

Washington statewide doula hub and referral system

Recommendations for implementation and sustainability

Engrossed Substitute Senate Bill 5950; Section 211(90); Chapter 376; Laws of 2024

June 30, 2025

Acknowledgements

With sincere appreciation to the Washington State Health Care Authority (HCA), the Doula for All (D4A) Coalition, and Surge Reproductive Justice (SRJ) for their collaboration in the community engagement process that informed the recommendations for a statewide doula hub and referral system in Washington. All credit to the independent, ancestral, Black, Indigenous, Queer, and Trans doulas, birth keepers, birth workers, and their ancestors for truly maintaining this sacred practice.

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Executive summary

A birth doula is a trained non-clinical professional that provides emotional, physical, psychosocial, and informational support to pregnant people and their families before, during, and after pregnancy.¹ Doula care is associated with improved perinatal and infant outcomes.

Washington State's 2023–2025 biennial supplemental operating budget appropriated money for HCA to:

- Implement a birth doula services benefit in Apple Health
- Contract with an external organization for a design and implementation plan for a statewide doula hub and referral system; and write a report to the legislature.

HCA implemented the doula benefit in Apple Health beginning January 1, 2025, and contracted with Surge Reproductive Justice (SRJ), the facilitator for the Doulas for All (D4A) Coalition, for the doula hub and referral system design and legislative reporting. This report contains the contracted design and implementation plan, satisfying the legislative reporting requirement in Engrossed Substitute Senate Bill 5950; Section 211(90).

Observed challenges to ongoing successful implementation of the Apple Health doula benefit include:

- Eligible clients unaware the benefit exists
- Clients not knowing how to connect with HCA enrolled doulas
- Doulas having difficulty becoming HCA enrolled providers
- Doulas facing barriers with revenue cycle processes (submitting accurate claims, documentation, prior authorization, etc.)
- Doulas contracting and individually enrolling with managed care organizations (MCO) are barriers to integrating the doula benefit into managed care in the next 3-5 years

The Legislature recognized the risk of some of the challenges above when they directed and funded the HCA to contract for the design and implementation plan for a doula hub. A doula hub is a connection place for doulas to receive support and resources to navigate these challenges, serve their clients, and sustain their practices. The D4A Coalition led a participatory, equity-driven process to create a design and implementation plan for the Washington State Doula Hub and Referral System, ensuring community voices have and will remain at the center of this transformative initiative.

¹ Nguyen, T. C., Donovan, E. E., & Wright, M. L. (2021). Doula Support Challenges and Coping Strategies during the COVID-19 Pandemic: Implications for Maternal Health Inequities. *Health Communication*, 37(12), 1496–1502. <https://doi-org.offcampus.lib.washington.edu/10.1080/10410236.2021.2012898>

The recommendation is for a doula hub in Washington State to initially be housed under the fiscal sponsorship of an already existing non-profit organization. The preferred governance structure is an advocacy board or council with paid membership.

The primary functions of the doula hub should be:

- Advocacy and systems change
- Helping doulas navigate the administrative processes for DOH doula certification, HCA ProviderOne enrollment, and MCO enrollment in the next 3–5 years
- Billing and claims support (i.e. revenue cycle)
- Workforce sustainability including doula-led training
- Facilitating referrals and successful connections between doulas and pregnant people

A doula referral system, operating under the same governance as the doula hub, would connect birth doulas, birthing families, and clinical providers to one another, facilitating culturally aligned and client-centered matches, and coordinating care across a complex system. The referral system should be supported by an electronic application and at least one employee coordinator.

The projected first year startup cost for both the doula hub and referral system is about \$1.2 million and the annual ongoing cost beginning in year two is about \$915,000.

The recommended funding model is appropriated legislative funding. A potential backup funding model would be philanthropy or other private funding. The functions of the doula hub and referral system would be of benefit now and should be in place prior to the integration of the Apple Health doula benefit into managed care no later than FY 2027.

Introduction

Birth doulas are trained, non-clinical professionals who provide emotional, physical, psychosocial, and informational support to pregnant, birthing, and post-pregnancy people and their families. A doula advocates for, and supports, the birthing person and their family in self-advocacy by helping them know their rights and make informed decisions. Doula services are provided during pregnancy, childbirth or end of pregnancy, and the postpartum period (the 12-month period after the last day of pregnancy). Birth doulas are not a replacement for a trained clinical perinatal provider but work collaboratively within the care team to help support positive patient outcomes.

There is strong evidence that doula care is associated with improved perinatal and infant outcomes. Improved outcomes include lower rates of medically unnecessary cesarean sections, premature deliveries, and other medical interventions, shorter lengths of labor, reduced anxiety and stress, and increased breastfeeding rates.²

Doulas are associated with higher patient satisfaction and a promising strategy to address racial and ethnic disparities in perinatal and infant health outcomes.³ March of Dimes also states that “additionally, doulas from within a birthing person’s cultural group can create safe spaces of understanding, emotional support, and respect that improve outcomes for both parents and their babies.”⁴

Over the last six years, birth workers in Washington State have been fighting to make Apple Health (Medicaid) coverage for doula support a reality. Through the anti-racist organizing efforts of the Doulas For All (D4A) Coalition, an Apple Health doula benefit was implemented January 1, 2025, and Washington State now has the highest maximum reimbursement rate in the country at \$3,500 per doula per client pregnancy. As of May 2025, 286 doulas have completed their Department of Health (DOH) state certification with over 90 applications pending.

A joint statewide recommendation allowing birth doulas to practice independently was signed and disseminated by DOH and HCA. With the legislative leadership of Senator T'wina Nobles (D-28), lawmakers also approved a \$200,000 budget allocation to develop a design and implementation plan for a “doula hub,” which will:

- Help doulas work within the complex Medicaid (Apple Health) system.

² Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163.

³ [Statewide Recommendation for Doula Services](#)

⁴ [March of Dimes Position Statement: Doulas and Birth Outcomes](#)

- Support family-centered and culturally congruent referrals to doula services for families on Apple Health.

The proposed recommendations for Washington's Statewide Doula Hub and Referral System prioritize functions of advocacy, enrollment support, billing and claims support, doula-led training, and workforce sustainability, with the intent of prioritizing families most at risk of adverse birth outcomes.

Legislative directive

In 2024, the Legislature directed HCA to contract with an external organization for participatory and equity-focused engagement with doulas and doula partners across Washington.

Surge Reproductive Justice (SRJ), which facilitates the D4A Coalition, was selected as the lead organization. SRJ has a history of working toward equitable access to health care in collaboration with community partners, with a goal of improving perinatal outcomes for multiracial communities. The D4A Coalition is a Queer, Trans, Black, Indigenous, and People of Color (QTBIPOC) led coalition of doulas, birth workers, and families. They are dedicated to ending the Black and Indigenous perinatal health crisis through organizing toward Medicaid reimbursements for birth doulas.

Under the contract agreement, SRJ as a facilitator of D4A is responsible for:

- Creating a design and implementation plan for a statewide doula hub and referral system.
- Drafting a report in partnership with the HCA.
- Summarizing the design and implementation plan.
- Outlining ongoing funding required to support the doula workforce and clients accessing doula services through Apple Health.
- Providing recommendations for both the doula hub and referral system.

This report describes the results of the following legislative directives to HCA during the 2025 fiscal year (SFY25), from July 1, 2024 through June 30, 2025, and satisfies the legislative reporting requirements in Engrossed Substitute Senate Bill 5950; Section 211(90). Under the legislative direction, the report will include, but not be limited to, prioritized recommendations on how to:

- Provide statewide professional and workforce development support for birth doulas.
- Increase statewide access to doula services to Apple Health birthing and postpartum people
- Assist doulas with DOH credentialing requirements.
- Assist doulas with Apple Health provider processes, including, but not limited to, support with:
 - ProviderOne enrollment with HCA.
 - Provider billing and claims submission processes.
 - Provider payment requirements.
 - Client eligibility support within ProviderOne.
 - Contracting with Apple Health managed care organizations.
- Establish communications with birthing people, families, birth workers, and health care providers seeking to connect with state-certified and Apple Health enrolled birth doulas through a statewide directory or referral system.

Status of Apple Health doula benefit

DOH State Certification: In October 2023, paper applications for voluntary birth doula certification through DOH were made available. In January 2024, an online application portal opened. Through the efforts of D4A volunteer doulas, in collaboration with DOH staff, biweekly enrollment support events began. By May 2025, there were 286 DOH-credentialed birth doulas, with 90 additional applications pending.

State Plan Amendment: In July 2024, HCA submitted a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to add birth doula services as an Apple Health benefit. On September 10, 2024, the State Plan Amendment was approved by CMS with the following birth doula services:

- Prenatal intake visit – one per pregnancy
- Labor and delivery support – as needed, may be billed once per pregnancy
- Comprehensive postpartum visit – one per pregnancy
- Additional prenatal and postpartum visits – limited to 20 hours

Joint Statewide Recommendation: In October 2024, HCA and DOH issued a joint [Statewide Recommendation for Doula Services](#). Clinical leaders from the two state agencies “...recommend that doula services be offered immediately to pregnant, birthing, and postpartum people in Washington until such time as they are determined no longer necessary. For the purposes of the Medicaid program this recommendation fulfills the federal requirements in 42 C.F.R. § 440.130(c) for a ‘physician or other licensed practitioner of the healing arts acting within the scope of [their] authorized practice under State law’ to provide a written recommendation for preventive services.”⁵

The statewide recommendation ensures doulas don’t need to secure an individual, client-specific recommendation or referral from a doctor or other qualified health care provider prior to delivering services. Doulas collaborate with the medical team but are not considered part of the medical hierarchy. This approach – the use of the statewide recommendation – ensures that birth doulas may operate autonomously without feeling pressured to follow a physician’s directives.

