state plan amendment (SPA) option to extend pregnancy-related Medicaid to twelve months after the end of pregnancy (pregnancy-related Medicaid SPA).[6] Still, states can embrace more comprehensive pregnancy-related coverage in their Medicaid programs and create improved maternal health outcomes. Additionally, some states are implementing Medicaid doula coverage. Aligning implementation of the pregnancy-related Medicaid extension SPA and Medicaid doula coverage will further improve maternal health outcomes and reduce racial disparities among pregnant and postpartum people.

Medicaid Postpartum Extension and Medicaid Doula Coverage in Action

Pregnancy-Related Medicaid Coverage Extensions

As of April 2022, the ARPA gave states the opportunity to extend pregnancy-related Medicaid coverage from roughly sixty days after the end of the pregnancy to the last day of an enrollee's pregnancy through the end of the month in which the 12-month period ends.[7] Without this coverage extension, Medicaid coverage for pregnant people expires roughly sixty

days after the end of the pregnancy, leaving people without coverage at a time when they are facing significant health needs.[8] Some individuals are able to enroll in other Medicaid eligibility categories, but the income limits are typically much higher and many people with pregnancy-related eligibility do not qualify, resulting in losses of vital coverage.[9]

More than half of pregnancy-related deaths occur in the twelve-month postpartum period.[10] Socioeconomic inequities, which disproportionately harm BIPOC, also prevent these communities from accessing meaningful postpartum care.[11] Guaranteeing one year of coverage for postpartum people enrolled in Medicaid will improve the care people receive and reduce instances of maternal death.[12]

To date, thirty-six states and D.C. have extended pregnancy-related Medicaid coverage. Some states that are hostile to abortion, such as Alabama, Indiana, Georgia, North Dakota, and West Virginia, delayed implementation until after the Supreme Court eliminated the constitutional right to abortion, when extending pregnancy-related care was a strategic political move that showed concern for maternal health.[13] Other states have sought to circumvent the requirements that Congress established in the ARPA SPA by proposing section 1115 waivers that do not meet statutory requirements. For example, Texas submitted a section 1115 waiver request to extend pregnancy-related coverage to only six months and only for those whose pregnancies end in delivery or "involuntary miscarriage."[14] This proposal falls short of the coverage standards Congress set through the ARPA SPA. Providing less coverage in population scope and duration does not meet Section 1115's statutory parameters.[15] Further, during the 2023 legislative sessions, four states—Arkansas, Idaho, Iowa, and Montana—adjourned their sessions without extending pregnancy-related Medicaid coverage.[16] This leaves about 17,000 people without a full year of coverage after the end of pregnancy.[17]

Medicaid Doula Coverage

Doulas are non-medical, trained health care workers who support pregnant people before, during, and after pregnancy.[18] Doulas can support someone through menstruation, pregnancy, abortion, miscarriage, breastfeeding, and end of life care—but most commonly, doulas focus on prenatal care, labor and delivery, and postpartum care. There are widely noted health benefits to using doula services.[19] For example, evidence shows that doula support leads to reduced rates of cesarean birth, preterm birth, and low birthweight newborns.[20] Doulas can be particularly beneficial for BIPOC with low incomes, who are more likely to have negative birth experiences.[21] However, economic insecurity or lack of health insurance coverage mean doula care is often out of reach for the communities that need it the most.[22] Medicaid doula coverage ensures that Medicaid enrollees have access to a valuable service that improves their health and wellbeing and supports them in raising healthy, thriving families.

As of August 2023, more than half of all states are either actively providing Medicaid coverage for doula care, in the process of implementing coverage, or are taking some statewide action related to Medicaid coverage for doula care.[23] Other states are inching toward doula coverage by developing doula pilot programs, launching advisory groups, or creating a certification process for doulas.[24]

Many states are proving the efficacy of pregnancy-related Medicaid coverage extensions and doula coverage. However, growing attacks on abortion and the full range of sexual and reproductive health create barriers to pregnancy related care for millions of people, especially BIPOC with low incomes.[25] States can help alleviate maternal mortality and severe morbidity by putting in place both Medicaid pregnancy related extensions and Medicaid coverage for doula care.

