
EMERGENCY RUE

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 25 – Physician Program

EMERGENCY RULE

13 CSR 70-25.160 Doula Services

PURPOSE: This emergency rule establishes the Department of Social Services (DSS) MO HealthNet Division (MHD) guidelines regarding coverage and reimbursement for community doula services. The goal of these services is to provide a stable source of psychosocial support and education throughout the perinatal period and during the birth utilizing specially trained lay providers to enhance relevant knowledge and encourage healthy behaviors that can lead to improved pregnancy-related outcomes.

*EMERGENCY STATEMENT: This emergency rule allows the Department of Social Services to provide necessary doula services to pregnant women through the MO HealthNet program. In recent years, the maternal mortality rate in Missouri has been higher than the national rate and is considered to be one of the worst in the United States. There are evident disparities in the risk of maternal mortality by ethnicity and race, maternal age, access to care, and socio-economic status. Utilizing doula services may reduce maternal mortality, health disparities and improve maternity care for women in Missouri. As a result, DSS finds an immediate danger to the public health, safety or welfare of pregnant women in Missouri, which requires this emergency action. The scope of this emergency is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. The Department of Social Services believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed September 16, 2024, becomes effective September 30, 2024, and expires on March 28, 2025. Original rule was filed on August 7, 2024.*

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. Doula services shall be administered by the MO HealthNet Division. Doula services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the *MO HealthNet Physician Provider Manual*, which is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, and is available at its website <https://mydss.mo.gov/media/pdf/physicians-provider-manual>, August 6, 2024. This rule does not incorporate any subsequent amendments or additions.

(A) In the administration of the rule, “doula services” means services that provide a stable source of psychosocial support and education throughout the perinatal period and during the birth utilizing trained providers, community-based doulas, with the aim of improving a range of maternal and

infant health outcomes by enhancing relevant knowledge and encouraging healthy behaviors. Doula services are available to all pregnant women, prenatally, during delivery, and throughout the postpartum period. This includes twelve (12) months after delivery.

(2) Provider Participation. To be eligible for participation in the doula services program –

(A) Doula providers must be enrolled as MO HealthNet providers;

(B) All doula providers must be at least eighteen (18) years of age and must possess a current certificate issued by a national or Missouri-based doula training organization whose curriculum meets the following definition and standards:

1. Curriculum that covers a doula’s role, which includes breastfeeding support, perinatal mood and anxiety disorders, anticipatory care strategies, cultural competency, how to deliver perinatal education and support, how to increase client autonomy during birth, and how to support clients who may need additional care;

2. Understanding the importance of health-related social needs, including navigation of social services, trauma-informed care, and strategies specific to the community served;

3. The student must successfully complete the training program and be deemed competent to provide doula services. Certification is attained after evaluation by a birth professional or trainer;

4. Completion of at least six (6) continuing education unit (CEU) hours per year on topics related to the components listed in paragraphs (2)(B)1. and (2)(B)2., or equivalent continuing education as specified by the training organization; and

5. Holds liability insurance as an individual or through a supervising organization; and

(C) For doulas whose training came from another source, or from multiple sources, MO HealthNet will determine eligibility for reimbursement as follows:

1. If there exists any statewide organization composed of doula trainers from three (3) or more independent, well-established doula training organizations located in Missouri whose purpose includes validation of core competencies of trainings, then MO HealthNet may verify that an individual’s training and experience satisfies the above-stated criteria through a public roster maintained by such an organization; and

2. If no such organization exists, future doula training organizations must prove that their training satisfies the above definition in order to be added to the written policy guide, which will include a list of all approved certification programs qualifying under subsections (2)(B) and (2)(C).

(3) Participant Eligibility. Any pregnant woman who is eligible for Title XIX benefits from the Family Support Division (FSD) and seeks doula services in accordance with the procedures described in this rule shall be deemed eligible to receive these services.

(4) Doula Services.

(A) Doula services are available to all pregnant women, prenatally, during delivery, and throughout the postpartum period. This includes twelve (12) months after delivery. Doula services include a combined total of six (6) prenatal and postpartum support sessions, one (1) birth attendance, and up to two (2) visits for general consultation on lactation. Community navigation services that occur outside these billable visits may be billed up to ten (10) times total over the

