

To: Michigan Department of Health and Human Services, Janell Troutman, TroutmanJ1@michigan.gov
Re: Open comments - Michigan Medicaid Coverage of Doula Services Proposed Policy
Comments submitted by: Black Mothers' Breastfeeding Association, (800) 313-6141, info@bmbfa.org, www.BMBFA.org
Date: June 2, 2022

Founded in 2007, Black Mothers' Breastfeeding Association (BMBFA) is a non-profit organization with a mission to reduce racial inequities in breastfeeding support for Black families. The mission is carried out by way of direct service, education, advocacy, and maternal-child-health technology. BMBFA, a community-based organization in Detroit, MI, is known for amplifying community voices and integrating the lived experiences of Black families into its program design and execution.

BMBFA is highly regarded as a field leader locally, statewide, and nationwide; providing expert contributions to *The U.S. Surgeon General's Call to Action to Support Breastfeeding* and the *State of Michigan Breastfeeding Plan*. BMBFA's signature work, Black Mothers' Breastfeeding Club, has run without interruption since 2008 in Detroit and has been replicated throughout the nation. BMBFA is an innovator: mastermind of the Birth & Breastfeeding Leadership Institute, longstanding community-based doula trainer & employer, and high-tech inventor of the BMBFA B'Right Hub, the virtual community for parent clubs.

In 2013, BMBFA started its Community-based Doula Program as a replication site of HealthConnect One. In 2018, BMBFA successfully achieved HealthConnect One site accreditation. In 2019, BMBFA was approved as a State Licensed Proprietary School for Community-based Doula Training by the State of Michigan Department of Licensing and Regulatory Affairs. BMBFA has trained and employed community-based doulas serving hundreds of families in the Detroit area.

In August of 2021, BMBFA hosted the first-ever *Michigan Community-based Doula Summit*. A diverse group of 280 participants joined from across Michigan and the United States. With input from summit participants, BMBFA published the [Michigan Community-based Doula SWOT Analysis](#) to optimize opportunities for the sustainability, availability, and accessibility of community-based doula care across the state of Michigan. From that analysis, [policy recommendations](#) for viable community-based doula care were published. In late 2021, building on the successes of both the Detroit Better Maternal Outcomes Project and the inaugural Michigan Community-based Doula Summit, BMBFA transitioned the Pregnancy Design Team to the Detroit Community-based Doula Task Force, composed of community-based doulas throughout metro-Detroit.

Based on 15 years of experience, BMBFA has listed its comments and recommendations for the proposed policy for Michigan Medicaid Coverage of Doula Services below.

Proposed Policy: Medicaid Coverage of Doula Services States	Black Mothers' Breastfeeding Association's Comments/Recommendations
<p>Policy Summary: This policy establishes coverage of doula services for Medicaid Beneficiaries.</p> <p>Purpose: To establish coverage of doula services to improve birth outcomes, address social determinants of health and decrease existing health and racial disparities for Medicaid beneficiaries.</p>	<p>Black Mothers' Breastfeeding Association (BMBFA) values the opportunity to contribute our recommendations to the Proposed Policy: Medicaid Coverage of Doula Services. Having converged the diverse thoughts and experiences of field workers including community-based doulas, scholars, activists, practitioners, and mothers, all of whom with vested interest in maternal child health and the reduction of racial disparities therein, BMBFA has compiled a nuanced list of suggestions with the goal of affecting policy that yields itself to quality community-based doula care for Medicaid beneficiaries, specifically Black women and birthing persons. Research shows that when mothers have a doula on their birthing team, not only are they then more likely to rate their birthing experience favorably, but birth outcomes and breastfeeding rates improve. Yet and still, breastfeeding initiation and duration rates in the Black community remain lower than that of other races. To address these inequities and more, the Michigan Department of Health and Human Services (MDHHS) published The Breastfeeding Plan: State Strategies to Advance Breastfeeding Practice 2021-2024 last year. According to The Breastfeeding Plan, one of its priorities is to, "Provide insurance coverage, equitable compensations, and pay equity for you quality breastfeeding support, such as non-licensed breastfeeding professionals (IBCLC/CLC/IBC/CLS), peer support providers, and doulas including equitable compensation for community involvement." This statewide initiative further reiterates the pressing need for culturally appropriate Medicaid policy.</p>
<p>Doula services must be recommended by a licensed healthcare provider.</p>	<p>This is an overregulation. We strongly recommend the removal of this requirement as we believe it has the potential to cause great harm to communities of color. At its core, this recommendation creates a huge barrier for expectant mothers intent on receiving doula services and is counterproductive to addressing social determinants of health. Outcomes show the significant role doulas play in helping pregnant persons identify a healthcare provider or medical home, leading to increased participation at prenatal and postpartum provider visits. Families supported by BMBFA have raised concerns about receiving trustworthy doula recommendations from providers. Given the fact that there is a long, documented history of mistrust of healthcare providers amongst</p>