Pursuing Medicaid Pregnancy-Related Coverage Extensions and Doula Coverage in Tandem Will Lead to Improved Maternal Health Outcomes

Reimagining Care to Improve Health Outcomes

To optimize Medicaid pregnancy-related coverage extensions and address increasing maternal mortality rates, states should implement both Medicaid pregnancy-related coverage extensions and Medicaid doula coverage. All people deserve access to comprehensive reproductive health care throughout their lives and pregnancies, regardless of who they are or where they live. Access to quality care is critical to create equitable, safe, and effective maternal care systems. Centering underserved communities' needs in policy reform design and implementation can help dismantle structural barriers to maternal health equity.

Doulas are uniquely positioned to serve underserved populations subjected to structural and social inequities that endanger their health. In the postpartum period, doulas specifically help with newborn feeding, emotional and physical recovery from birth, coping skills, and provide referrals for health or social services.[26] Doula groups such as Ancient Song Doula Services and Village Birth International, and policy advocacy organizations such as Every Mother Counts, the National Health Law Program, and The Community Doula Research Project, have demonstrated that community-based doula care in particular leads to improvements in maternal health and quality of life.[27]

"Community-based doula care" is a model of doula care that includes more holistic care including multiple visits throughout all stages of pregnancy and postpartum. This approach is

intended to explicitly meet the needs of BIPOC and communities with low incomes. In contrast, the traditional doula model typically provides for a limited number of visits (often three to four visits), is generally paid out-of-pocket or through private insurance, and does not address health-related social needs. As such, many advocates have lifted up community-based doula services as the most appropriate model for serving underserved communities.[28]

Perinatal care that does not consider a person's unique experiences, their community, or their cultural background cannot produce optimal health outcomes.[29] The majority of states have extended pregnancy-related coverage to twelve months after the end of the pregnancy. State Medicaid agencies can further ensure pregnant people who face the greatest risk of adverse maternal health outcomes have added support by incorporating coverage for doula care, including community-based doula care.[30] Investing in doula services will address some of the gaps and inequities that persist within the Medicaid program and typical postpartum care. For example, postpartum appointments with medical providers tend to be short and infrequent.[31] To supplement these appointments, doulas can provide resources to help clients better understand the information they receive from clinicians and spend time discussing in greater depth questions they still need answered.[32] Further, twelve percent of pregnancy-related deaths occur *after* the standard six-week postpartum visit.[33] While pregnancy-related Medicaid coverage may end at twelve months after pregnancy, the relationship between doulas and clients can last for years.[34] Community-based doulas may work with families until the newborn turns a year old, meaning doulas can address new or existing health or medical conditions that arise during this extended coverage period. Medicaid enrollees' health needs do not conveniently end one year after pregnancy; doulas can continue to serve as client resources and set up people with tools they need to build healthy futures and families.

Still, access to doula services also hinges on equitable training, certification, and reimbursement programs for doulas. States that do fund doula coverage in Medicaid require doulas to meet the state's relevant qualification and certification standards, sometimes posing expensive and burdensome barriers for doulas.[35] Low reimbursement rates can make it financially unsustainable for doulas to participate in the Medicaid program, and impossible for them to earn a thriving wage. Administrative and bureaucratic barriers can also discourage participation in the program.[36] Successful implementation of doula coverage in state Medicaid programs requires balancing the need for quality care with fair access to service for doulas.[37]

It must be noted that racism within health care systems exacerbates disparities in maternal health.[38] Doulas understand the needs of their community will benefit Medicaid enrollees who face the greatest risk of discrimination and mistreatment in our health care system.[39] Not only do doulas provide knowledge to clients that informs their interactions with the health care

system, but doulas often act as an advocate throughout pregnancy and birth.[40] Diversifying the medical workforce through doula services can reduce disparities in maternal health.[41]