Billing Guide: The initial birth doula services billing guide was published by HCA on December 23, 2024, with a January 1, 2025, effective date. The billing guide provides information on client eligibility, covered and non-covered services, payment, billing information, and more. The associated fee schedule is also available to providers. (The current Birth Doula Services billing guide and the associated fee schedule is found under “B” on the [Provider billing guides and fee schedule](#) page on HCA’s website.)

Rulemaking: In response to Engrossed Substitute Senate Bill 5950, the HCA developed rules/WAC to outline how birth doulas can become enrolled as Apple Health providers and be reimbursed for providing covered services. HCA held a series of public facing meetings and participated heavily in D4A community cafes to gain collective input on the rules. Expected completion of HCA doula rulemaking is spring 2025.

⁵[Washington State Health Care Authority: State Recommendation Letter](#)

Design of the statewide doula hub and referral system

A “doula hub” is conceptualized as a connection place for doulas to receive necessary support and resources to best serve their clients and sustain their practices. Hubs can be incorporated as a for-profit, non-profit, or fiscally sponsored collective and traditionally serve as a go-between third-party agency for the doulas and HCA and/or MCO. Hubs can provide doulas with:

- Opportunities for advocacy
- Administrative enrollment support
- Health plan contracting
- Billing
- Reimbursement
- Mentorship
- Connection with clients

Doula hubs also help with other critical support like doula training and workforce sustainability, as well as create public awareness about the benefits of having a doula.

Doula hubs are a new concept, having only been implemented in Los Angeles County, CA, New York County, NY, and Rhode Island State.

D4A members and doula participants utilized local, state, and national community-based best practices as well as innovative participatory and equity-based engagement strategies to reach a consensus on the design recommendations and functions for the proposed Washington Statewide Doula Hub and Referral System.

Community-based best practices

D4A Floating Community Cafes are virtual community meetings open to all birth workers, featuring speakers from different regions in Washington State. They offer presentations on research related to separate components of a doula hub and provide a space for discussion where participants can share their perspectives on the topic of the night. D4A utilized local, state, and national expertise to enhance the Floating Community Cafes' community education components and build the acumen of D4A members who were engaged in the design process. Each of the experts below highlighted the state of birth work in their geographic locations, elevated the resources that they provide to support local doulas and families, and offered their expert guidance on potential functions of the statewide doula hub and referral system. The following highlights are the primary lessons learned from local, state, and national experts with implications for the design of the statewide doula hub. An in-depth overview of experts consulted, and lessons learned, which contributed to the final recommendations for the statewide doula hub and referral system are available in [Appendix C: Lessons Learned from Local, State, & National Experts](#).

Local experts

Primary lessons learned include:

- Rural counties such as Clark, Yakima, Spokane, Whatcom, Okanogan, and Grays Harbor have some of the largest number of children on Apple Health, but average 0–5 birth doulas per county.
- Clark County and Spokane are providing Black, Indigenous, and People of Color-led and owned doula training programs to cultivate the profession.
- A large perinatal services community-based organization (CBO) operating in King, Pierce, and Snohomish County has a well-utilized model for referrals and provider directory.
- Black doulas in Seattle/King County are interested in and investing in conflict/harm/accountability processes to maintain strong collaboration and relationships with doulas.
- Anti-racist and culturally congruent training are essential for hospital birth teams to better respond to medical racism and historic trauma BIPOC doulas and BIPOC birthing families are facing in the hospital setting.
- Opportunities to address burnout, grief, and secondary trauma are raised by doulas across the state.

Top implications for the doula hub include:

- Support and facilitate HCA provider enrollment to increase the number of birth doulas accepting Apple Health covered clients.
- Support small business development and DOH-approval for doula training programs.
- Collaborate with CBOs with already existing robust referral and directory systems to duplicate and expand through the statewide doula hub.
- Assist with and provide anti-racist, culturally congruent, and trauma-informed training opportunities for birth workers, hospitals, and CBOs.
- Provide access to local healing circles, continuing education opportunities, and peer mentorship to address doula burnout, grief, and secondary trauma.

State experts

Primary lessons learned include:

- HCA offers standardized resources for processes such as provider enrollment and billing in ProviderOne; however, HCA does not currently translate any provider-facing materials into languages other than English.
- Birth doulas are expected to adhere to health privacy law and HIPAA regulations when working with covered entities like HCA, hospitals, and birth centers.
- MCOs have “value-added benefits” that clients can be connected to during the 3–5 year “carve out” period for birth doulas. The carve out period is when the Apple Health doula benefit is paid directly by HCA and not paid via the MCOs, but all eligible clients on Apple Health have access to the same doula services and supports.
- MCOs have made direct investments to support the maternal health crisis in the past.

Top implications for the doula hub include:

- Language access for birth doula providers for the top 7 languages in Washington will need to be provided for HCA ProviderOne Enrollment support and other materials through the doula hub.
- Doulas, even as non-medical providers, still need access to birth worker-specific and accessible HIPAA compliance training and materials/guides. The doula hub can consolidate difficult legal documents into digestible guides with examples from birth worker experiences.
- MCO resources could possibly be steered towards the administrative functions of the statewide doula hub to increase access to doulas. Currently, there is strong interest from MCOs and doulas to increase doula access through a collaborative workgroup.

National experts

Primary lessons learned:

- Many states implementing the birth doula benefit were not able to provide billing support for doulas such as navigating claim rejections and appeals for claim denials.
- The Los Angeles County Medi-Cal doula hub warned that not having the resources or timeline necessary to implement the hub will impact the ability to do leadership development in the process of building the hub.
- Frontline Doulas, who were contracted to create the Los Angeles County Medi-Cal Doula Hub, have shared values and alignment with D4A on ending the Black and Indigenous Perinatal Health crisis.

Top implications for the doula hub:

- The statewide doula hub can help alleviate the administrative burden for independently credentialed doulas by providing billing and claims support.
- Advocates will have to consider that if the hub were to serve as a clearinghouse, each full-time billing administrator can serve an average of 30-35 doulas effectively.
- The doula hub may rely on multiple streams for funding outside of membership to become sustainable. Organizational sponsorship, merchandise sales, and paid training were strategies to support efforts for advocacy and workforce sustainability.

Participatory and equity-focused engagement

D4A Coalition is committed to ending the Black and Indigenous perinatal health crisis. Part of this work is a process of transitioning from a reliance on systems that are embedded in racism and inequity to bringing back community care to birth work. Doula care is strongest and most impactful when it comes from the communities being served.

Doulas from the coalition have taken key roles in organizing, facilitating, and creating opportunities for birth workers statewide to design the statewide doula hub and referral system. While designing the statewide doula hub and referral system, D4A is committed to the following best practices around participatory and equity-focused engagement:

- **Creating trauma-informed spaces** – D4A are committed to creating brave meeting spaces and using trauma-informed tools of healing and informed consent to make decisions. Creating brave spaces for birth workers to gather, have dialogue, and strategize around the doula profession

helps our base address the root causes of inequity in birth work and create solutions to these issues through our shared values.

- **Equitable distribution of resources** – D4A provides all individuals, families, communities, and coalition members with what they need to succeed. Resource allocation and support were provided to individuals, families, communities, and coalition members who were key informants and essential to prioritizing the recommendations for the doula hub and statewide referral system. Our outreach focused on independent, ancestral, and rural doulas of color who have historically received the least support to ensure they had no barriers to participating and shaping the future of the doula hub.
- **Practice-based evidence** – The coalition values the real experiences of practitioners, birthing individuals, families, and communities. Their experiences and outcomes will guide our decision-making and evaluations of effective strategies to sustain the doula workforce and implement effective delivery services to Apple Health clients. This work is a paradigm shift of moving from relying on systems embedded with racism to trusting and uplifting the expertise of the community. For this reason, the contract work emphasized seeking, incorporating, and uplifting expert community voices into meeting spaces, events, data collection, and decision making.
- **Centering intersectionality** – Using a bottom-up approach that pulls from the margins and lifts from the bottom. D4A understands that multiple systems of oppression simultaneously impact those in our community who have multiple marginalized identities. We determine priorities based on centralizing those at the intersection of multiple marginalized identities. Our advocacy, outreach, and community support are consistently accessible, inclusive, and center on communities farthest from opportunity and who experience systemic oppression simultaneously from multiple systems. This value is reflected through our BIPOC stipend program, honorariums for cultural artists and visual scribing, small contracts for D4A members who have completed the SRJ anti-oppression leadership training, and the centering of storytelling in all D4A meeting/decision making spaces.
- **Community-based and family autonomy** – The coalition's work is to support birthing individuals, doulas, families, community-based organizations, and coalition member's autonomy for birthing and parenting within their communities. We recognize they are experts in their lives and respect their right to identify their goals. We know uplifting community workers and voices is the best way to support community healing and development. Family engagement was promoted by providing gift cards for meal-time events, maintaining a child-welcoming virtual space, as well as childcare support at in-person events.
- **Collaborative consensus** – D4A believes that collaboration within the coalition is imperative to ensure we can move towards consensus. Collaborative consensus requires accessibility to the process and decision-making of the alliance and stakeholders. Dignity and respect are imperative to our relationships and the ability to collaborate as a coalition. All the work of the D4A Coalition is open and accessible to the public as our anti-racist principles ensure we move in a way that is accountable and accessible to our coalition and community.

