



# RULE-MAKING ORDER EMERGENCY RULE ONLY

## CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: April 30, 2025

TIME: 9:59 AM

WSR 25-10-037

**Agency:** Health Care Authority

**Effective date of rule:**

**Emergency Rules**

- ☒ Immediately upon filing.  
☐ Later (specify)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- ☐ Yes ☒ No If Yes, explain:

**Purpose:** The State Supplemental Operating budget (section 211 (34), Chapter 376, Laws of 2024, (ESSB 5950)), included funding for the Health Care Authority (HCA) to implement a birth doula benefit for Apple Health (Medicaid) clients. HCA is developing new rules in Chapter 182-533 WAC to accomplish this.

**Citation of rules affected by this order:**

New: 182-533-0610, 182-533-0620, 182-533-0630, 182-533-0640, 182-533-0650, 182-533-0660, 182-533-0665, 182-533-0670, 182-533-0680

Repealed:

Amended:

Suspended:

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Other authority:** ESSB 5950 Sec 211 (34), Chapter 376, Laws of 2024

**EMERGENCY RULE**

Under RCW 34.05.350 the agency for good cause finds:

- ☒ That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- ☐ That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

**Reasons for this finding:** This emergency rule is necessary to implement reimbursement for birth doulas services, effective January 1, 2025, while the permanent rulemaking process is completed. Coverage for birth doulas services is directed by Sec (211)(34), chapter 376, Laws of 2024 (ESB 5950) and is a critical step for improving access to doula care and addressing preventable poor maternal and infant outcomes.

The agency previously filed emergency rules under WSR 25-02-111 on December 31, 2024. Those rules are expiring. This filing continues the emergency rules while the permanent rule process is completed. The agency conducted a second internal review of the permanent rule drafts and then shared the rule draft with external partners in March. HCA anticipates filing the Proposed Rules (CR-102) in May 2025. This emergency filing differs from the previously filed version to include additional housekeeping changes and the following revisions:

- In 182-533-0650 (3), moved from 182-533-0680 (2) to this subsection the requirement to document in the client's health record any change to the client's birth doula
- In 182-533-0680 (1) clarified that the agency pays for birth doula services provided via telemedicine when initiating care postpartum, the first visit is in person
- In 182-533-0680, deleted subsection (2)
- In 182-533-0680, renumbered subsection (3) to (2) and revised this subsection to clarify that the agency does not pay for the first visit with a birth doula when initiating care postpartum if the visit is provided via telemedicine

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	<u>9</u>	Amended	_____	Repealed	_____

**The number of sections adopted at the request of a nongovernmental entity:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted on the agency's own initiative:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted using:**


Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	<u>9</u>	Amended	_____	Repealed	_____

**Date Adopted:** April 30, 2025

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



## BIRTH DOULA SERVICES

### NEW SECTION

**WAC 182-533-0610 Birth doula services—Purpose.** WAC 182-533-0610 through 182-533-0680 establish the medicaid agency's provider and documentation requirements and coverage and payment rules for birth doula services when provided to eligible apple health clients. Birth doula services improve and promote healthy pregnancy, birth, postpartum, and infant outcomes. A birth doula delivers services to eligible pregnant and post-pregnant people, their infants, and their families.

### NEW SECTION

**WAC 182-533-0620 Birth doula services—Definitions.** The following definitions and those found in chapter 182-500 WAC apply to birth doula services.

**"Agency"** - See WAC 182-500-0010.

**"Birth doula"** - A nonmedical support person certified under chapter 246-835 WAC and trained to provide physical, emotional, and informational support to birthing persons, their infants, and their families.

**"Birth doula services"** - Preventive services, as defined by 42 C.F.R. 440.130(c), provided by a birth doula to pregnant and post-pregnant people, their infants, and their families. Services include advocating for and supporting the birthing person and their family to self-advocate by helping them to know their rights and make informed decisions.

**"Care coordination"** - Collaboration and communication between the client's birth doula provider and other medical or health and social services providers, including Indian health care providers, or both, to partner with and address the individual client's and family's needs.