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course of the pregnancy and postpartum period. The focus of these services is to provide a stable source of psychosocial support and education in an informal setting utilizing trained non-medical, non-clinical providers, with the aim of reducing allostatic load and oxidative stress, enhancing relevant knowledge, and encouraging healthy behaviors that can lead to improved pregnancy-related outcomes (in particular, reduced preterm birth rates, reduced low-birthweight rates, reduced maternal morbidity and mortality, and reduced infant mortality). Reduced Caesarian section rates, improved maternal satisfaction with the birth experience, increased breastfeeding initiation and continuation rates, and enhanced parenting knowledge and confidence are also intended outcomes. Doula services available for reimbursement include-

1. Prenatal support sessions – promoting health literacy and knowledge of what to expect during pregnancy and birth; what experiences are normal during pregnancy; how to relay concerns to providers, and providing information on topics such as nutrition, exercise, tobacco cessation, self-monitoring of existing health risks or conditions, in a manner that is culturally relevant and that is targeted to Medicaid participants. A doula may attend the participant’s obstetric (OB) visits in a supportive role;

2. Community navigation of social services and assistance programs – taking a community-based approach to connect expecting women and families with available resources, including understanding the services and supports available to pregnant and postpartum women on Medicaid and facilitating access to those resources based upon an assessment of social service needs;

3. Attendance and support during birth – providing information about what to expect during birth; helping create a birth plan, and attending the birth to provide non-medical comfort measures, information, emotional support and advocacy throughout the labor, including support of personal and cultural preferences regarding childbirth and support of those who may otherwise feel disconnected from or marginalized by the healthcare system;

4. Lactation education and support – may include any of the following –

A. A session during pregnancy that is primarily focused on the health benefits of breastfeeding for both mother and infant;

B. Attending the mother and infant immediately after birth to provide guidance and goal setting to promote breastfeeding;

C. Providing ongoing support and education during pregnancy on the health benefits of breastfeeding; and

D. Providing ongoing general education, support, and referral to licensed lactation professionals if/when services are needed; or

5. Postpartum support sessions – helping women know what to expect, what is normal, how to relay concerns to providers; aiding the transition back to well-woman care, family planning, screening for postpartum depression; providing information on topics such as safe sleep, preventing unintended child injuries, nutrition, positive parenting skills; education about breastfeeding rights; and goal setting for the future including continuing education, finding employment and childcare, and transition to other insurance as needed.

(5) Records Retention. Providers who provide doula services must follow 13 CSR 70-3.030.

(6) Reimbursement Methodology.

(A) MO HealthNet provides reimbursement to enrolled providers providing doula services who currently hold a certificate as described in subsection (2)(B) and are in good standing with the state.

(B) Reimbursement for services is made on a fee-for-services basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider’s actual billed charge (should be the provider’s usual and customary charge to the general public for the service) or the maximum allowable per unit of service. Reimbursement shall only be made for services authorized by MO HealthNet or its designee. Services will be paid at the Medicaid fee schedule rate and will be published at <https://mydss.mo.gov/mhd/cpt>.

AUTHORITY: sections 208.201 and section 660.017, RSMo 2016. Original rule was filed on Aug. 7, 2024. Emergency rule was filed Sept. 16, 2024, effective Sept. 30, 2024, expires on March 28, 2025. An emergency rule and a proposed rule covering the same material will be published in the Oct. 15, 2024, issue of the Missouri Register.

PUBLIC COST: This emergency rule will cost state agencies or political subdivisions sixty-six thousand sixty-nine dollars (\$66,069) in the time the emergency is effective.

PRIVATE COST: This emergency rule will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.

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FISCAL NOTE PUBLIC COST

- I. Department Title: Title 13 – Department of Social Services
Division Title: 70 – MO HealthNet Division
Chapter Title: 25 – Physician Program**

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| Rule Number and Name: | 13 CSR 70-25.160 Doula Services |
| Type of Rulemaking: | Emergency Rule |

II. SUMMARY OF FISCAL IMPACT

| Affected Agency or Political Subdivision | Estimated Cost of Compliance in the Aggregate |
|---|---|
| Department of Social Services, MO HealthNet Division | Cost – FY 25 \$66,069 (Six months) |
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III. WORKSHEET

The program is scheduled to begin October 1, 2024. The cost for six months of FY 25 is estimated to be \$66,069. The calculation is based on \$1600 reimbursement x 41.3 units over a six-month timeframe.

IV. ASSUMPTIONS

The program is scheduled to begin October 1, 2024. The cost for six months of FY 25 is estimated to be \$66,069.

The total reimbursement amount for all authorized services (six combined prenatal/postpartum visits, birth attendance, community services navigation, lactation education) is proposed to be \$1600, in general, it's unlikely that the average woman accesses all of those services. There is potential for an offsetting savings in year two and beyond based on the potential reduction in the Cesarean rate as well as other improved birth outcomes.