Engagement strategies

Through these strategies, the D4A Coalition advanced a participatory, equity-driven approach to the design of the Washington State Doula Hub and Referral System, ensuring community voices remain at the

center of this transformative initiative. The following are the tactics used to design the statewide doula hub and referral system.

Floating Community Cafes: A “Floating” Community Cafe is a virtual space for the D4A Coalition to share the history of our legislative work, educate our doula network on the implementation plan for Medicaid reimbursement, and build a collective approach to design a statewide doula hub and referral system for birth doulas. This seven-part series with a new topic at each cafe was curated to be a space for community education that centers QTBIPOC families and birth workers who envision a world without a Black and Indigenous perinatal health crisis. Sessions were held on August 8 and 29, September 19, October 3 and 17, November 17, and December 5, 2024.

The Floating Community Cafés were co-hosted by birth doulas from different regions across Washington State. Each session addressed a specific component of the statewide Doula Hub and Referral System, creating opportunities for region-specific dialogue and solutions.

The cafes explored the following themes:

1. Visioning a Statewide Doula Hub, hosted by D4A
2. Enrollment and the MCOs, hosted by Fourth Plain Forward (FPF)
3. Billing, Claims, and HIPAA Requirements for the Statewide Hub, hosted by Spokane Tribal Network (STN)
4. Workforce Sustainability and Statewide Doula Hub, hosted by Black Birthworker Initiative (BBI)
5. Visioning a Statewide Referral System for Birth Doulas, hosted by Shades of Motherhood
6. Communications Between Birth Doulas, Families, and Other Providers, hosted by OA
7. Workforce Sustainability – Statewide Referral System, hosted by Doula Mariah, Moses Lake, WA

250 participants were engaged through the series of Floating Community Cafes. The cafes, combined with the D4A Doula Hub Survey, provided critical qualitative and quantitative information for D4A to consider in the design and implementation plan for the doula hub. A sample of the D4A Doula Hub Survey and Floating Community Café presentation can be found in [Appendix A](#) and [Appendix B](#), respectively.

D4A Doula Hub Survey: The D4A Doula Hub Survey is a seven-part online survey distributed to capture community and stakeholder input at the end of each Floating Community Cafe. Each survey section was prompted by a video recording of the Cafe, visuals notetaking by artist Ashanti Gardner, and questions that corresponded to the Cafe in case a participant could not attend but was still interested in participating in the process. Summary of input from surveys can be found in [Appendix D](#).

The survey garnered over 146 responses, offering insights into the needs, priorities, and expectations of birth doulas and families for a functional and equitable statewide system. Responses informed critical design elements of the hub and referral processes.

Each café and corresponding survey section created a trauma-informed, inclusive, collaborative space for doulas and stakeholders to discuss challenges, opportunities, and systems design through a regional lens. This process ensured a diversity of voices and experiences shaped statewide recommendations.

D4A Family Tours: Family Tours, in partnership with DOH’s Birth Equity Project (BEP), were a series of family-oriented events across Washington State open to the public in preparation for Medicaid reimbursement for doula services beginning in early 2025. These tours served as vital opportunities to:

- Educate birth workers and the public about accessing the new Apple Health benefit for birth doulas, participating in the design of the statewide doula hub and referral system, and how to support doulas in the 2025 legislative session.
- Provide education about birthing support options, including information on what doulas do and why a birthing person and their family may want and/or need a doula as a model for future outreach through the doula hub.
- Gather information on how to develop the doula workforce by talking to current and prospective doulas on why we need more doulas as well as understanding the training needs for aspiring doulas.
- Provide a space for local doulas to outreach on their services to potential clients as a potential function of the statewide referral system.

D4A co-hosted seven Family Tours with seven community partners across Washington State between April and October 2024. Partners and locations included Shades of Motherhood and the Spokane Tribal Network (Spokane), BLKBRY and Global Perinatal Services (Seattle/King County), Black Birthworkers Initiative (Tacoma), hi•duba! baʔas and First Step Family Support (Forks), Fourth Plain Forward (Vancouver/Portland), and Melanated Maternity Essentials (Burlington/Skagit County).

- An average of 150 people attended each event. Through in-person engagements, doulas, birth workers, and birthing families shared resources, provided direct input, shared challenges, and shaped the vision of the Washington Doula Hub and Referral System. Summary of input can be found in [Appendix D](#).
- Questions asked during registration included:
 - Name, address, phone number, and household size
 - Are you a doula or birth worker?
 - Are you familiar with the work of D4A for Medicaid Reimbursement in Washington State?
 - Are you a pregnant or birthing person?
 - Do you have a doula?
 - Are you looking to be connected to a doula today?

Birth Doula Enrollment Parties: Recognizing barriers to the application process for DOH's state birth doula certification and provider enrollment process for HCA, members of D4A began volunteering to host bi-weekly office hours in June 2024 for individual support and organized five Birth Doula Virtual Enrollment Parties, including one event held in both English and Spanish. These sessions hosted in-person and on Zoom provided real-time support for birth doulas seeking DOH birth doula state certification and pre-enrollment preparation for HCA provider enrollment. This effort was instrumental in preparing for Medicaid reimbursement to begin January 1, 2025. Forty individual doulas were supported through office hours, while 100 doulas attended enrollment parties.

As a part of the doula hub design process, doula enrollment parties continued, with support from three paid doulas, as a pilot to better understand the needs and future work of the doula hub. These parties ensured historically excluded doulas received the necessary tools and guidance to participate and be prepared to fully participate in ProviderOne enrollment for the Apple Health birth doula benefit. D4A observed and concluded that:

- Virtual support was preferred over in-person.

- Many requests came for language access for the top seven languages spoken in Washington State; the most requested language was Spanish translation and interpretation of both materials and peer support opportunities.
- Doulas preferred peer-to-peer support from another birth worker who understands the practice.
- Doulas wanted general presentations on the full spectrum of the application process including:
 - DOH state certification
 - Gathering required documentation to prepare for ProviderOne enrollment
 - Enrolling in ProviderOne
- D4A was able to understand the capacity (i.e. weekly hours, job assignments) needed to sustain support for enrollment processes.

D4A proposed recommendations

The following recommendations were agreed upon by D4A members at a statewide convening on the Doula Hub and Referral System on December 13, 2024. Final recommendations were made considering feedback from the seven D4A Floating Community Cafes, the D4A Doula Hub Survey, D4A Family Tours, enrollment parties, virtual site visits with other states, and Washington State-specific data on doula services and birth outcomes.

The top six core functions of the doula hub identified through the doula hub and design process are:

- Advocacy and systems change work
- Enrollment support – DOH certification and ProviderOne enrollment
- Billing and claims support
- Assistance with HIPAA compliance
- Workforce sustainability
- Facilitate referrals and successful connections between doulas and pregnant people

Washington Doula Hub: vision, structure, and function

Recommended incorporation style

Participants in the design process explored four different styles of incorporation:

- 501 (c)(3) non-profits
- Non-profit fiscal sponsorships
- For-profit corporations
- State-governed advisory boards

Creating a brand-new non-profit was perceived as requiring many staff and overall capacity, which would not allow the doula hub time to grow to scale. Doulas were also concerned federal legislation like [HR 9495: Stop Terror-Financing and Tax Penalties on American Hostages Act](#) might affect the organization's existence, powers and duties, tax-exempt status, or the deductibility of contributions to the organization, as opposed to merely affecting the scope of the organization's future activities. Reproductive justice-focused organizations with diversity, equity, and inclusion (DEI) are targeted for audits and defunding by the current federal administration and doulas are concerned the doula hub could be negatively impacted.

A for-profit organization was explored as a strategic idea, and it was noted many reproductive justice organizations are establishing LLCs to pivot if non-profit tax-exempt organizations are targeted for defunding in the future. Ultimately, the doulas decided against this model because of the time required to scale a new business.

Creating a state-governed advisory board (like the Washington State [Midwifery Advisory Committee](#) for licensed midwives) was viewed as losing the autonomy and trust within the doula community.

Final recommendation:

Washington doulas would like the statewide doula hub to be housed initially under the fiscal sponsorship of an existing non-profit. A fiscal sponsorship agreement or Memorandum of Understanding between the doula hub and the non-profit fiscal sponsor offers a way for an entity to build infrastructure and manage funding even when it is not yet recognized as tax-exempt under Internal Revenue Code Section 501(c)(3). In essence, the fiscal sponsor serves as the administrative "home" of the cause. After the hub is established, doulas want to consider a transition to a stand-alone non-profit or the addition of an LLC.