State Approaches to Medicaid Pregnancy-Related Coverage Extension and Doula Coverage

As of August 2023, twelve states are actively reimbursing doula services in Medicaid and six states are planning to implement Medicaid doula coverage.[42] All of these states have also extended pregnancy-related Medicaid coverage to twelve months. Appendix A details the status of pregnancy-related Medicaid coverage extensions and Medicaid doula coverage in all fifty states and the District of Columbia. Advocates working to secure Medicaid doula coverage can look to successful models in other states to guide their efforts.

Minnesota was an early adopter of Medicaid doula coverage and extended Medicaid pregnancy-related coverage soon after federal funds became available. Minnesota's original doula program covered pregnancy related and postpartum services up to sixty days after the end of pregnancy.[43] In 2022, after extending pregnancy-related coverage to twelve months after pregnancy, the state passed legislation to extend doula coverage to twelve months after pregnancy as well. California and Illinois also developed Medicaid doula programs to provide services for up to twelve months from the end of pregnancy.[44] While some pregnancy-related coverage extension states (*e.g.*, Connecticut, New York, Ohio) are still developing their Medicaid doula programs, other extension states have yet to bring doula coverage to twelve months. Massachusetts and Pennsylvania are incorporating doula care into their Medicaid programs but failed to pass legislation to extend doula reimbursement for up to twelve months after the end of pregnancy in Massachusetts and up to twelve months postpartum in Pennsylvania.[45] Doula care is a critical service sought by people after pregnancy. Medicaid enrollees deserve coverage throughout the postpartum period. Developing effective and meaningful doula programs requires listening to the needs of the community and growing accordingly. States can most effectively meet residents' needs by putting in place both pregnancy-related Medicaid coverage extensions and Medicaid coverage for doula care throughout the prenatal, labor and delivery, and postpartum periods. Extending doula coverage to twelve months postpartum in states that already fund doula care is a proactive means to mitigate existing harm and gaps in care.

Further, certain states are exploring doula care without covering the service in Medicaid. Louisiana and Tennessee both adopted the SPA to extend pregnancy-related coverage in April 2022, but do not fund doula services in Medicaid.[46] While Louisiana and Tennessee have taken action that is adjacent to funding Medicaid doula coverage (requiring private health insurance

plans to cover doulas in Louisiana and establishing a doula services advisory committee in Tennessee), there is room to grow their programs to reach more populations and increase coverage.

Meanwhile, states that implemented the pregnancy-related coverage extension but do not fund doula care have the opportunity to further invest in maternal health by incorporating doula services in the state Medicaid program. Finally, the four states that have yet to extend pregnancy-related coverage or doula coverage (Arkansas, Idaho, Iowa, and Montana) can and should pursue both initiatives in the coming legislative session.

While legislation will vary state to state, advocates seeking strategies to advance maternal health equity via Medicaid reform can look to neighboring states for guidance on best practices and common challenges. We are glad that the majority of states have chosen to extend pregnancy-related Medicaid coverage, but this is only one action to improve maternal health outcomes. It is essential that states also recognize the valuable and restorative services that doulas provide.

Recommendations and Conclusion

Medicaid coverage for maternal health services and care after pregnancy helps low-income and underserved populations access high-quality health care and reduces health inequities. Implementing doula coverage, and especially community-based doula coverage, in Medicaid can bring culturally appropriate and patient-centered care throughout all stages of pregnancy to these communities. Medicaid enrollees can benefit tremendously from the effective patient support that doulas provide, especially during the postpartum period when in-home visits and individualized emotional support is vital.[47] As anti-abortion laws sweep entire regions of the United States post-*Roe*, the maternal health, morbidity, and mortality crisis is growing worse.[48] Interventions are necessary to support bodily autonomy and comprehensive reproductive health.[49]