**"Culturally congruent care"** - See WAC 246-835-010.

**"Department of health (DOH)"** - The state agency that works with others to protect and improve the health of all people in Washington state and which certifies the birth doula profession under chapter 246-835 WAC.

**"Health care record"** - See WAC 182-502-0020 for health care record requirements.

**"In person"** - The client and the provider are face-to-face in the same location.

**"Lived experience"** - Having first-hand knowledge and insight gained from navigating challenges similar to those faced by the people in the community. This can include shared experiences like cultural

backgrounds, socioeconomic status, health conditions, or barriers accessing the health and social service systems.

**"Medicaid agency"** - See WAC 182-500-0070.

**"Postpartum period"** - The period lasting until the end of the 12th month after the pregnancy ends.

**"Washington apple health"** - See WAC 182-500-0120.

#### NEW SECTION

**WAC 182-533-0630 Birth doula services—Client eligibility.** To receive birth doula services, a client must:

- (1) Be eligible for one of the Washington apple health programs listed in the table in WAC 182-501-0060; and
- (2) Be within one of the following eligibility periods:
  - (a) During pregnancy;
  - (b) Birth, inclusive of any end of pregnancy outcome; or
  - (c) The postpartum period as defined in WAC 182-533-0620.

#### NEW SECTION

**WAC 182-533-0640 Birth doula services—Provider requirements.** To be eligible to provide birth doula services to Washington apple health clients, a birth doula must:

- (1) Be 18 years of age or older;
- (2) Be a resident of the state of Washington or a bordering city as specified in WAC 182-501-0175;
- (3) Possess current certification as a birth doula with the Washington state department of health under chapter 246-835 WAC;
- (4) Be enrolled as an eligible birth doula provider with the medicaid agency (see WAC 182-502-0010);
- (5) Meet the requirements in this chapter, chapter 182-502 WAC, and the billing and documentation requirements found in the agency's current birth doula services billing guide;
- (6) Meet the standards required by state and federal laws governing the privacy and security of personally identifying information;
- (7) Participate in care coordination activities throughout pregnancy and the postpartum period with the client's prenatal clinical care provider and, if applicable, their maternity support services (MSS) provider (see WAC 182-533-0310 through 182-533-0345);
- (8) Provide culturally congruent care to the client and client's family; and
- (9) Have lived experience that aligns with and provides a connection between the birth doula and the community being served.

## NEW SECTION

**WAC 182-533-0650 Birth doula services—Documentation requirements.** (1) Providers must fulfill the documentation requirements found in WAC 182-502-0020 and the medicaid agency's current birth doula services billing guide.

(2) Each provider must maintain a client health care record for each client that states the services provided and justifies how those services support provider reimbursement.

(3) The following must be documented in the client's health record:

- (a) Consent to services to be signed at the initiation of care;
- (b) The date and time/duration of services and information substantiating the time/duration of services;
- (c) The nature of the care and service(s) provided;
- (d) Any coordination with medical or other care providers;
- (e) Any referrals and coordination efforts with community resources or community supports;
- (f) If screening is provided using a validated screening tool, the name of the tool, the score, and any communication following a positive screening including referrals to community resources, coordination with clinical team, etc.;
- (g) If the client changes their birth doula; and
- (h) The following required components of the prenatal intake visit:
  - (i) The date and time/duration of services, minimum two-hour visit;
  - (ii) A completed and signed consent for services form;
  - (iii) Provide an overview of the apple health birth doula benefit;
  - (iv) Co-design a plan of care across antepartum, delivery, and postpartum periods, as appropriate;
  - (v) Initiate discussion and implementation of birth plan or client/family preferences for care;
  - (vi) Support the client in establishing care as needed, including clinical pregnancy care, behavioral health services, dental services, etc. Coordinate with the managed care organization if needed to assist the client in accessing desired services, timely appointments, or any other care coordination or case management need;
  - (vii) Review the client's health history including any previous pregnancies, births, and loss of life;
  - (viii) Coordinate with medical providers regarding mental and emotional health screenings, and if appropriate, support symptom reduction through care navigation or peer support;
  - (ix) Review social determinants of health (SDOH) and other social-related health needs. Provide resources and support guided by client or family priorities; and
  - (x) Assess family and other relational support networks.