The preferred governance structure for the doula hub is an advocacy board or council with a paid-membership base.

Advocacy and systems change work

Coordination with Managed Care Organizations (MCO)

The Apple Health doula benefit has been implemented through HCA. The doula benefit will be "carved out" of managed care for three to five years, a decision approved by HCA leadership. The carve out will provide the time needed for the benefit to launch and for doulas to enroll in ProviderOne before individually enrolling in the five Apple Health MCOs. Currently, the MCOs are UnitedHealthcare, Molina Healthcare, Wellpoint, Community Health Plan of Washington, and Coordinated Care.

During this three-to-five-year period, D4A is hosting a monthly workgroup with representatives from all five MCOs who can commit to the following strategies:

Coordinate member care: MCOs can ensure covered members or beneficiaries are aware of the doula benefit and are actively referring clients to doulas and doula organizations accepting Apple Health. MCOs can also confirm birth doulas are informed about the value-added benefits available to clients and other managed care benefits (e.g., case management).

Phase out pilot programs: Participants in the Floating Community Cafes voiced doula pilot programs like The Doula Network (UnitedHealthcare) have caused confusion and disorganization in the doula community by offering an inequitable reimbursement rate for doulas enrolled in their pilots. It has also been unclear to many doulas there is a difference between the pilots and direct Medicaid reimbursement from the HCA. On January 1, 2025, the Apple Health birth doula benefit began, and subsequently the need for these pilots has changed and D4A has requested a discontinuation of doula pilots and like-programs operating outside of the Apple Health benefit structure.

Dispense community investment funds: All five MCOs are committed to developing innovative, community-led solutions to meet the most pressing health needs affecting people in Washington and utilize their community investment funds to support this work. While significant investments in large hospital systems are often made, doulas want support towards independent and ancestral doula practices as well as BIPOC community-based organizations. These small businesses are the most vulnerable to being pushed out of practice while BIPOC community-based organizations (CBOs), who have historically subsidized full spectrum doula services, will no longer be able to support direct doula services through

grants. These CBOs need continued support to pivot and assist birth doulas with continuing education, billing and claims management, and full spectrum doula services not covered by Medicaid (e.g. housekeeping, childcare).

Streamline enrollment processes: One of the most significant barriers⁶ to the success of Medicaid reimbursement for birth doulas is asking providers to navigate five different managed care credentialing processes to get approved and provide reimbursable services to Apple Health clients. D4A wants to use the carve out timeframe to work with MCOs to customize and streamline one enrollment process for all birth doulas so they can be supported by the statewide doula hub.

Coordination with Washington hospital systems

Encourage doula-friendly hospital systems: Doulas want a platform for accountability and mediation between them and hospital birth teams or other medical providers so a “doula-friendly” environment can be created for themselves and the birthing family. In a hospital setting, doula-friendly describes institutions that

“consistently demonstrate support of the doula’s role in its full scope and integrate doulas into the birthing team. Doula-friendliness is grounded in policies and practices that reflect an understanding of the benefits of doula care and actively create a space where patients, doulas, and clinicians collaborate to ensure the best birth outcomes and experience for the patient.”⁷

The D4A Coalition researched and met with staff from the New York Citywide initiative who implemented the first concept of a **Doula Friendliness Cohort**. Through their model the hospital and doula providers co-develop, communicate, share, and implement a clear doula policy that provides guidelines for doulas’ access to the hospital and participation in care, the laboring techniques supported by the hospital, and a bidirectional reporting system including a formal doula liaison to help address any emerging issues. The cohort model encourages medical professionals to have doulas as part of their birth team and make the hospital a comfortable environment for doulas and their clients. A cohort can take place over the course of 1–1.5 years. Milestones include an assessment of current practices, supportive training to supplement learning, quarterly gatherings to share experiences, build relationships, and create policy agreements.

The New York City model utilized public health departments as convenors of this process and providers of technical assistance. Hospitals provided staff time and contributed resources while community-based doulas were paid stipends for technical assistance, including participation and presentations.

Washington State doulas want to create a similar curriculum for a cohort of hospital-based medical birth team members and birth doulas that provides education on doulas and the benefit of having a doula as a valued member of the care team for medical professionals working in hospital systems. The model would be like cohorts based in New York City, but instead of engaging one hospital at a time, doulas would prefer to invite a variety of hospitals to participate in a cohort. The D4A Coalition would serve as the

⁶[Medi-Cal Sign On Letter](#)

⁷ [Senate Bill S7780A](#), 2023–2024 legislative session

convenors of the cohort and be open to working with the Health Care Authority as co-convenors of a pilot program.

Enrollment support

State certification application with DOH: Voluntary competency-based credentialing is required for all birth doulas to enroll as Apple Health providers. D4A has been heavily involved in curating and lowering barriers to state certification, such as the application fee waiver in place until June 30, 2025. Currently, D4A members are working collaboratively with DOH to support birth doulas with a focus on those who are independent and BIPOC, through virtual and in-person, bi-weekly enrollment parties, and one-on-one office hours. The enrollment parties offer education and hands-on assistance with the DOH birth doula credentialing process.

Apple Health enrollment in ProviderOne: ProviderOne is Washington's online portal to enroll as an Apple Health provider with HCA. ProviderOne is used to receive and pay Apple Health claims including claims for birth doula services. The birth doula benefit is anticipated to be carved out of managed care for the first three to five years after implementation. During this time frame, all birth doulas enrolled with Apple Health will utilize the ProviderOne system to submit claims and receive Medicaid reimbursement.

Through the design process, very few doulas expressed confidence in navigating ProviderOne enrollment without assistance. The current directions on the HCA website were confusing to doulas, creating a barrier for doula enrollment. Doulas voiced concern about "limited technology, education, and awareness in rural areas," plus "a complete lack of language access" for doulas. A lack of language access also means a lack of continuity in enrollment because DOH provides translated applications for birth doula state certification. English-only provider enrollment materials results in a birth doula benefit which is inequitable and inaccessible to non-English speaking doulas and the families they represent. The financial and time-related burden of having to obtain a business license was named as a barrier for independent doulas and low-income doulas newly entering the practice.

Currently, the ProviderOne enrollment process cannot be customized to fit the needs of each health care profession. The primary resources available are the ProviderOne User Manual (includes directions), the FAQs, and the directions (via PowerPoint slides).

Final recommendation:

The doula hub will continue to host bi-weekly enrollment parties for both DOH certification and HCA provider enrollment for individuals and organizations by offering one-on-one office hours, virtually and in-person.

D4A recommends that the doula hub be responsible for developing doula-specific resources such as a video guide, a one-pager step-by-step instructions, and translation and interpretation services for ProviderOne enrollment support.

Assistance with HIPAA compliance

HIPAA compliance: Only 30 percent of doulas who participated in the design process said they feel confident maintaining HIPAA compliance when providing services to Apple Health clients. Most birth workers feel the following would improve understanding and reduce the risk of privacy violations:

- Education on HIPAA compliance
- Access to one-on-one support
- Discounted access to HIPAA-compliant software
- Legal consultation

Final recommendation:

The doula hub will provide access to HIPAA-compliant software tools at an affordable cost to doulas to simplify billing, automate claims, and track payment.

The hub to initially employ one full-time employee (FTE) to create guidance materials like easy-to-follow HIPAA compliance, step-by-step guides, and other resources to ensure doulas meet all legal requirements when managing client records, client communication, billing, claims; to create, coordinate, and facilitate a doula-specific HIPAA compliance training with members of D4A; and provide general troubleshooting support for HIPAA compliance software.

Doulas request the doula hub provides real-time access to a legal expert for consultation on HIPAA and other compliance-related questions. If funding allows, doulas would like to have an agreement with a health care attorney for a bi-monthly consultation for three hours at low/reduced cost to members. The average cost of HIPAA legal advice is \$300 per hour.

Billing and claims support

Billing and claims: The overwhelming majority of doulas do not feel confident with Apple Health billing and claims. The doulas would like the doula hub to support billing and claims with the following recommendation.

Final recommendation:

Doulas would like the hub to develop training about how to submit initial Medicaid claims and resubmit denied claims. The hub should provide training in video format on the terminology of Apple Health programs, billing, and claims.

The doulas would like the hub to create and maintain virtual presentations with updates on new or changing requirements for the billing guide and processes.

Doulas believe the hub should create a series of one-page documents to explain the billing and claims process, in the form of quick, accessible fact sheets.

The doula would like the hub to provide a peer support team to offer general education on the billing process and support fellow doulas. The hub's peer support team would consist of three to four individuals who operate a dedicated support line for Medicaid billing and claims questions.

The doula hub and referral system can support access to charting and billing software through a paid membership model. Doulas prefer using a combination of either Practice Better or Practice Fusion with a HIPAA-compliant Zoom account to communicate with clients, families, and other providers securely, maintain client records, and manage billing and claims support.

Workforce development/sustainability

The legislative directive leading to this report required recommendations on how to provide statewide professional and workforce development support for birth doulas. D4A is shifting the language from "workforce development" to "workforce sustainability," which focuses on what doulas need to sustain themselves individually and as a business despite historic oppression around them.