Still, the onus is not just on doulas and Medicaid agencies to improve maternal health. Reform is needed within health and socio-economic systems. An example of an initiative toward justice is developing implicit bias training for health professionals to respond to inequitable qualities of care.[50] One study found quality improvement initiatives in hospitals, including implicit bias training, resulted in a large-scale reduction in maternal morbidity. [51] Another initiative could address the need for time off. Twenty-three percent of employees return to work within 10 days after childbirth.[52] Pursuing paid sick days and paid family leave allows pregnant and postpartum people to visit their health care provider and put their health first without risking

their economic stability. Further, as people commonly travel out-of-state to access abortion, paid sick days allow people to take time off from work to obtain abortion care.[53]

Improving maternal health outcomes and equity requires a multi-pronged approach that addresses the root causes of health inequity. Advancing Medicaid enrollees' access to doula services and extended pregnancy-related coverage are necessary steps for states to invest in the health, wellbeing, and futures of their residents.

ENDNOTES

[1] Natasha Rappazzo was a legal intern at the National Health Law Program in summer 2023.
[2] *See* Nora Ellmann, *Community-Based Doulas and Midwives*, CTR. FOR AM. PROGRESS (Apr. 14, 2020), **https://www.americanprogress.org/article/community-based-doulas-midwives/**. Social determinants of health are the social, environmental, and economic influences that affect individual, community, and population health. Zamir M. Brown, S*ocial Determinants of Health Legislation: Opportunities for a New Future*, NAT'L HEALTH L. PROGRAM (May 6, 2021) **https://healthlaw.org/social-determinants-of-health-legislation-opportunities-for-a-new-future/**.
[3] This issue brief recognizes the impact that the maternal health crisis has on women, including transgender women. At the same time, we are aware that transgender men, gender non-conforming people, and people who do not identify as women are capable of pregnancy, give birth, and can also experience eligibility and service coverage gaps after pregnancy. Further, the exclusion of gender identities beyond cisgender women from the narrative on maternal health stigmatizes birth and maternal care for gender-diverse people and needlessly shuts out many who will benefit from pregnancy-related Medicaid reform. Therefore, this issue brief generally uses gender neutral language when discussing pregnancy and postpartum care. When citing or discussing sources, cases, or statutes, we may utilize gendered language to align with research findings that focus on cisgender women. More gender-inclusive maternal health research is needed.
[4] *See* Letter from Ctrs. for Medicare & Medicaid Servs. to State Health Officials, RE: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and CHIP 1, CTRS. MEDICARE & MEDICAID SERVS. (Dec. 7, 2021).
[5]Judith Solomon, Closing the Coverage Gap Would Improve Black Maternal Health, CTR BUDGET & POL'Y PRIORITIES (July 26, 2021), https://www.cbpp.org/research/health/closing-the-coverage-gap-would-improve-black-maternal-health.
[6] *Medicaid Postpartum Coverage Extension Tracker*, KAISER FAMILY FOUND., **https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/** (last visited June 27, 2023).
[7] *See* Letter from Ctrs. for Medicare & Medicaid Servs. to State Health Officials, *supra* note 4.