## NEW SECTION

**WAC 182-533-0660 Birth doula services—Covered services.** (1) To be covered, birth doula services must:

(a) Be preventive in nature according to 42 C.F.R. 440.130(c); and

(b) Provide physical, emotional, and informational support to pregnant, birthing, and postpartum people.

(2) The medicaid agency covers the birth doula services described in this section. The agency pays for:

(a) One prenatal intake visit billed only once per client, per pregnancy. The visit must take place in person. Required components of the prenatal visit are listed in WAC 182-533-0650;

(b) Continuous labor and delivery support billed once per client, per pregnancy. This must take place in person and be provided to one client at a time;

(c) One comprehensive postpartum visit per pregnancy; and

(d) Additional prenatal and postpartum visits per client, per pregnancy across the prenatal and postpartum periods.

(3) The agency determines the maximum number of units of services allowed per client when directed by the legislature to achieve targeted expenditure levels for payment of birth doula services for any specific biennium. The maximum number of units allowed per client is published in the agency's current birth doula services billing guide.

(4) The agency evaluates requests for authorization of covered services that exceed limitations on a case-by-case basis in accordance with WAC 182-501-0169.

(5) For birth doula services not allowed via telemedicine, see WAC 182-533-0680.

## NEW SECTION

**WAC 182-533-0665 Birth doula services—Noncovered services.** Under this chapter, the medicaid agency does not cover the following services when provided by birth doulas:

(1) Childcare;

(2) Chore services including, but not limited to, shopping and cooking;

(3) Group services;

(4) Phone calls, text messages, and emails;

(5) Documentation time; and

(6) Travel time and mileage.

## NEW SECTION

**WAC 182-533-0670 Birth doula services—Payment.** (1) The medicaid agency pays for the birth doula services described in WAC 182-533-0660 when they are:

(a) Provided to a client who meets the eligibility requirements in WAC 182-533-0630;

(b) Provided to a client during a face-to-face encounter, including audio-visual telemedicine (see WAC 182-533-0680);

(c) Provided and billed according to the agency's current birth doula services billing guide; and

(d) Documented in the client's health care record or chart per WAC 182-533-0650.

(2) The agency's payment for birth doula services is as follows:

(a) Prenatal intake visit, flat rate with a minimum of two hours of one-to-one service delivered face-to-face;

(b) Labor and delivery support, flat rate with one-to-one service delivered face-to-face; and

(c) Additional prenatal and postpartum visits, per unit of time, with one unit being equal to 15 minutes. Providers must bill for the direct service delivery at the minimum time equivalent.

(3) For clients enrolled in managed care or fee-for-service (FFS) who are eligible for birth doula services, the agency pays for covered birth doula services through FFS using the agency's published fee schedule.

(4) The agency uses the appropriate payment methodology found in WAC 182-531-1850 for birth doula services.

#### NEW SECTION

**WAC 182-533-0680 Birth doula services—Telemedicine.** The medic-aid agency pays for birth doula services provided via telemedicine according to WAC 182-501-0300 and the limitations in this section.

(1) The agency pays for birth doula services provided via telemedicine when one of the following are met:

(a) The prenatal intake visit is provided in person;

(b) The first visit with a new birth doula is provided in person if the client changes their birth doula;

(c) When initiating care postpartum, the first visit is in person; and

(d) The servicing provider for the telemedicine service uses the same billing provider's national provider identifier (NPI) used to bill for any of the visits referenced in this subsection.

(2) The agency does not pay for the following birth doula services provided via telemedicine:

(a) The prenatal intake visit;

(b) The first visit with a new birth doula if the client changes their birth doula;

(c) Labor and delivery support; and

(d) The first visit with a birth doula when initiating care postpartum.