- **Sustainability for individual doulas:** Doulas want to see the doula hub and referral system arrange and provide peer support groups addressing topics such as mental health, secondary trauma, and burnout. Doulas have requested the doula hub meetings be accessible to doulas outside of the I-5 corridor, and provide access to information sharing through videos, closed captioning, language access, and various learning styles.
- **Sustainability for doula practices:** Doulas want to see the hub prioritize investment in training and education workshops that will help them manage their small businesses. Workshops provided through the doula hub would be developed and piloted by a community-based doula consultant. Doulas specifically requested technical assistance with:
 - Business licensing and compliance – understanding the necessary licenses, certifications, and steps to operate legally in Washington.
 - Finances and budgeting – creating realistic financial projections, managing records, and planning for tax obligations.
 - Goal setting – setting clear personal and professional milestones to move forward with a doula business in confidence.
 - Marketing and branding – building a strong brand presence and developing a marketing plan that attracts eligible clients.
- **Sustainability for doula profession:** Doulas have identified key priorities to ensure the sustainability of the profession, including access to essential benefits such as a living wage, maternity leave, health care coverage, mental health support, and peer support networks for education and community building. The doula hub would provide continuing education opportunities on topics such as culturally congruent care and an abolitionist approach to mandatory reporting to support the doula profession.

Most doulas only last an average of two years before having to leave the profession.⁸ During Floating Community Cafes and the D4A Doula Hub Survey, Washington doulas identified burnout, lack of peer mentorship, limited access to culturally congruent training, and lack of experience maintaining a small business as the main barriers to remaining in practice. During the design process, doulas explored ideas of what is genuinely needed to sustain the health and well-being of doulas, their practices, and the profession overall. The recommendations are as follows:

Peer support models

Wisdom/elder/accountability council: D4A and doulas participating in the design process highlighted the need for a resource within the doula community to support doulas who have conflict with themselves, another birth worker, or have encountered barriers when working with clients or medical providers. Many participants recommended the doula hub facilitate an accountability council of three to five individuals trusted by the doula community, including two-thirds from marginalized communities, serving in time-limited roles.

Grief circle practice: Doulas, as birth workers who regularly navigate medical racism, support clients with pregnancy loss, complications, and experience secondary trauma in a helping profession want the doula hub to establish a regular grief and loss circle facilitated by Neshia Alaovae from A Thoughtful Death who specializes in end-of-life care, death education, and culturally grounded grief support. The doula hub would host bi-monthly circles at a cost of about \$250 per session.

Business development

“The Business of Birth” training: Individual doula practices serve as small businesses in Washington State and require support for foundational business development practices. Birth doulas serving clients through Apple Health must apply for a National Provider Identification (NPI) number and obtain a business license. Navigating professional liability insurance and taxes is also a function of running a business but support is outside of the scope of help offered by HCA. For the above reasons, doulas report it is necessary to have a foundational training called “The Business of Birth” offered by the statewide doula hub. This training will cover the basics of establishing and maintaining a business, how to apply for an NPI, how to obtain a business license, tax preparation, and how to choose liability insurance coverage.

⁸[Women's Bureau US Dept of Labor Issue Brief: Expanding And Diversifying The Doula Workforce: Challenges And Opportunities Of Increasing Insurance Coverage](#)

Continuing education

Culturally congruent care training: Doulas want to partner with DOH to develop a doula specific training on culturally congruent care that will support the credentialing requirement. This training would be offered as a part of the offerings of a statewide doula hub in the future.

Mandatory reporting training: Mandatory reporting is not required through the Department of Health and Health Systems Quality Assurance (HSQA), but it is required by many other agencies birth doulas may encounter as a provider. Doulas want the doula hub to vet a new training being offered by DOH that features an approach to mandatory reporting training through an abolitionist lens. Doulas will decide if they want to use this model as an offering of the doula hub or if they want the D4A Coalition members to create their own training.

Statewide Referral System: vision, structure, and function

Participants in the design process explored the ideas of communication in multiple contexts: from doula to doula; from doula to birthing family; and from doula to medical provider and other members of the clinical care team.

Doula-to-doula

Doula-to-doula communication is both relational and based on locality. Very few doulas use shared community resource lists to reach fellow doulas. Most doulas connect with other doulas through common training and social media groups such as Instagram, TikTok, and Facebook. Generally, doulas only refer to three or four doulas they personally know.

Doula-to-birthing family

Birthing families are connected to doulas through online directories, birth-centered community events (i.e., community baby showers), or word of mouth. Doulas report using software programs such as Jane App, Spruce, Highlevel, Ring Central, Doulado, Practice Better, Practice Fusion, Signal, and WhatsApp to communicate with clients. Doulas envision a directory of active birth doulas easily updated by individual providers and allowing for customizable profiles. Birthing families could use the directory to select doulas based upon demographics, geography, specialties, contact response time, and culturally congruent care. Doulas valued the ability to connect with their clients directly after referral and wanted to use technology that is accurate, private, consistent, and easy to use.

Doula-to-medical provider or other members of the clinical team

Doulas stated medical providers are the hardest to communicate with because hospital and broader health care systems lack support of doulas as a part of the birth team. Hospital-based birth teams or medical providers commonly reach out via telephone to larger organizations such as Open Arms, Global Perinatal Services, in-house doula programs, or a few independent doulas with whom they have had a working relationship. Independent doulas, BIPOC and ancestral doulas, as well as smaller BIPOC

community-based organizations, are often left out of these informal networks, which serves as a loss to families looking for culturally congruent care.

Directory

Directory on Airtable: Doulas support the idea of establishing a D4A directory under the [Airtable](#) application, where various customizable filters are available.

The filters of highest importance include the following:

- Race
- Culture
- Ancestral practices
- Immigrant and refugee
- Languages spoken
- Religion
- Physical location by region (i.e.: Western Washington, Eastern Washington, and Tribal communities)
- Disability access
- Average response time
- Prior experience with abortion, IVF, multiple births, teen pregnancy, miscarriage/infant death, incarceration, homelessness, and community-based birth
- Specialization in postpartum depression, LGBTQIA+ birthing parents
- Accepting Apple Health and other insurers.

Doulas valued including a client review function on individual doula profiles for transparency and accountability around how families are being served.

Referral system

Referral intake system and coordinator: Doulas desire at least one designated FTE of the statewide doula hub to serve as an intake coordinator. The following duties would be the responsibility of the coordinator:

- Support the intake of new clients and distribution of referrals
- Provide outreach and awareness about doula services providing information to providers and families about what a doula is, what services they offer, and the benefits of having a doula as part of the birth team.

Software: Through the D4A Doula Hub Survey, doulas shared they are commonly using software programs such as Spruce, Highlevel, Ring Central, Doulado, Practice Better, Practice Fusion, Signal, and WhatsApp to communicate with clients.

Statewide Directory and Referral System Recommendations:

Doulas considered whether the statewide referral system should operate as a stand-alone entity or be housed under the governance of the doula hub. Doulas ultimately preferred the referral system to operate under the same structure and governance as the doula hub. The referral functions of the doula hub must include a Doula Directory and a Referral system.

Doulas recommend the doula hub invest in an annual subscription for the application to populate profiles and use the data to create a GIS mapping system that can be embedded into a future website, like [Frontline Doulas Los Angeles Medi-Cal Doula Hub](#) in California.

Doulas agreed that JaneApp was the HIPAA-compliant application with the most overlap in client communication, record keeping, and billing and claims support.

Resources needed for implementation of doula hub and referral system

The following funding model shows Year 1 start-up costs for the statewide doula hub and referral system, and projects the ongoing annual budget for the program. The recommended funding model is appropriated Legislative funding. A potential backup funding model would be philanthropy or other private funding. The functions of the doula hub and referral system would be of benefit now and should be in place prior to the integration of the Apple Health doula benefit into managed care no later than FY2027.

Doula Hub and Referral System annual projected budget

Table 1: Personnel and salaries

| Budget Line Items | % FTE | Initial Funding Request (Year 1) | Ongoing Funding Request (Annual) |
|---------------------------------|-------|----------------------------------|----------------------------------|
| Birth Justice Navigator | 50% | \$40,000 | \$40,000 |
| Birth Justice Navigator | 50% | \$40,000 | \$40,000 |
| Birth Justice Navigator | 50% | \$40,000 | \$40,000 |
| Billing & Claims Navigator | 100% | \$80,000 | \$80,000 |
| MSW/MPH Research Internship | 50% | \$40,000 | \$40,000 |
| DOH Credentialing Coordinator | 50% | \$40,000 | \$40,000 |
| HCA Enrollment Coordinator | 50% | \$40,000 | \$40,000 |
| HIPAA Coordinator | 50% | \$40,000 | \$40,000 |
| Referral Intake Coordinator | 100% | \$80,000 | \$80,000 |
| Total personnel/salaries | | \$440,000 | \$440,000 |