[8] *See* Christine Vestal, *Extending Medicaid After Childbirth Could Reduce Maternal Deaths*, PEW CHARITABLE TRUSTS (Dec. 11, 2019), **https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2019/12/11/extending-medicaid-after-childbirth-could-reduce-maternal-deaths**.
[9] *See id.*
[10] Letter from Ctrs. for Medicare & Medicaid Servs. to State Health Officials, *supra* note 4 at 1. Twelve percent of deaths occur after six weeks postpartum. *Id.*
[11] *See generally* Emily Jones et. al., *Continued Disparities in Postpartum Follow-Up and Screening Among Women With Gestational Diabetes and Hypertensive Disorders of Pregnancy: A Systematic Review*, 33 J. PERINATAL & NEONATAL NURSING 136 (2019) (discussing racial disparities in postpartum screening for hypertension).
[12] *See TALKING POINTS: EXTENDING MEDICAID COVERAGE FOR PREGNANT WOMEN BEYOND 60 DAYS POSTPARTUM*, AM. COLL. OBSTETRICIANS & GYNECOLOGISTS 2 (2022).
[13] *See* Amanda Seitz, *Medicaid Coverage For New Moms Gains Support in GOP-Controlled States*, PBS (Mar. 9, 2023), https://www.pbs.org/newshour/politics/medicaid-coverage-for-new-moms-gains-support-in-gop-controlled-states; *Medicaid Postpartum Coverage Extension Tracker*, *supra* note 6. Hostile states are those that ban abortion or have expressed desire to prohibit abortion. *See After* Roe *Fell: Abortion Laws by State*, CTR. FOR REPROD. RTS. **https://reproductiverights.org/maps/abortion-laws-by-state/** (last accessed July 5, 2023).
[14] Letter from Stephanie Stphens, State Medicaid Dir., to Diona Kristian, Ctrs. for Medicare & Medicaid Servs. 2 (May 25, 2022), **https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/tx-healthcare-transformation-postpartum-covrg-amen-pa.pdf**.
[15] *See* Catherine McKee, Comment Letter on Tex. Healthcare Transformation & Quality Improvement Program Postpartum Coverage Amendment (July 10, 2022).
[16] *Medicaid Postpartum Coverage Extension Tracker*, *supra* note 6.
[17] SARAH GORDON ET. AL., MEDICAID AFTER PREGNANCY: STATE-LEVEL IMPLICATIONS OF EXTENDING POSTPARTUM COVERAGE (2023 UPDATE) 13–16 (Assistant Sec'y Plan. & Educ. 2023)
[18] Alexis Robles-Fradet & Mara Greenwald, *Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost*, NAT'L HEALTH L. PROGRAM (Aug. 8, 2022) **https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/**.
[19] Kenneth J. Gruber et. al., *Impact of Doulas on Healthy Birth Outcomes*, 22 J. PERINATAL EDUC., 49, 50–51 (citing research on the benefits of postpartum doula care); Robles-Fradet & Greenwald, *supra* note 18 (finding those who use doula care are less likely to have a preterm delivery or a low birthweight baby, less likely to experience postpartum depression, and more likely to initiate and continue breastfeeding).

