

February 07, 2023

MOTION BY SUPERVISOR HOLLY J. MITCHELL

Implementing Medi-Cal's Doula Benefit in Los Angeles County

Nationally, Black maternal and infant mortality rates are unacceptably higher than the mortality rates of their non-Black counterparts. In Los Angeles County (County) alone, the Black infant mortality rate is more than three times the rate of White infant mortality, and the Black maternal mortality rate is four times the rate of White maternal mortality. These outcomes hold true regardless of educational level, socioeconomic status, or geographic location and are the result of cumulative stressors related to racial discrimination experienced by Black birthing people, historical and systemic racism, and implicit bias in the health care system.

Doula care is an evidence-based way to improve birth outcomes. Engaging in doula services has been found to reduce the rate of preterm and Caesarean births, lessen the need for medical pain control in labor, and decrease symptoms of postpartum depression. Evidence also shows doula support is associated with an increased chance of breastfeeding initiation and duration, and maternal satisfaction with birth. In 2018, the County Department of Public Health's 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 birthing people. AAIMM's goal is to address the unacceptably high rates of Black infant and maternal deaths Countywide and ensure healthy and joyous births for Black families throughout the County.

In 2021, California added doula care as a new Medi-Cal benefit. Senate Bill 65, known as the California Momnibus Act, passed the same year and required the California Department of Public Health to investigate maternal and infant deaths and strengthen research and data collection on racial, socio-economic, and other factors that contribute to these deaths and poor health outcomes. As of January 1, 2023, Medi-Cal managed care plans (MCPs) are required to

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provide full-scope doula services for eligible pregnant and postpartum members. The success of the doula benefit launch depends on a variety of factors, including negotiating appropriate doula rates with MCPs, ensuring Medi-Cal members are aware of the benefit, readying the medical care delivery system for doula care expansion, and supporting doula providers with contracting, billing, and other services necessary to become a Medi-Cal provider.

I, THEREFORE, MOVE that the Board of Supervisors

1. Direct the Director of the Department of Public Health (DPH), in collaboration with the Director of the Department of Health Services (DHS), the Executive Director of the Anti-Racism, Diversity, & Inclusion (ARDI) Initiative, managed care plans (MCPs), health care delivery system stakeholders, and key community partners to report back in writing in 60 days with a proposal, including cost estimates and identification of potential state, federal, and philanthropic funding sources (as a source of ongoing funding), to create (directly or through a contract with an outside agency) a hub for doula service providers to increase access to doula services. The report shall include an option for the hub entity to either contract with MCPs and subcontract with individual doula providers to simplify contracting and billing or to offer doula providers robust technical assistance to contract and directly bill MCPs or to explore both options. The report shall also identify any other doula provider needs that can be addressed by the hub and incorporate proposals to meet those needs.
2. Direct the Director of DPH, in collaboration with the Director of DHS and the Executive Director of ARDI, to report back in writing in 45 days on additional options to support the doula workforce and expand doula access in Los Angeles County (County), including:
 - a. Enhanced efforts to increase the size and diversity of the County doula workforce by coordinating resources for pre-service and in-service education for doulas and doula trainees;
 - b. Opportunities to utilize existing and new funding resources to expand DPH's

African American Infant and Maternal Mortality's capacity to support the Medi-Cal doula benefit rollout as part of a larger person-centered approach to pregnancy and birth (e.g., midwifery models of care, freestanding birth centers, group prenatal care, home visiting, etc.);

- c. Any additional proposals to improve doula access throughout the County, including community information campaigns and methods of integrating doulas into existing birthing teams; and
- d. Additional funding and staffing needed to carry out these proposed activities, if any, including an analysis of existing funding sources, gaps that would need to be filled to carry out this work, and potential funding sources.

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