Table 2: Contractor/temporary help costs

| Budget line items | Initial Funding Request (Year 1) | Ongoing Funding Request (Annual) |
|---|----------------------------------|----------------------------------|
| Continuing Education Workshop Contractor(s) | \$24,000 | \$12,000 |
| Business Development Workshop Contractor | \$24,000 | \$12,000 |
| HIPAA Legal Consultant (Retainer Fee) | \$21,600 | \$21,600 |
| Grief Circle Practitioner/Contractor | \$24,000 | \$12,000 |

| | | |
|--|------------------|-----------------|
| Capacity Building Consultant | \$50,000 | \$0 |
| Harms Systems Design Coaching | \$10,000 | \$0 |
| Total contractor/temporary help costs | \$153,600 | \$57,600 |

Table 3: Project/program costs

| Line item | Initial Funding Request (Year 1) | Ongoing Funding Request (Annual) |
|--|-------------------------------------|-------------------------------------|
| BIPOC Stipend Program | \$240,000 | \$120,000 |
| Workshops, Training and Cont. Education | \$100,000 | \$100,000 |
| Doula –Friendly Hospital Cohort | \$50,000 | \$30,000 |
| Elder/Accountability Council | \$34,500 | \$34,500 |
| Website/Social Media Maintenance | \$10,000 | \$10,000 |
| Software: Jane App | \$100,000 | \$100,000 |
| Software: ClaimMD | \$300 | \$300 |
| Subscriptions: Airtable, Canva, Gsuite, Etc. | \$5,000 | \$5,000 |
| Total additional program costs | \$539,800 | \$399,800 |

Table 4: Total expenses

| | Initial Funding Request (Year 1) | Ongoing Funding Request (Annual) |
|--|-------------------------------------|-------------------------------------|
| Fiscal Sponsorship Fee (12%) | \$136,008 | \$107,688 |
| Total expenses (tables 1+2+3 totals) + 12% fiscal sponsorship fee⁹ | \$1,269,408 | \$1,005,088 |

⁹ If funded, components of the Washington State doula hub and referral system will be eligible for federal Medicaid matching funds and will be subject to CMS approval. Match rates vary depending on the activity or service provided, our best preliminary estimate is that federal match would be allowable on at least 20% of the total costs.

Conclusion

Creating the Washington statewide doula hub and referral system is a critical step toward growing and sustaining a doula workforce essential to improving health outcomes and providing culturally responsive care for birthing individuals. Birth doulas, particularly independent doulas and those from BIPOC communities, face significant barriers to accessing:

- Resources for advocacy
- Enrollment support
- HIPAA-compliant software and legal consultations
- Assistance with billing and claims
- Continuing education
- Peer-support networks
- Business development
- Self-sustaining practices

These challenges have been well-documented and affirmed by birth workers around the country working to end the perinatal health crisis by increasing access to birth doulas through Medicaid reimbursement.

SRJ and D4A Coalition have taken the best practices and lessons learned from local, state, and national experts to design the following recommendations for Washington's doula hub and referral system.

Statewide Doula Hub Recommendations

- Structure and Governance
 - Organizational Capacity Building
- Doula Leadership Council/Transition Team
 - Paid Membership Base
- Advocacy
 - MCO Coordination
 - Monthly meetings with doula hub and referral organization
 - Hospital Coordination
 - Doula Friendliness Cohort Model
- Enrollment Support
 - State Certification – DOH: credentialing parties, office hours, language access
 - ProviderOne – HCA: enrollment parties, office hours
 - Peer-Support Training
 - Materials: translated guides for individuals and organizations, slide deck presentations
- Assistance with HIPAA Compliance
 - Full-time Employee (materials, training, technical assistance)
 - Legal Expert Consultation (Real-time)
 - Software: Jane App Group Subscription
- Billing and Claims Support
 - Software: ClaimMD Clearinghouse Group Subscription
 - Materials: written guide
 - Tools: video, trainings – translation virtual presentations for updates

- Three-to-four-person peer support team
- Workforce Sustainability: recruiting and sustaining doula workforce
 - Business of Birth
 - Insurance, taxes, NPI, business license
 - Peer Support and Mentorship
 - Establishing a regular grief group
 - Implementing somatic techniques for processing intense emotions
 - Creating opportunities for community building and engagement
 - Wisdom/Elder Accountability Council
 - Continuing Education
 - Develop a *Culturally Congruent Care* training
 - Co-develop and/or vet a birth worker specific *Mandatory Reporting* training
 - Doula Referral System
 - Directory: Airtable
 - Referral Intake System
 - Referral System Coordinator

Capacity building: Doulas have also requested organizational development and capacity building support for the organization established to manage the doula hub and referral system planning.

Alternative funding plan: As part of this development, doulas want to implement equitable giving circles, seek philanthropic grants, and leverage funding investments from MCOs as part of an alternative funding plan to support the statewide doula hub and referral system. Doulas want to make sure the core of their organization maintains a decolonized community-directed policy/advocacy strategy.

The proposed model is sustainable, replicable, and positioned to transform the landscape of maternal health by prioritizing equity, access, and workforce sustainability. Supporting the doula hub and referral system means building a future where culturally responsive care is the norm, health outcomes are improved, and the doula workforce thrives as a pillar of community health and economic resilience.

Sample [D4A Doula Hub Survey](#), Section1, Pages 1-4 of 62, that was utilized to gather information, formulate, and finalize recommendations for the Washington State doula hub and referral system.

5. If other, please write in how you identify.

6. Do you identify as Black, Indigenous or Person of Color? *


Check all that apply.

☐ Black
☐ Indigenous
☐ Person of Color
☐ I do not identify as BIPOC

Watch the recording:
<https://us02web.zoom.us/j/8461110mwy4duktu9nBPwH7fSVVvTfEYBnYJkI6hS-S5bJr4OAAStUeMwySSilL8bnakiOL2mqM1t3PyZj>
Passcode: #@R628bh

Slides: https://docs.google.com/presentation/d/1DnNlqUL6kc5GwwF4YTt8HSZN-Xa7f5editlslideid.g30817833cch9_0_0

*This section will take 6-10 minutes to complete



The survey will start with the first community cafe section each time you open the survey. We have all of your responses saved, if you would like to add more to sections you have previously completed you can do so and it will not replace your previous answers.

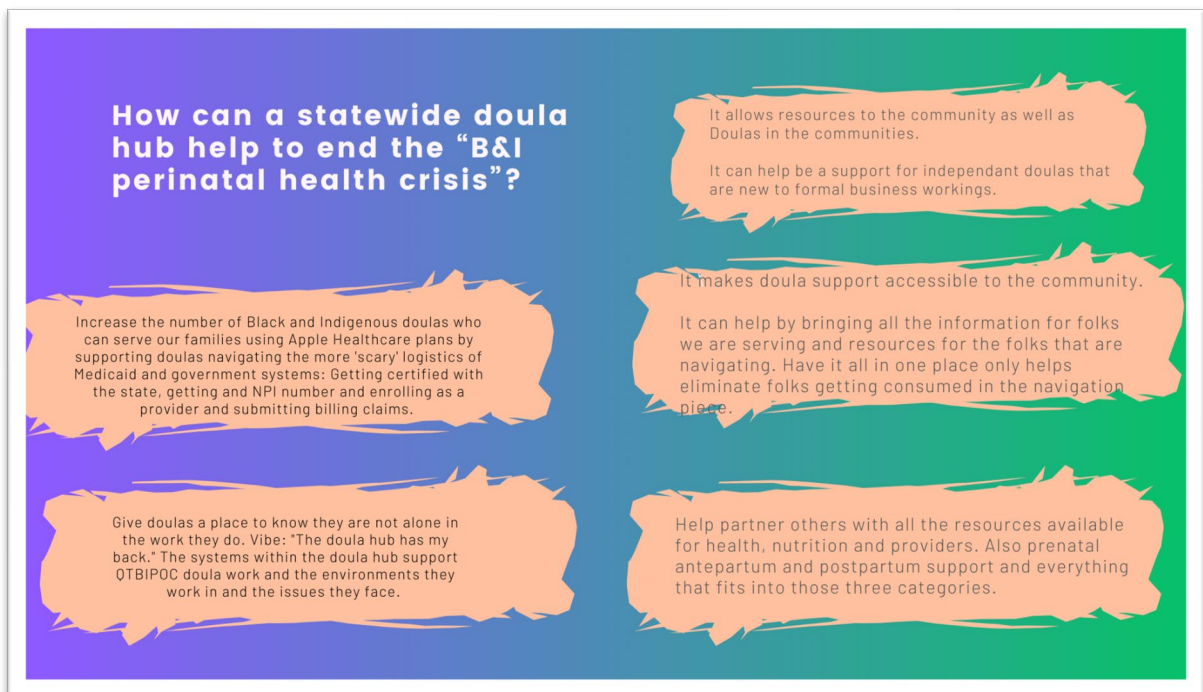
If you have completed any or all of the previous community cafe survey section. Scroll down to the bottom and hit next until you get to the section you have not completed.

Community Cafe #1 Vision and Function

Move to the next page if you have already completed the survey questions for Cafe #1.

Appendix B: D4A Floating Community Café Presentations (sample)

Sample slides from Floating Community Café #1: Vision, Function & Structure of a Statewide Doula Hub.
(Visual Art of Floating Community Cafes) ([All Floating Community Cafe Summary Slides](#))



What structure do you prefer?

Comments...

"It needs to be a state program that is operated by contracted doulas in the community. If it is a non-profit or a for-profit, it is controlled by a group and could result in excluding others. Additionally, having a fiscal sponsor, there is a risk of that sponsor closing but also the funding would go to them first."