[20] *See* NAT'L P'SHP FOR WOMEN & FAMILIES, IMPROVING OUR MATERNITY CARE NOW: FOUR CARE MODELS DECISIONMAKERS MUST IMPLEMENT FOR HEALTHIER MOMS AND BABIES 7 (Jorge Morales ed. 2020) [hereinafter *Four Care Models*].
[21] *See* ASTEIR BEY ET. AL., ADVANCING BIRTH JUSTICE: COMMUNITY-BASED DOULA MODELS AS A STANDARD OF CARE FOR ENDING RACIAL DISPARITIES 16 (2019).
[22] *See id.* at 8.
[23] *See* Amy Chen, Current State of Doula Medicaid Implementation Efforts in November 2022, NAT'L HEALTH L. PROGRAM (Nov. 14, 2022), **https://healthlaw.org/current-state-of-doula-medicaid-implementation-efforts-in-november-2022/**.*See also Doula Medicaid Project*, NAT'L HEALTH L. PROGRAM, **https://healthlaw.org/doulamedicaidproject/** (tracking current state doula Medicaid efforts) (last visited June 27, 2023); *infra* Appendix A.
[24] *See id.*
[25] *See* Madeline Morcelle, *Proposed Medicaid Work Requirements are Another Dangerous Attack on Sexual and Reproductive Health and Justice*, NAT'L HEALTH L. PROGRAM (Apr. 21, 2023), https://healthlaw.org/proposed-medicaid-work-requirements-are-another-dangerous-attack-on-sexual-and-reproductive-health-and-justice/
[26] *See* Alexis Robles-Fradet, *Women are Dying in Childbirth: Doulas are Part of the Solution,* NAT'L HEALTH L. PROGRAM (Aug. 26, 2019) **https://healthlaw.org/women-are-dying-in-childbirth-doulas-are-part-of-the-solution/**; Bey et. al., *supra* note 21.
[27] *See, e.g.*, Bey et. al., *supra* note 21, at 3–10 (discussing the importance and impact of community doulas); UNI. CAL. BERKELEY SEXUAL HEALTH & REPROD. EQUITY PROGRAM, PARTNERING WITH COMMUNITY DOULAS TO IMPROVE MATERNAL AND INFANT HEALTH EQUITY IN CALIFORNIA FINDINGS FROM THE COMMUNITY DOULA RESEARCH PROJECT 5 (2022) **www.share.berkeley.edu/_files/ugd/7ee60a_f6be1b984d0c4b44a2758e96587a6195.pdf** [hereinafter *Uni. Cal. Berkley*] (outlining what makes a community doula and how doulas uniquely serve communities).
[28] *See* Bey et. al., *supra* note 21, at 3.
[29] *See Four Care Models*, *supra* note 20, at 17 (paraphrasing the National Perinatal Task Force).
[30] *See Doula Medicaid Project*, *supra* note 23 (tracking state doula Medicaid efforts and, when possible, noting the type of doula model that is being implemented).
[31] *See Optimizing Postpartum Care*, AM. COLL. OBSTETRICIANS & GYNECOLOGISTS, acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care (last accessed July 10, 2023).
[32] *Uni. Cal. Berkley*, *supra* note 27.
[33] Laurie C. Zephyrin, *Increasing Postpartum Medicaid Coverage Could Reduce Maternal Deaths and Improve Outcomes*, THE COMMONWEALTH FUND (Nov. 21, 2019), **https://www.commonwealthfund.org/blog/2019/increasing-postpartum-medicaid-coverage**. Fourteen percent of deaths occur after the six-week postpartum period for Black women. *Id.*

[34] *See Uni. Cal. Berkley*, *supra* note 27.
[35] Amy Chen & Kate Rhode, *Doula Medicaid Training and Certification Requirements: Summary of Current State Approaches and Recommendations for Improvement*, NAT'L HEALTH L. PROGRAM (Mar. 16, 2023), **https://healthlaw.org/doula-medicaid-training-and-certification-requirements-summary-of-current-state-approaches-and-recommendations-for-improvement/**.
[36] *See* Bey et. al., *supra* note 21, at 7, 15.
[37] *See id.*
[38] Alexis Robles-Fradet & Mara Greenwald, *Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost*, NAT'L HEALTH L. PROGRAM (Aug. 8, 2022), **https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/**.
[39] *See id.* Women of color of reproductive age are more likely to be insured through Medicaid: nearly one in three Black women and more than one in four Latinas, compared to roughly one in six white women. NAT'L P'SHIP FOR WOMEN & FAMILIES, "OUR COMMUNITIES HOLD THE SOLUTIONS" THE IMPORTANCE OF FULL-SPECTRUM DOULAS TO REPRODUCTIVE HEALTH AND JUSTICE 16 (2022).
[40] Theresa Chalhoub & Kelly Rimar, *The Health Care System and Racial Disparities in Maternal Mortality*, CTR. FOR AM. PROGRESS (May 10, 2018), **https://www.americanprogress.org/article/health-care-system-racial-disparities-maternal-mortality/**.
[41] *See* Bey et. al., *supra* note 21, at 4, 7, 27.
[42] *See infra* Appendix A.
[43] *See Doula Medicaid Project*, *supra* note 23.
[44] *See id.* It is worth noting that Illinois has yet to implement their Medicaid doula program. *Id.*
[45] *See id.*
[46] *See infra* Appendix A.
[47] *See* AMY CHEN, ROUTES TO SUCCESS FOR MEDICAID COVERAGE OF DOULA CARE 4 (2018).
[48] *See* Eugene Declercq et. al., *The U.S. Maternal Health Divide: The Limited Maternal Health Services and Worse Outcomes of States Proposing New Abortion Restrictions*, COMMONWEALTH FUND (Dec. 4, 2022), **www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide-limited-services-worse-outcomes**.
[49] *See* Black Maternal Health Federal Policy Collective, *Overturning Roe Will Exacerbate the Black Maternal Mortality Crisis. It's Time for Our Leaders To Act*, MS. MAG (Aug. 23, 2022), **https://msmagazine.com/2022/08/23/overturn-roe-black-women-maternal-mortality/**; Nicole Mueksch, *Abortion Bans to Increase Maternal Mortality Even More, Study Shows,* CU BOULDER TODAY (June 30, 2022), **https://www.colorado.edu/today/2022/06/30/abortion-bans-increase-maternal-mortality-even-more-study-shows**.

