COLORADO
Department of Health Care Policy & Financing

NOTES

Doula Advisory Committee on Wednesday, April 16, 2025, 12:00 – 2:00 p.m.

Meeting Resources:

- Slides
- The meeting recording will be available on the Department's website.

1) Welcome and Roll Call (slides 1 - 6)

a) DAC members in attendance:
   a. Amy Barcenas
   b. Amy Du
   c. Britt Westmoreland
   d. Ebony White
   e. Elizabeth Simmons
   f. Erin Ross
   g. Hannah Saona
   h. Helena Santos
   i. Kaja Rumney
   j. Koryn Holden
   k. Laurel Hicks
   l. Phoebe Montgomery
   m. Sydney Comstock
   n. Wivine Ngongo

b) DAC members absent:
   a. Nicki Dunnavant
   b. Tayla Kelly
   c. Whitney Buckendorf

c) HCPF Department Representatives (Slide 6)
   a. Susanna Snyder - Child and Family Health Division Director, HCPF
   b. Sarah Martinez - Reproductive Health Unit Program Coordinator, HCPF
   c. Laura James - Project Manager, Strategic Unit, HCPF
   d. Annette Dayley - Reproductive Health Implementation Specialist, HCPF

d) Opening Updates (Slide 6)
   a. Amy Barcenas announced she will join the Steering Committee for the National Indian Health Board Maternal Convening in Denver this June. She will share insights relevant to the DAC's work.
   b. Hannah Saona asked whether members can change their votes from the March meeting. Erin confirmed members can update their votes via the Google Form shared in the chat.
   c. Reminders: DAC members may also use the DAC Facebook group for discussion and updates between meetings.

2) DAC Follow-Up Topics

a) DAC Q&A Document is being finalized and reviewed to ensure it meets accessibility standards.
b) March Meeting Evaluation & Proposed process changes
    a. Key findings from March meeting evaluation (8 responses)
        i. Majority agreed the meeting advanced the DAC's shared purpose and respected group norms, but some disagreed or felt unsure how to contribute or suggest agenda items.
        ii. Member feedback highlighted the need for (slide 13):
            (a) Clarified goals and scope for each agenda item
            (b) Timeboxing and greater meeting efficiency
            (c) Parking lot system for off-agenda items
            (d) Process for rotating speakers to ensure equitable airtime
            (e) Written input options post-meeting
        iii. Proposed Process Changes:
            (a) Slides and agendas will be distributed in advance.
            (b) Facilitators will help manage airtime and keep discussions on track.
            (c) Recommendations will be discussed in meetings but voted on post-meeting via Google Form to allow thoughtful consideration.
            (d) Reminders were shared that DAC recommendations do not change policy, but are valuable inputs for HCPF.
        iv. DAC Comments:
            (a) Laurel Hicks suggested adding members' affiliations or roles to their Zoom names or introductions to better understand each participant's perspective.
            (b) Helena Santos emphasized the importance of collective action to improve access to the doula benefit.

3) Recommendation Recap and Discussion

Some DAC members have reconsidered their initial votes on both CPR and Liability Insurance. They were encouraged to document their rationale in a google sheet that will be shared after the meeting to ensure that HCPF has access to all of the different perspectives.

a) CPR Requirement
    a. Motion: Recommend removing the CPR requirement. If not removed, request that HCPF identify which CPR courses qualify and provide low- or no-cost options.
    b. Voting Summary: ~50% support removal, ~25% oppose, ~25% abstain.
    c. Themes:
        i. In favor: Not required for similar non-medical roles; financial/language access barriers; neonatal CPR is a clinical skill beyond doulas' scope.
        ii. Opposed: CPR is a basic, life-saving skill; doulas work in homes; Medicaid members deserve consistent standards.
    d. Notable Comments:

i. Phoebe Montgomery: Does not believe CPR removal reduces care quality; doulas are unlikely to be the ones administering CPR in a hospital. Recommends removing CPR and liability insurance requirements due to barriers.
ii. Wivine Ngongo: Raised a key question—are we centering the doula or the member? Asked the group to consider who the benefit is truly for.
iii. Britt Westmoreland: Stated that focusing only on one group harms both; sees doulas and members as mutually linked.