There would need to be a lot of communication with the state and MOU's out in place before that happening. There are options and there needs to be conversations on it first."

"i def don't think a state program is the right fit. And I'm not really sure what a non-profit fiscal sponsor could look like right now."

22

NON-PROFIT

61

NON-PROFIT
FISCAL
SPONSOR

2

FOR-PROFIT

13

STATE
PROGRAM

2- "I don't know"

MEDICAID REIMBURSEMENT FOR WA BIRTH DOULAS VISION, FUNCTION & STRUCTURE FOR STATEWIDE DOULA HUB

OVER PAST TWO YEARS
CREATED DOULA CERTIFICATION
PATHWAYS

FEE WAIVER FOR DOULAS UNTIL 2030
FOR SERVICES THEY PROVIDE

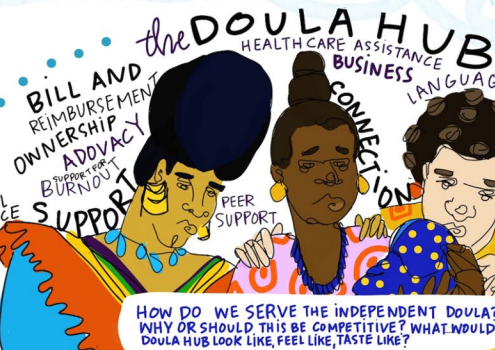
SPOTLIGHT ON
BIRTH WORK IN WA.

- ASIAN: HIGHEST RISK OF GESTATIONAL DIABETES
- BLACK & INDIGENOUS: HIGHEST RISK OF GESTATIONAL HYPERTENSION

DOULAS:

- 13% SOME TWO OR MORE LANGUAGES
- 70% REPORTED USING PUBLIC ASSISTANCE AT SOME POINT
- DOULA CARE SEEN INCREASE IN INFANT NUTRITION AND ALSO INCREASE IN CAR SEAT USAGE

ANTI-RACIST TRAINING



OUR VISION

WHAT FUNCTIONS WOULD YOU LIKE TO SEE IN THE STATEWIDE DOULA HUB?

INSURANCE/BILLING · COMMUNITY BUILDING EVENT · OPTIONS NEEDED FOR PROBONO SERVICES · INFO GRAPHICS · THE STORY MUTUAL AIDS · TRAINING · FOOD TRAINS · MENTORSHIP · MULTIPLE LANGUAGE OPTIONS · SUPPORT WITH CHILDCARE · BASIC INCOME FOR NEW DOULAS · EMERGENCY FUNDING · ONLINE WORKSHOPS

WHAT DOES THE HUB LOOK, TASTE, FEEL, & SMELL LIKE?

GETTING MONEY · LEMON GRASS AND SAGE · BACK FROM MEDICAID FOR REIMBURSEMENT · COLORFUL · COLLABORATION · WARM · REFERRAL · CDD · CHANDELIER · SWEET TEA AND COOKIES

ORGANIZATIONAL STRUCTURES:
HOW CAN EACH STRUCTURE HELP OR HURT US?

- NON-PROFIT: HIERARCHICAL, SILENT, CAPITALISTIC
- FOR PROFIT: RUNS LIKE A BUSINESS
- FISCAL SPONSOR: OUT OF GOODNESS OF HEART
- STATE SPONSORSHIP: FREQUENTLY, MORE RED TAPE

HOW DO WE SERVE THE INDEPENDENT DOULA?
WHY OR SHOULD THIS BE COMPETITIVE? WHAT WOULD A DOULA HUB LOOK LIKE, FEEL LIKE, TASTE LIKE?

Appendix C: Lessons Learned: Local, State and National Experts

An in-depth overview of the experts consulted and lessons learned, which contributed to the final recommendations for the statewide doula hub and referral system.

Local Experts

Fourth Plain Forward (FPF) of Southwest Washington (SW WA)

Lessons Learned:

- Demographics and need of birth workers for birthing families in SW Washington¹⁰
 - 38% of birthing families on Apple Health with 80% of this population being Pacific Islander
 - 29% of birthing people do not receive adequate perinatal care. Of the 29%, 56% are Pacific Islander
- FPF created a doula training program with Clark County Public Health. Ten doulas have been recruited for the first cohort with a large waiting list. The participating doulas matched the areas demographics with four identifying as Pacific Islander, three Indigenous, two Hispanic, and one Black. FPF is ensuring the curriculum is developed comprehensively to address health disparities for birthing parents.
- Epidemiologist Yamina researches and provides data to support the doula program at Clark County Public Health.
- SW WA doulas are collaborating with Community Doula Alliance (CDA), a Black women-led doula program and doula training organization in Portland that supports Black, Indigenous, Latine, Asian, and unrepresented doulas, providing culturally appropriate care and empowering communities.

Implications for the Doula Hub:

- FPF has developed a Washington-based BIPOC-led training program closely aligned with the core competencies D4A has created for approved training programs. Once confirmed by DOH as an approved training program, the doula hub will promote this program as a model of anti-racist, culturally congruent curriculum.
- Clark County is dealing with maternal health services being discontinued from local hospitals and clinics. The county needs an expanded base of independent birth doulas to service birthing families. The doula hub creates an opportunity for recently trained doulas in Southwest Washington to be represented in statewide advocacy efforts and ensures Apple Health eligible birthing families have access to independent birth doulas.

¹⁰ [Birth Keepers pilot training program presentation](#)

- Asian Pacific Islander communities and folks served from the Cowlitz Tribal Health Services are most impacted and would be important to center in future partnership opportunities for community education on the Apple Health doula benefit.
- The experts reinforce that the core function of the referral system should be to connect client/family with a culturally congruent and desired doula.

Spokane Tribal Network (STN)

Lessons Learned:

- helmxitp Indigenous Birth Justice (IBJ) works to reclaim Indigenous birth spaces and rites of passage
- Birth keepers have started a doula program cohort that supports Indigenous doulas and birthing people in Spokane and surrounding areas.
- Teachings focus on cultural practices and traditions, food and plant medicine, building and creating a community to support the health and growth of their children, and continuing education for independent health workers.

Implications for the Doula Hub:

- IBJ has a Washington-based BIPOC-led training program that is closely aligned with the core competencies D4A has created for approved training programs. Once confirmed by DOH as an approved training program, the doula hub will be able to promote this program as a model of anti-racist, culturally congruent curriculum.
- The IBJ training program engages most Indigenous birth keepers across the state and would be important to center in future partnership opportunities for community education on the Apple Health doula benefit.
- Culturally congruent care standards will be an essential component of the peer training and support, mentorship offered by the doula hub. Promotion of BIPOC-led culturally congruent continuing education and care standards from the doula hub will protect BIPOC communities from cultural appropriation in service delivery.

Black Birthworker Initiative (BBI)

Lessons Learned:

- BBI shared their process of creating their community-based business from seed to implementation, which showcased how to grow a doula business from causal farming to sustainability and policy in birth work and community needs.
- BBI has essential resources in an herbal clinic and consultation initiative from herbs grown at Hilltop Urban Garden (HUG).
- The initiative aims to teach and support 15 Black birth workers growing culturally relevant medicinal crops to use in the four herbal clinics planned in partnership with HUG for 2024. The Tacoma Pierce County Health Department (TPCHD) and the TPCHD Black Infant Team support this partnership.

Implications for the Doula Hub:

- Peer learning opportunities in the hub would provide connection points for doulas looking to share resources such as gardening and birth-related herbalism practice.
- Pierce County birth workers are consolidating and growing the profession through experiential learning.

Open Arms (OA) Perinatal Services

Lessons Learned:

- OA Perinatal Services provides lactation services, birth services, doula services, community education, family support services, and a referral system. OA presented and explained their intake form and the process of matching doulas with birthing parents, including assessing support services, referral of services, and children's needs such as diapers.
- Grievance process: Rokea shared about the accountability council Black Mamas Collective is working on to process conflict and harm should it come up within the doula profession in Washington.

Implications for the Doula Hub:

- Community-based organizations, like OA, have successful models for county-based referral systems. The doula hub can utilize this model by investing in an on-line directory and hiring at least one full-time employee to provide support for a telephone and online intake assistance to better connect clients to doulas.
- Black doulas in the Seattle King County area are interested in and investing in conflict/harm/accountability processes to maintain strong collaboration and relationships between doulas. A recommendation for the doula hub is to convene an elder/wisdom council structure utilizing conflict resolution practices and creating opportunities for mentorship.

Shades of Motherhood Network

Lessons Learned:

- Shades of Motherhood shared an overview of their work in Spokane and the projects they are working on, such as peer support, wellness and food programs, doulas and lactation services, and advocacy.
- Food program: Through their partnership with Four Roots, they offer weekly delivery of nutritional food boxes to mothers in need.
- Call to action: To uplift and build community and grassroots organizing to support communities, doulas, and families in need.
- Spokane doulas are excluded from a lot of funding/funder opportunities and struggle with overtly being left out of the medical team at hospital births. They want to work towards a statewide strategy to encourage better hospital collaboration to promote better service for their clients and a doula-friendly environment for their doulas.