[50] *See* MARCH OF DIMES, NOWHERE TO GO: MATERNITY CARE DESERTS ACROSS THE U.S.:2022 REPORT 9 (2022).
[51] *See id.*
[52] *Optimizing Postpartum Care*, *supra* note 31.
[53] *See* Isaac Maddow-Zimet, *Even Before* Roe *Was Overturned, Nearly One in 10 People Obtaining an Abortion Traveled Across State Lines for Care*, GUTTMACHER INST. (July 21, 2022), **https://www.guttmacher.org/article/2022/07/even-roe-was-overturned-nearly-one-10-people-obtaining-abortion-traveled-across**.

Appendix A

The following table details the status of pregnancy-related Medicaid coverage extensions and doula coverage in Medicaid for each state and the District of Columbia as of July 2023.

States that are planning to implement a pregnancy-related Medicaid coverage extension may have recently passed legislation that authorizes the state Medicaid agency to seek a SPA or section 1115 waiver to extend pregnancy-related Medicaid coverage. States also may be waiting on CMS for approval of their proposed extension.

Action that is adjacent to Medicaid doula benefits may include but is not limited to creating a doula pilot program, state registries for doulas, or requiring doula coverage in private insurance programs.

States	Pregnancy-Related Coverage Extension[53]	Medicaid Doula Coverage[53]
Alabama	Twelve-month Extension Implemented Jan. 2023	Action proposed but no progress
Alaska	Pending legislation to seek federal approval through SPA or 1115 Waiver. Legislature in Recess as of May 2023	N/A
Arizona	Twelve-month Extension Implemented Apr. 2023	Action taken that is adjacent to Medicaid doula benefits
Arkansas	N/A	N/A
California	Twelve-month Extension Implemented Aug. 2020	Actively reimbursing doula services on Medicaid plans
Colorado	Twelve-month Extension Implemented Mar. 2023	Action taken that is adjacent to Medicaid doula benefits
Connecticut	Twelve-month Extension Implemented July 2022	Implementation of Medicaid doula benefits in Progress
Delaware	Twelve-month Extension Implemented May 2023	Action proposed but no progress
District of Columbia	Twelve-month Extension Implemented June 2022	Actively reimbursing doula services on Medicaid plans