	<p>Black people, how can families be assured that they will receive recommendations for doulas in their community and in their likeness that will provide culturally congruent care? A study published in the Perinatal Health Revolution shows that when mothers are served by community-based doulas who are of and from the same community, breastfeeding outcomes are significantly impacted and that there is a reduction in non-medically necessary intervention.</p> <p>“My doula, in the height of the pandemic, helped me create a birth plan where I was able to have my son vaginially without being medicated,” praised a participant of BMBFA’s community-based doula program.</p> <p>Furthermore, community-based doulas recognize the high risk of appropriation and raise questions about further marginalization and exploitation of the Black community for profit and control.</p>
Medicaid will provide reimbursement for the first eligible claims submitted for these services up to the limit of six total prenatal and postpartum visits and one visit for attendance at labor and delivery.	<p>Clarify the meaning of “first eligible claims”? How is the doula, who actually provides the service to the medicaid beneficiary, protected?</p> <p>We have been operating a community-based doula program since 2013 and have had the best results when providing 8-10 prenatal and 8-10 postpartum visits. We strongly recommend increasing the total number of allowable visits to 20 and adding visits for grief services when needed. We also recommend allowing reimbursement for more than one doula visit during labor and delivery. Variables during birth are many, as one doula may have to be replaced by a backup doula depending on the length and intensity of the labor. Ensuring equitable access to breastfeeding support and pregnancy services is critical to tackling the maternal and infant health crisis that persists for Black families. Michigan’s Infant Mortality Reduction Plan considers home visiting to be effective provisions for prenatal and postpartum care that is essential to better outcomes for maternal and infant health.</p>
MDHHS-approved qualified doula certifying programs or organizations include, but are not limited to, the following: BirthWorks International, Childbirth International, Childbirth	<p>This is a very restrictive list that does not account for community doula models developed and practiced by communities of color. We urge the state to include community doula programs developed by people of color.</p>