b) Liability Insurance
   a. Motion: Recommend removing the liability insurance requirement. In the interim, ask HCPF to list insurance providers on its website.
   b. Voting Summary: More than 50% in favor; ~25% opposed; and the remainder abstained.
   c. Themes:
      i. In favor: Cost is a significant barrier; unclear benefit for doulas in non-clinical roles.
      ii. Opposed: Protects doulas from risk in a litigious medical environment; removing standards may compromise member protections.
   d. Notable Comments:
      i. Elizabeth Simmons: Emphasized legal risk even without litigation; doulas are increasingly named in legal claims, and insurance protects their assets.
      ii. Kaja Rumney (in the chat) - I know we need to keep moving. But just one item to add for the minutes. It seems like some of these items are required due to technology/IT systems. As time goes on and IT systems are updated then hopefully some of these changes can be considered.
      iii. Laurel Hicks (in the chat) - One recommendation is to add estimated cost for doulas for liability insurance and cpr. When I had it before as a doula it was around $100 a year for liability insurance.
      iv. Phoebe Montgomery (in the chat) - The price has greatly increased, as insurers are realizing more and more doulas are signing up for this insurance- prices are much more now
      v. Laurel Hicks (in the chat) - Interesting. :) as a LCSW my liability insurance is under $150 for 1m/3m insurance

c) Next Steps:
   a. GPS will circulate a shared Google Sheet where DAC members can expand on the rationale behind their votes and they can also change or update their votes if desired as well.
   b. HCPF is not currently changing policy but will:
      i. Include DAC input in future evaluations
      ii. Work to compile a list of CPR resources
      iii. Welcome additional input on insurance providers and options

d) Erin Ulric recapped both DAC, GPS and HCPF Responsibilities (Slides 20-23)
   a. DAC Purpose:
      i. Increase access to doula services for Health First Colorado members
      ii. Improve member birthing experiences and outcomes

iii. Provide diverse input to inform HCPF within budget and regulatory constraints

b. Discussion:
   i. Members acknowledged that the benefit must serve both doulas and members, and access for one impacts the other.
   ii. Group affirmed a need to balance both priorities intentionally in future discussions.

4) Federal Requirement: National Provider Identifier Standard (NPI)

a) Overview:
   a. Doulas must have their own NPI and receive a recommendation (not a formal medical referral) from an eligible healthcare provider with an NPI.
   b. Claims must include the referring provider's NPI but not the written recommendation form. However, doulas are expected to retain the recommendation documentation in their records per professional standards and in case of audit.

b) Provider Types Who Can Recommend: Physicians, PAs, Advanced Practice Nurses, Nurse Midwives, CPMs/DEMs, Psychologists, Behavioral Health Clinicians.

c) Terminology Matters: Several members noted the importance of distinguishing between a "recommendation" and a "referral," which can carry different connotations for providers. Elizabeth Simmons strongly advocated for clear, standardized language.

d) Discussion Points:
   a. Challenges Identified
      i. Lack of a Standardized Recommendation Form
         (a) No current form exists, which causes provider confusion and hesitancy, particularly in systems like Epic where workflows for non-licensed provider referrals may not exist.
         (b) Elizabeth Simmons and Kaja Rumney both recommended a simple, standardized form (with options for customization) that providers could fill out and sign.
         (c) Erin Ross suggested pre-filling forms and including them in standard prenatal visit packets, such as at the 28-week visit, to streamline the process.
      ii. Burden on Providers and Members
         (a) Erin Ross noted the difficulty of completing extra forms during brief medical appointments and emphasized the potential benefit of ready-to-sign templates.
         (b) Sydney Comstock and Ebony White raised concerns about whether members or providers are expected to initiate the recommendation. HCPF confirmed both play a role, though member empowerment and system-level support are essential.
      iii. Lack of Awareness Among Providers
         (a) Koryn Holden and Kaja Rumney expressed concern that rural and even some urban providers are unaware of the doula benefit or what is required to generate a valid recommendation.

(b) HCPF (Annette Dayley) acknowledged these gaps and noted ongoing outreach efforts to Tribes, Nurse-Family Partnership, RAEs, and provider networks.

iv. Concerns About Gatekeeping and Supervision

(a) Phoebe Montgomery proposed a standing order approach for organizations with internal doula programs, though she cautioned it may not be appropriate in hospital settings. She also raised concerns about potential gatekeeping or costs associated with provider supervision if relationships aren't already in place.

b. Suggestions and Solutions

i. Create a Standard Recommendation Template: DAC members agreed a simple, pre-populated form would:

(a) Help providers understand what is needed

(b) Reduce hesitancy among clinicians uncomfortable referring to "non-licensed" providers

(c) Improve access and clarity for both members and doulas

ii. Standing Orders as an Interim Strategy:

(a) Annette Dayley (HCPF) stated that the department is exploring options to accommodate standing orders but is not currently in a position to implement them broadly due to policy and systems limitations.