Florida	Twelve-month Extension Implemented May 2022	Actively reimbursing doula services on Medicaid plans
Georgia	Twelve-month Extension Implemented Oct. 2022	Action taken that is adjacent to Medicaid doula benefits
Hawaii	Twelve-month Extension Implemented Aug. 2022	Action taken that is adjacent to Medicaid doula benefits
Idaho	N/A	N/A
Illinois	Twelve-month Extension Implemented Oct. 2022	Implementation of Medicaid doula benefits in Progress
Indiana	Twelve-month Extension Implemented Sept. 2022	Action taken that is adjacent to Medicaid doula benefits
Iowa	N/A	Action taken that is adjacent to Medicaid doula benefits
Kansas	Twelve-month Extension Implemented July 2022	Action taken that is adjacent to Medicaid doula benefits
Kentucky	Twelve-month Extension Implemented May 2022	Action proposed but no progress
Louisiana	Twelve-month Extension Implemented Apr. 2022	Action taken that is adjacent to Medicaid doula benefits
Maine	Twelve-month Extension Implemented June 2022	Action proposed but no progress
Maryland	Twelve-month Extension Implemented Aug. 2022	Actively reimbursing doula services on Medicaid plans
Massachusetts	Twelve-month Extension Implemented July 2022	Implementation of Medicaid doula benefits in Progress
Michigan	Twelve-month Extension Implemented Apr. 2022	Actively reimbursing doula services on Medicaid plans
Minnesota	Twelve-month Extension Implemented June 2022	Actively reimbursing doula services on Medicaid plans
Mississippi	Planning to Implement a twelve-month Extension. Legislation passed Mar. 2023	N/A
Missouri	Pending legislation to seek federal approval through SPA or 1115	Action taken that is adjacent to Medicaid doula benefits

	Waiver. Awaiting governor's signature as of May 2023	
Montana	Legislation to seek federal approval vetoed in June 2023	N/A
Nebraska	Planning to Implement a twelve-month Extension. Legislation passed June 2023	Action proposed but no progress
Nevada	Planning to Implement a twelve-month Extension. Legislation passed June 2023	Actively reimbursing doula services on Medicaid plans
New Hampshire	Seeking federal approval through SPA or 1115 Waiver. Legislation passed June 2023	Action proposed but no progress
New Jersey	Twelve-month Extension Implemented Mar. 2023	Actively reimbursing doula services on Medicaid plans
New Mexico	Twelve-month Extension Implemented June 2023	N/A
New York	Twelve-month Extension Implemented June 2023	Implementation of Medicaid doula benefits in Progress
North Carolina	Twelve-month Extension Implemented Sept. 2023	Action proposed but no progress
North Dakota	Twelve-month Extension Implemented Sept. 2022	N/A
Ohio	Twelve-month Extension Implemented Sept. 2022	Implementation of Medicaid doula benefits in Progress
Oklahoma	Twelve-month Extension Implemented Mar. 2023	Actively reimbursing doula services on Medicaid plans
Oregon	Twelve-month Extension Implemented May 2022	Actively reimbursing doula services on Medicaid plans
Pennsylvania	Twelve-month Extension Implemented Oct. 2022	Implementation of Medicaid doula benefits in Progress
Rhode Island	Twelve-month Extension Implemented Apr. 2023	Actively reimbursing doula services on Medicaid plans

South Carolina	Twelve-month Extension Implemented May 2022	Action proposed but no progress
South Dakota	Twelve-month Extension Implemented June 2023	N/A
Tennessee	Twelve-month Extension Implemented Apr. 2022	Action taken that is adjacent to Medicaid doula benefits
Texas	Limited coverage extension proposed in May 2022	Action taken that is adjacent to Medicaid doula benefits
Utah	Limited coverage extension proposed. Legislation to seek federal approval vetoed in June 2023	Action proposed but no progress
Vermont	Planning to Implement a twelve-month Extension	Action proposed but no progress
Virginia	Twelve-month Extension Implemented Nov. 2021	Actively reimbursing doula services on Medicaid plans
Washington	Twelve-month Extension Implemented June 2022	Action taken that is adjacent to Medicaid doula benefits
West Virginia	Twelve-month Extension Implemented Sept. 2022	Action proposed but no progress
Wisconsin	Limited coverage extension proposed June 2022	Action taken that is adjacent to Medicaid doula benefits
Wyoming	Planning to Implement a twelve-month Extension. Legislation passed Mar. 2023	N/A