

MOTION BY SUPERVISOR HOLLY J. MITCHELL

July 11, 2023

Supporting the Doula Workforce's Ability to Claim Medi-Cal Reimbursement and Provide Quality Birthing Services to At-Risk Pregnant Women

Between 2008 and 2016, racial disparities in pregnancy-related mortality widened among Black women throughout California. In 2016, the pregnancy mortality rate for Black women was 56.2 per 100,000 births, which is 4 to 6 times higher than other racial groups, including White (9.4), Latina (11.0), and Asian / Pacific Islander (13.3). California Maternal Quality Care Collaborative (CMQCC) data also consistently shows higher rates of maternal mortality among Black women compared to any other racial/ethnic groups. In Los Angeles County (County), Black babies are two to three times more likely to die before their first birthdays than babies of other races. Black women in the County are four times more likely to die from pregnancy complications than women of other races. These negative outcomes are consequences of inequities and systemic racism present in all areas of life.

A doula is a person who provides emotional and physical support during pregnancy and childbirth. They provide affirmation and advocacy that is particularly beneficial for populations experiencing disparities in maternal care. Community-based doulas provide culturally appropriate support to women at higher risk of poor outcomes throughout pregnancy, delivery, and the postpartum period. Doulas are often trusted members of the community that they serve and are well-suited to address issues related to discrimination. Doulas complement the County's other efforts to improve Black birth outcomes, such as

- MORE -

MOTION

SOLIS

MITCHELL

HORVATH

BARGER

HAHN

freestanding birth centers, group prenatal care, midwives, and increasing the diversity of clinical staff. Additional efforts include the father engagement programs, home visiting, and California's Black Infant Health program.

Studies show doulas benefit the mother and, as a result, benefit both current and future offspring. Usage of doulas has been associated with reduced occurrence of C-sections (from 32% for non-doula deliveries to 20% for doula-supported deliveries), increased rates of breastfeeding, reduced preterm birth rate (from 6.3% to 4.7%), significantly shorter lengths of labor, and a reduction in interventions which could cause complications. The doula's bedside support for birthing ensures an improved birth experience and assures that the client's voice will be heard by clinical staff should any urgent health concern arise. For women of color, the doula's presence can mitigate the impact of implicit and overt bias and the experience of "not being heard".

As a side effect of these benefits, doula care also results in cost savings. The average cost of care for a single preterm birth is over \$50,000 and a caesarean section doubles the cost of birth. The benefits of doula care thus accrue to society, as well as to the mother and family.

The Department of Public Health's (DPH) African American Infant and Maternal Mortality (AAIMM) Prevention Initiative was designed to leverage this evidence to positively impact Black birth outcomes in the County by making free doula services available to Black women.

In 2021, California added doula care as a new Medi-Cal benefit. Starting January 1, 2023, Medi-Cal managed care plans (MCPs) are required to provide full-scope doula services for eligible pregnant and postpartum members. The number of affected women could be significant. In 2021, more than 96,000 births occurred in the County and nearly 4 out of every 10 of those were covered by Medi-Cal. This new benefit expands the range of holistic care options. Implementation, however, is challenging because there is no formal professional infrastructure to support doulas. Most doula businesses are very small, independent, women-owned, and women-operated. Doulas will need technical assistance to understand and meet the complex requirements related to becoming a Medi-Cal provider and ensuring eligibility for reimbursement. They will need help on how to obtain business licenses, general and professional liability insurance, and meet other

small business regulatory requirements. They will need support getting ongoing childbirth education, including prenatal and labor support techniques and best practices. Doulas will also need support being integrated within the existing health care and hospital delivery care system.

On February 7, 2023, the Board of Supervisors (Board) unanimously approved a motion directing DPH, the Department of Health Services (DHS), and the Anti-Racism, Diversity, and Inclusion (ARDI) Initiative to leverage the new doula Medi-Cal benefit and propose a hub (either directly or through a contract with an outside agency) that will provide technical support to the doula provider workforce and expand access throughout the County.

On May 17, 2023, DPH released its comprehensive report to the Board. The report reflects input from DHS, ARDI, the AAIMM Prevention Initiative, the California Department of Health Care Services' Doula benefit planning work group, doula providers and networks, community-based organizations and leaders, birthing centers, philanthropic partners, and various County MCPs.

The report recommends an approach that leverages Federal, State, and philanthropic funds as well as relationships with MCPs and hospital providers. DPH is doing what it can to implement the recommendations within its existing resources including actively exploring options to leverage existing home visiting and collaborating with Nurse Family Partnership programs to provide a more holistic continuum of care for families and children. DPH is also partnering with established birthing centers in the County. DPH has already successfully secured \$525,000 in philanthropic funding, available over three years, to help cover some doula Medi-Cal benefit implementation costs related to high-risk Black pregnant women and is actively pursuing other strategies to minimize County cost.

A modest additional investment is needed to successfully launch the doula expansion effort. The report proposes the following:

Budget Item	FY23-24 (6 months only)	FY24-25
PUBLIC HEALTH		
<i>Health Program Analyst III</i>	6 mo. salary + EB \$120,533.50	\$ 241,067
<i>Supplies & Services</i>	\$5,000	\$10,000
<i>Indirect Costs</i>	\$9,000	\$19,000
CONTRACTS		
<i>Immediate Technical Assistance Provider (onboarding & billing)</i>	\$100,000	-
<i>Hub Central Lead Agency and local network affiliates:</i> - <i>Training</i> - <i>Communications</i> - <i>Billing</i> - <i>Workforce Development</i> - <i>Quality Assurance & Evaluation</i>	\$600,000	\$1,000,000
TOTAL	\$834,533.50	\$1,270,067

ARDI named reducing infant mortality as one of five strategic goals in the Racial Equity Strategic Plan (February 8, 2023). Establishing a hub to support doulas is a modest investment that advances this Countywide goal while also advancing the local economy.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Chief Executive Officer (CEO), to report back to the Board during the 2023-24 Supplemental Budget on available funding sources, including local, State, Federal, health plan, and philanthropic sources, to establish a doula hub as recommended in the Department of Public Health (DPH)'s May 17, 2023, memo to the Board.
2. Direct the Director of DPH, the CEO and the Director of the Department of Health Services (DHS) to report back to the Board in writing in 60 days with a timeline for implementation, pending the availability of funding. This report should also include an update as to how DHS can work with DPH on the proposed doula hub efforts and detail how DPH will complement efforts that the California Department of Health Care Services implements in regard to the

Doula Implementation Workgroup, as required by Senate Bill 65 and other efforts to implement the new doula benefit at the State level.

#

(YV/JJ)