

- SUBJECT:** Creating a Medicaid pilot program for doula services
- COMMITTEE:** Human Services — committee substitute recommended
- VOTE:** 6 ayes — Frank, Hinojosa, Hull, Meza, Neave, Noble
- 1 nay — Klick
- 2 absent — Rose, Shaheen
- WITNESSES:** For — Kristin Hutzler, Birth Boot Camp; Haley Rose, Circle Up United Methodist Women for Moms; Melissa Bentley, Pregnancy and Postpartum Health Alliance of Texas; (*Registered, but did not testify:* Stacey Pogue, Every Texan; Myra Leo, Methodist Healthcare Ministries; Alison Mohr Boleware, National Association of Social Workers-Texas Chapter; Nancy Walker, Texans Care for Children; Dan Finch, Texas Medical Association; Eric Woomer, Texas Pediatric Society; Molly Weiner, United Ways of Texas; Georgia Keysor)
- Against — None
- On — (*Registered, but did not testify:* Emily Zalkovsky, Health and Human Services Commission)
- BACKGROUND:** Interested parties suggest that interventions can help improve maternal health outcomes in Texas, including by increasing access to doula services for low-income mothers enrolled in Medicaid. Observers note that doula-assisted mothers are four times less likely to have a low birth weight baby and less likely to experience birth complications.
- DIGEST:** CSHB 158 would require the Health and Human Services Commission (HHSC) to establish a pilot program to provide Medicaid reimbursement for doula services. The executive commissioner of HHSC, in consultation with the Perinatal Advisory Council, by rule would have to determine the qualifications for an individual to be considered a doula and the covered doula services under the program. Under the bill, the commission would

prescribe eligibility requirements for participation in the pilot program.

Doula services. "Doula" would mean a nonmedical birthing coach who provided doula services and met the qualifications for a doula under commission rule. "Doula services" would mean nonmedical childbirth education, coaching, and support services, including emotional and physical support provided during pregnancy, labor, delivery, and the postpartum period, or provided intermittently during pregnancy and the postpartum period.

Location of pilot program. By September 1, 2022, the commission would have to implement the pilot program in the state's most populous county and the county with the greatest maternal health support needs, as determined by the county's maternal and infant mortality rates and the number of Medicaid births in the county.

Reports. Beginning in 2023, by September 1 of each year, the commission would have to publish on its website a report evaluating:

- the program's total costs during the preceding year of providing Medicaid reimbursement for doula services; and
- the impact on birth outcomes for women who received doula services.

By September 1, 2026, the commission would have to submit to the Legislature a report that:

- summarized the results of the pilot program, including the program's effectiveness in reducing maternal mortality rates and racial disparities in health outcomes in the geographic areas in which the pilot program operated;
- included feedback from participating doulas and Medicaid recipients who received doula services under the program; and
- included a recommendation on whether the pilot program should be continued, expanded, or terminated.

Other provisions. The bill's provisions would expire September 1, 2027.

The bill would take effect September 1, 2021.

NOTES:

According to the Legislative Budget Board, the bill would have a negative impact of about \$832,000 to general revenue through fiscal 2023.