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 Mistkin 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, 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 Schimmner.

The report outlines the case for reducing the high rate of C-sections.

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

May 13, 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.

Compliance of all hospitals where babies are delivered brought the rate of such surgery down to the national goal level, with 13 hospitals that had reached the goal set by the federal Health and Human Services.

"The hospital rates for cesarean births — such as CentraState Medical Center in Freehold and Monmouth University Medical Center — have C-section rates over 40 percent, far above national goals," said Linda Schimmner, president and CEO of the New Jersey Health Care Quality Institute.

"The goal now is for hospital leadership to prioritize maternal and child health," she said.

MATERNAL HEALTH AMONG 2018 TOP PRIORITIES FOR STATE SENATE

Lilo M. Stanfield | 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 Vitalo (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 Petti Verbanas | January 22, 2018

For Tara Hansen, the birth of her first child, in her life with her high school sweetheart, young, athletic special-education teacher has been the most transformative event.

Brandon’s birth was textbook as well, but providers that her body didn’t feel right. Healthy postpartum patient, she was sent home from an infection that had occurred during the postpartum period.

“Tara was the only person who knew someone falling on deaf ears,” says Ryan. “Every

South Jersey mother was the last person anyone expected to die

Our healthcare system focuses on babies but often ignores their mothers.

Updated: May 12, 2017 — 1:50 PM EDT

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 Renée Montagne, NPR

May 13, 2017

This story was co-published with NPR.
Princeton health summit focuses on impact of race in maternal health issues

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

Shavonda E. Sumter
Published 5:44 a.m. ET Apr. 12, 2019
Doulas are Proven to:

- Breastfeeding rates
- Cesarean rates
- Infant mortality
- Parental attachment
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.”
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

2011 Cochrane Review Summary: 21 trials, from 15 countries, involving 15,061 women
NO ADVERSE EFFECTS WERE IDENTIFIED
“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, MD

HEALTH BENEFITS

- 9% drop in use of pain medication
- 31% less use of Pitocin
- 34% fewer negative birth experiences
- 40 minutes shorter labor
- 28% fewer cesareans
- 12% more spontaneous vaginal births
- Higher Apgar scores
- Increased breastfeeding with prenatal and postpartum doula care

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 Medicine

WHAT DOULAS DO

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

Doula 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 in providing labor and birth support.

INFORMATION

- Prenatal & postpartum resources & referrals
- Answering questions about labor and birth

EMOTIONAL SUPPORT

- Relaxation techniques
- Encouragement
- Calm environment

COMMUNICATION

- Faster 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 NEED

- 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

- Medicaid 35%
- Private Insurance 21%
- Percent of women who wanted — but did not have — doula support

- Black 30%
- Latina 30%
- White 22%
In 2013, hospitals billed $126 billion for maternal & newborn care.

1 in 3 births is by cesarean, which is 56% more than in 1996, but this hasn't made moms or babies healthier.

Cesarean births cost 50% more than vaginal births.

$9,537 more for private insurance (includes maternal and newborn care costs).

$4,459 more for Medicaid.

Maternal & newborn stays account for 49% of Medicaid hospitalizations and 34% of privately insured hospitalizations.

Douglas lower spending by:
- Decreasing cesareans (an average of 28%) for repeat cesareans, epidurals, complications, chronic conditions.
- Increasing breastfeeding.

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
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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 3/25/29 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
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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

**Addressing social and economic inequities**

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

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