<p>and Postpartum Professional Association (CAPPA), Doulas of North America International (DONA), International Childbirth Education Association (ICEA), ToLABOR, Additional doula programs approved by MDHHS.</p>	<p>BMBA and other organizations throughout Michigan have been operating using the HealthConnect One (HCO) model since 2013. The draft policy as stated would disqualify BMBA's four classes of community-based doula graduates and the graduates of HCO replication sites throughout the state. Furthermore, BMBA has partnered with UnitedHealthcare Community Plan to pilot a state-approved doula services project for enrolled Medicaid members. The pilot uses HealthConnect One trained community-based doulas. The state should leverage the resources of the existing assets by adding HealthConnect One as a qualified certifying doula program.</p> <p>We recommend that the state commits to establishing a diverse collaborative, inclusive of community-based doulas and community members, for continued collaboration, visioning, policy development and execution to ensure that current and future programs can be put in place that utilize a community-based model. We recommend that any collaborative or advisory board formed to govern doula services or policy in any way, centers the voices of doulas with at least 51% doula seat representation and the voices of the most marginalized communities with 51% seat representation for people of color.</p> <p>We strongly advise that MDHHS adds provisions to include doulas who have been providing doula services for ample years. These doulas possess a wealth of qualitative knowledge and lived experience that serves them as they support families in traditional and non-traditional birthing capacities. This may be referred to as grandfathering or legacy provisions. Community-based doula work, though gaining recent notoriety in modern times, is not new. In Black communities, birth work had historically been done without an official title as doulas would advocate and assist the laboring person, offering substantial emotional support throughout the perinatal period. Today, holistic birth work is reflective of these roots, centering community and connection much like times past. Recognizing the benefits of honoring the cultural importance of these birth workers would not only prove advantageous for the healthcare system, but especially so for mothers and their families, bettering birth and breastfeeding outcomes overall.</p>
<p>Claims for doula services must be submitted under the NPI of the doula. The policy also</p>	<p>To increase and enhance delivery of culturally-centered doula services, it is important to build a workforce inclusive of job opportunities for doulas within</p>

loosely states that billing can occur for clinics who provide doula services inside and outside of clinic settings.	Black communities. This includes self-employment/private practices and community level organizations. Clarity is needed regarding billing for doula services. Does the policy allow for non-clinical organizations/groups that provide services to the community with the opportunity to bill for doula services? If so, please clarify. If not, we urge the state to make the policy inclusive of community groups, childcare centers and other organizations that provide grassroots services.
The rate for reimbursement for prenatal and postpartum visits is \$75 and the rate for reimbursement for attendance at labor and delivery is \$350.	The rate as proposed does not offer a living wage for doulas. We recommend substantially increasing the rates for prenatal and postpartum visits and the rate for attendance at labor and delivery. Doulas not only invest in their training and ongoing professional development, but their work has also been shown to reduce the costs of healthcare. This current rate does not provide an adequate return on investment nor does it take into consideration the healthcare cost savings. Additionally, we suggest establishing reimbursement for gas and mileage to match the General Services Administration Mileage Reimbursement Rate , indirect and/or administrative costs, supplies and equivalent reimbursement for telehealth and in-person visits, including virtual presence at births.

Recommended sources:

1. Black Mothers' Breastfeeding Association, *Michigan Community-based Doula SWOT Analysis*
<https://blackmothersbreastfeeding.org/wp-content/uploads/2022/04/MI-Doula-SWOT-Analysis-Final.pdf>
2. Black Mothers' Breastfeeding Association, *Policy Recommendations that Support Community-based Doula Sustainability*
<https://blackmothersbreastfeeding.org/doula-policy/>
3. HealthConnect One, *Sustainable Funding for Doula Programs*
https://www.healthconnectone.org/wp-content/uploads/2020/09/Sustainable_Funding_for_Doula_Programs_A_Study_single_51.pdf
4. HealthConnect One, Perinatal Health Revolution, <https://www.healthconnectone.org/read-the-perinatal-revolution-report-2014/>
5. HealthConnect One Issue Brief: Creating Policy for Equitable Doula Access,
<https://www.healthconnectone.org/new-hc-one-issue-brief-creating-policy-for-equitable-doula-access/>
6. Michigan Council for Maternal Child Health [Doula Services for Improving Birth Outcomes](#)
7. Michigan Council for Maternal Child Health [Advancing Doulas in Michigan](#)
8. [The Michigan Breastfeeding Plan](#): State Strategies to Advance Breastfeeding Practice 2021-2024

Other Valuable Open Comments:

- Open Statement Regarding Medicaid Coverage for Doula Services in Michigan: Voices of Indigenous Mothers, Aunties, Birth Workers, and Educators [📄 Medicaid Open Statement May 2022](#)

Signatories:

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