(b) Elizabeth Simmons referenced California's standing order model and provided examples from New York, Virginia, and Kansas, requesting HCPF to adapt a similar approach.

iii. Referral System Adaptations:

(a) Providers expressed interest in internal solutions within systems like Epic (e.g., internal standing orders), but no system-wide workaround currently exists.

iv. Education and Outreach: DAC encouraged more proactive education for providers, especially in rural and underserved areas, to help normalize the process and expectations for making recommendations.

c. Additional Related Topics Raised

i. Doula Recommendations: Ebony White asked whether separate recommendations are needed for labor/delivery and postpartum services. Annette Dayley confirmed yes—each service phase requires its own recommendation.

ii. Recommendation Alternatives: Ebony White and others inquired if alternatives to recommendations are possible. Annette Dayley clarified that the recommendation requirement is a federal mandate for unlicensed providers and required by CMS.

"Doula services provide support for pregnant individuals throughout the perinatal period to improve
birth-related outcomes. Pursuant to 42 C.F.R. Section 440.130(c), Doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under

state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary."

iii. Potential Support Tools:
(a) Ebony White proposed a call line to help providers and doulas with the recommendation process.
(b) Wivine Ngongo raised a question regarding current professional liability insurance (PLI) policy limits, suggesting this also be clarified for doulas working to meet enrollment standards.

5) DAC Discussion: Generating Awareness of Health First Colorado (HFC) Doula Benefit for HFC Members and Other Doulas

a) **DAC Discussion and Brainstorm using LucidSpark.**
b) HFC Members – Considerations and Messaging Strategies
   a. Community-Based Outreach
      i. Attend and share materials at community events, farmers markets, and libraries.
      ii. Collaborate with WIC offices and prenatal peer groups.
      iii. Explore partnerships with school districts to share benefit information via newsletters.
   b. Accessible Information Materials
      i. Create 1-pagers, flyers, and handouts explaining member eligibility, benefit overview, and how to access doulas.
      ii. Offer Zoom workshops for members wanting to connect with doulas.
   c. Digital and Media Promotion
      i. Utilize Medicaid's social media accounts (e.g., Instagram).
      ii. Consider using commercials or billboards to raise awareness of the benefit.
c) Doulas – Support and Resource Strategies
   a. Enrollment Support
      i. Develop a 1-page guide to walk doulas through eligibility, intake, documentation, and reimbursement processes.
      ii. Launch a buddy system pairing new doulas with experienced Medicaid doulas.
      iii. Offer technical assistance sessions and monthly provider Zoom workshops.
      iv. Provide templates and documentation guidance to simplify administrative tasks.
   b. Doula Training Integration
      i. Ensure that doula trainers are teaching enrollment processes as part of their curriculum.
      ii. Leverage platforms like Evidence Based Birth to secure discounted continuing education opportunities for doulas.
d) Healthcare Providers and Partners – Communication and Facilitation Strategies
   a. Provider Education and Tools
      i. Distribute FAQ documents, provider letters, and flyers summarizing referral and recommendation requirements.

ii. Create and share a form letter for provider use, along with a searchable list of approved doulas by ZIP code.
iii. Host webinars, lunch-and-learn sessions, and routine communications targeting provider organizations.

b. Building Referral Relationships
i. Develop relationships with local clinics, WIC offices, and spiritual leaders, particularly in rural areas.
ii. Promote standing orders or simplified recommendation workflows to reduce barriers to access.

5) General Public Comment

a) Key Takeaways:
a. Enrollment Volume: As of the meeting, 58 doulas were actively enrolled with Health First Colorado; over 100 additional applications were in progress.
b. Enrollment Fee Concern: A commenter flagged a possible $730 application fee seen online. HCPF was unaware of such a fee and committed to looking into it.
c. Group Billing Interest: A request was made to allow billing for group-based prenatal services (e.g., Spanish-speaking doula-led tours). HCPF noted some group billing models exist under Provider Type 72 (Lactation/Doula Professional Group) and offered follow-up support.
i. Please visit the Find Your Provider Type web page under Lactation/Doula Professional Group for enrollment requirements.

b) Next Steps: HCPF will explore billing code guidance with department experts and invited stakeholders to submit further questions via email or public comment form.
c) You may submit written comments and questions directly to hcpf_maternalchildhealth@state.co.us or sign up to provide public comment at https://forms.office.com/r/Fp0KegD1Dd

6) Upcoming DAC Meetings and Reminder (slide 34)

a) The next meeting is scheduled for Wednesday, May 14, from 12:00 to 2:00 p.m.
b) DAC members are asked to complete the DAC meeting evaluation form
c) **Regarding DAC Compensation:** DAC members who have indicated they would like compensation and have provided a W9 will automatically receive payment for any meetings they attend unless they indicate otherwise.

7) Please visit: https://hcpf.colorado.gov/doulas for more information

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-4764 or Shay.Lyon@state.co.us or the 504/ADA Coordinator at hcpf504ada@state.co.us at least one week before the meeting to make arrangements.