



Via Email

Deputy Administrator and Director Peter Nelson
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Baltimore, Maryland 21244

February 27, 2025

Re: Coverage for Doula Services for Pregnant and Postpartum Persons Covered by Health Benefit Plans

Dear Director Nelson,

In 2024, the General Assembly legislature passed Senate Bill (SB) 24-175 which requires carriers to cover doula services for pregnant and postpartum persons covered by health benefit plans.

The legislation requires the Division of Insurance ("Division") to determine whether this benefit would be subject to state defrayal and submit its determination to the Department of Health & Human Services ("HHS"). For the reasons set forth below, the Division has determined that the requirement in SB24-175 is not a new mandate requiring state defrayal under the Affordable Care Act. Doula services are integral to improving material health outcomes and perform services covered under Colorado's Essential Health Benefit (EHB)- benchmark plan. Further, as required by SB24-175, the Division requests that HHS confirm the Division's determination within sixty (60) days after receiving this submission.

Pursuant to Section 10-16-104, C.R.S., a doula is defined as a "trained birth companion who provides personal, nonmedical support to pregnant and postpartum people and their families prior to childbirth, during labor and delivery, and during the postpartum period and who has the qualifications and training required by the state."

According to an HHS Office of Health Policy Issue brief, doulas can provide "culturally appropriate support to women at higher risk of poor outcomes throughout pregnancy, delivery, and the postpartum period."¹ The brief highlights the important role doulas play for historically marginalized groups such as black and American Indian and Alaska Native (AI/AN) women who

¹<https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf>

experience higher rates of “severe maternal morbidity and mortality than White women.”² An observational study referenced in the brief found that doula-assisted “mothers were four times less likely to give birth to a baby with low birthweight, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding...”³

Another article from the National Health Law Program reported that doula care reduced the need for “medical interventions including cesareans, instrument assisted birth, and pain medications” and emphasized the comprehensive support doulas provide to pregnant persons to assist in maintaining “healthy behaviors, effectively communicate with their health care providers, develop birthing plans, and mentally and physically prepare for the experience of childbirth and breastfeeding.”⁴

The White House Blueprint for Addressing the Maternal Health Crisis also notes the importance of investing in growing and diversifying the perinatal workforce, including non-traditional providers like doulas and lactation counselors.⁵ Doulas, lactation consultants, and lactation counselors are covered under a demonstration project for certain members of the military, retired members, and their family members who receive care under TRICARE.⁶

In the Notice of Benefit and Payment Parameters for 2025, HHS finalized an amendment to 45 C.F.R. § 155.170(a)(2), which states that “a benefit covered in the State’s EHB-benchmark plan is considered an EHB.” Further, the released guidance states that “benefits covered in a State’s EHB benchmark plan will not be considered in addition to EHB, even if they had been required by State action taking place after December 31, 2011.”⁷ Additionally, HHS stated “under this policy, there would be no obligation for the State to defray the cost of a State mandate enacted after December 31, 2011, that requires coverage of a benefit if that benefit is included in the State’s EHB-benchmark plan.”⁸

Colorado’s EHB plan covers prenatal and postnatal care, delivery and all inpatient services for maternity care, and well-baby visits and care. While doulas are a different service provider type, they perform care that aligns with the objectives of a prenatal and postnatal visit, delivery and all inpatient services for maternity care, and well-baby visits and care. Further, the statute specifically

²<https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf>

³<https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf>

⁴ <https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/>

⁵<https://www.whitehouse.gov/briefing-room/statements-releases/2024/07/10/the-white-house-blueprint-for-addressing-the-maternal-health-crisis-two-years-of-progress/>

⁶<https://www.whitehouse.gov/briefing-room/statements-releases/2024/07/10/the-white-house-blueprint-for-addressing-the-maternal-health-crisis-two-years-of-progress/>

⁷ Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025; Updating Section 1332 Waiver Public Notice Procedures; Medicaid, Consumer Operated and Oriented Plan (CO-OP) Program’ and Basic Health Program, 89 Fed. Reg. 26218-01, 26225 (April 15, 2024).

⁸ *Id.*

calls out that doula services must be currently reimbursed when rendered by any other health care provider or covered as part of the material essential health benefit.

For these reasons, SB24-175 does not create a new state mandate requiring defrayal of additional premium costs.

Please let us know if you have any questions or would like to discuss this matter further with the Division.

Sincerely,

A handwritten signature in black ink, appearing to be 'KH' followed by a stylized flourish.

Kate Harris
Chief Deputy Commissioner
Colorado Division of Insurance