

Title of Rule: Revision to the Medical Assistance Act Rule concerning Doula Services, Section 8.200.2.D.a  
Rule Number: MSB 24-04-18-B  
Division / Contact / Phone: Policy Development and Implementation / Erica Schaler / 3195

## STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

Pursuant to C.R.S. 25.5-4-506, provide doula benefit for Medicaid-enrolled pregnant persons effective July 1, 2024. In order to implement the doula benefit, this proposed amendment removes doulas from the rule requiring all providers who are not provided oversight by the Colorado Department of Regulatory Agencies (DORA), practice under the direct supervision of a physician. In order for doulas to be effective, they must provide community-based care. If physician oversight is required, it destroys the integrity of the community-based aspect of this important service.

2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or  
 for the preservation of public health, safety and welfare.

Explain:

Pursuant to C.R.S. 25.5-4-506, the Department of Health Care Policy and Financing is required to create a Doula benefit for pregnant and postpartum people to improve health outcomes of pregnant and postpartum people who face a disproportionately greater risk of poor birth outcomes.

After a lengthy stakeholder engagement process, the Department has designed this benefit to comply with this legislative mandate and must present this rule, in order to implement the doula benefit, as an emergency rule to meet the July 1, 2024 deadline.

3. Federal authority for the Rule, if any:

42 CFR 440

4. State Authority for the Rule:

C.R.S. Section 25.5-4-506;

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2023)

Initial Review

Proposed Effective Date

**07/01/24**

Final Adoption

Emergency Adoption

**07/12/24**

**05/10/24**

**DOCUMENT #14**

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## **REGULATORY ANALYSIS**

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The persons who will be affected by the proposed rule are Medicaid members who are pregnant or in the postpartum period and Doula providers. This rule will increase access to care and improve birth outcomes by providing physical and emotional support during pregnancy, labor and delivery, and after giving birth. Doulas will be able to provide services within a community setting aligning with the purpose of Doula services. There are no associated costs with the proposed rule.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

The impact of the proposed rule is an increase in access to care for pregnant persons and postpartum persons and improve birth outcomes for these populations. These populations will receive more support during the prenatal period, labor and delivery, and postpartum period. Doulas will be able to provide care within a community setting without the restriction of requiring physician oversight which would cause delays in service delivery and increase barriers to access for pregnant Medicaid members.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

This rule is budget neutral to implement. However, the Department anticipates an increase in state revenues by decreasing the number of infants needing intensive medical care.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The benefits of the proposed rule outweigh the costs. Excluding doulas from the rule that requires providers who are not regulated by DORA to practice under direct physician supervision will increase access to care for pregnant Medicaid members and allow for doulas to practice in community settings. There are no benefits to inaction and in fact, inaction would prevent implementation of the doula benefit.

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5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for achieving the purpose of the proposed rule as this rule is drafted to meet the requirements of a legislative mandate.