Implications for the Doula Hub:

- Wrap around social services are often needed for clients and doulas who don't have access to the value-added benefits (e.g. wellness programs, transportation to appointments, and resources for non-medical needs) that MCOs provide unless they resource them as a collective. The doula hub's recommendation for advocacy and systems change works includes creating a collaborative space with MCOs to ensure more birthing families enrolled in Apple Health will have access to these benefits.
- The obstacles shared by Shades of Motherhood and corroborated by doula participants state, reinforce the doula hub's recommendation for advocacy and systems change also includes establishing a doula friendliness cohort for hospital-based birth teams to better integrate doulas, drive collaboration that supports all doulas/families, reporting and intervention processes for doula mistreatment, discrimination, etc.

Doulas from Moses Lake, WA

Lessons Learned:

- Mariah shared the need for more resources and birth workers in Central Washington and Moses Lake.
- Mariah shared the need to educate families and birthing people in rural areas about what a doula is, its importance, and its benefits to their outcomes in birth and postpartum healing.

Implications for the Doula Hub:

- Rural areas average less than 5 doulas per county. The doula hub would be a resource for networking with other local doulas and prospective doulas.
- Anti-racist training is essential for hospital birth teams to better respond to the medical racism and historic trauma BIPOC doulas and BIPOC birthing families are facing in the hospital setting. Providing doula-led training through the doula hub is an opportunity for broad education and awareness opportunity.

Inner Light Holistic and Perinatal Consulting

Lesson Learned:

- "Mama" Shaconna shared the importance of mentorships and the journey of sustainability, which includes focusing on the whole person, not just the experience or the profession. She taught the group about the importance of and guiding principles of self-care in the sustainability of the doula profession.

Implications for the Doula Hub:

- Peer mentoring is not just important for maintaining the doula workforce, but prevents doula burnout by providing support, reflective practice, and collective action.
- Continuing education must also address "doula-ing the doula".

A Thoughtful Death

Lessons Learned:

- Nesha, the death doula and mental health therapist, collaboratively shared valuable insights on coping with grief and trauma, which many birth doulas are experiencing.

Implications for the Doula Hub:

- Nesha demonstrated what a support group experience within the doula hub might entail, offering the doulas a deeper understanding of how such settings can foster healing and emotional support.

State Experts

HCA ProviderOne Enrollment

Lessons Learned:

- HCA offers standardized resources for Provider Enrollment, including a ProviderOne Manual, a slide deck, FAQs, phone and email assistance. HCA's current policies, procedures and practices do not allow for "customizable" enrollment processes for different professions.
- HCA does not translate provider-facing materials such as the application and resources on its website into languages other than English.
- Documents directed toward Apple Health clients may be translated into the client's language.
- Gathering signed and required documentation for billing providers (i.e., a copy of their DOH state certification, business license) before submitting applications is a barrier to birth doula provider enrollment.

Implications for the Doula Hub:

- Language Access for birth doula providers for at least the top 7 languages in Washington will need to be provided for HCA ProviderOne Enrollment support and materials through the doula hub. Almost 300 doulas have access to language accessible materials through the DOH certification process and need the same access when enrolling in ProviderOne for continuity.
- The doula hub's enrollment support must include helping doulas to compile required documentation in preparation for ProviderOne enrollment. HCA is understaffed and needs more resources and employees to support ProviderOne Enrollment. There is a backlog of health providers awaiting enrollment approval with the HCA which is another justification for doula hub enrollment support.

HCA Health Privacy and Compliance

Lessons Learned:

- Birth doulas handling patient information, even if indirectly, must adhere to HIPAA regulations, particularly when working with covered entities like HCA, hospitals and birth centers, to protect patient privacy and ensure the confidentiality of Protected Health Information (PHI).
- HCA does not have an external facing HIPAA presentation for providers. Privacy Officer Sam Mendez was offered as a resource for training and guidance materials.
- Sam shared two resources from HCA and the US Department of Health and Human Services
 - [Washington Health Care Privacy Toolkit](#)
 - [HIPAA Training and Resources | HHS.gov](#)

- These materials are not easy to apply to scenarios of a non-medical birth doula provider working within community dynamics in Washington.
- Possible suggestions to subcontract with a health care attorney to get legal advice, or the Bar Association may have attorneys willing to provide consultation at no cost.

Implications for the Doula Hub:

- Doulas, even as a non-medical provider, still need access to birth worker-specific and accessible HIPAA compliance training and materials/guides. The doula hub can consolidate difficult legal documents into digestible guides with examples from birth worker experiences.
- Black and Brown birth doulas are more likely to be criminalized in their practices because of discrimination and institutional racism. Having a legal expert to consult on specific scenarios and to help with utilizing record keeping software and communications is essential to birth doula practice.
- Due to the lack of capacity to support individual doula providers within HCA internal structure, it would be helpful to create a birth worker specific HIPAA training through the doula hub; one that is easy to understand, language accessible, and targeted to BIPOC birth doulas in Washington State.
- The doula hub seeks to have a "health care attorney" on retainer as well as provide access to HIPAA compliant software to support client record keeping and communications within the statewide doula hub and referral system.

Community Health Plan of Washington (CHPW): An Apple Health Managed Care Organization (MCO)

Lessons Learned:

- CHPW has a local not-for-profit that reinvests profits into communities; "local board and staff are community-based."
- Current investments in expanding their contracted free-standing birth centers.
- CHPW has provider relations staff.
- Advancing Equity grants are given to organizations working to address all aspects of health, including systemic social determinants of health, and improving the health outcomes for individuals through a broad range of services.
- Part of the CHPW program, Equity Learning Collaborative, provides each participating Community Health Center (CHC) up to \$50,000 in up-front capacity-building funds each year to support projects to close health disparities based on their specific local needs.

UnitedHealthcare (UHC): An Apple Health Managed Care Organization (MCO)

Lessons Learned:

- UHC is investing in maternal health through their Community Investment Fund grants and through UHC care teams.

Molina Health: An Apple Health Managed Care Organization (MCO)

Lessons Learned:

- Molina membership is large and diverse, and practitioners are requested to practice cultural humility.
- Training for providers has been tailored to represent membership and regionalized to increase information to all providers.
- Efforts to incorporate birth workers will intentionally look at doula needs or requests to address and tailor educational services for members using provider forums, for example.

Implications for the Doula Hub:

As a part of advocacy and system change work, the doula hub will hold a monthly meeting for decision makers representing each of Washington's five contracted MCOs¹¹ interested in supporting Washington birth doulas. Expectations for MCOs attending this meeting are:

- Attending a Monthly meeting with Doulas For All
- Discontinuing all doula pilot programs in Washington State
- Coordinating client referrals to Apple Health birth doulas
- Connecting doula clients to value added benefits during the 3-5 year "carve out period"
- Redirecting Community Investment Funding to BIPOC community-based organizations, the statewide doula hub and referral system

Streamlining the enrollment process to support the transitions from ProviderOne to MCOs after the carve out period

National Experts

National Health Law Program (NHeLP)

Lessons Learned:

- Overview of billing and claims from California and states currently reimbursing Medicaid
- Heard ideas about collaborating with MCOs, educating providers on the work of doulas, outreach, and educating customers
- Offered an introduction with the founders of Frontline Doulas in California

Implications for the Doula Hub:

- Many states implementing the birth doula benefit were not able to navigate having a claim rejected and did not know how to successfully appeal the denials; the administrative burden was too much for independent doulas
- Suggested having a dedicated billing administrator to provide expertise navigating the submission of claims and appeals
- Many doulas preferred a doula hub over group billing with an employer. Doulas would rather pay a fee for someone who does billing and coding to help them individually

¹¹ See [Appendix D: Managed Care Organization Contact List](#)

Rhode Island Birthworker Co-op

Lessons Learned:

- Rhode Island Birthworker Co-op is a billing agency that is membership-based, with a fee to join and an ongoing monthly fee to have a full-time employee submit claims on behalf of doula members
- The co-op requires a \$1,000 organizational sponsorship to have a one-on-one information sharing meeting with the leadership team. This sponsorship fee is a strategy to sustain their business model
- The co-op has a managing volunteer board, 90 paid members and 38 actively billing members. They were able to process 1,100 claims in 2024 and shared some of their processes for building the billing agency as a cooperative
 - Membership one-time fee of \$100
 - The monthly fee for full-time billing administrator to submit claims on behalf of each billing member is \$45
- Rhode Island has separate entities for their “doula hub” and “billing agency”. Each are run by different groups.
- Rhode Island put very strict restrictions on their State Plan Amendment, disallowing group billing for hospital programs to help maintain the autonomy of individual doulas

Implications for the Doula Hub:

- The doula hub will have to consider each full-time billing administrator who can serve an average of 30-35 doulas effectively. Washington's benefit is targeted to engage 300+ doulas meaning a doula hub model offering direct support with claims submission requires at least 10 full time employees
- The doula hub will rely on multiple streams for funding outside of membership to become sustainable. Organizational sponsorship, merchandise sales, and paid training were strategies to support efforts for advocacy and workforce sustainability

Frontline Doulas

Lessons Learned:

- [Frontline Doulas](#) currently services Black birthing people in LA County and was recently contracted to create the doula hub for LA County Medi-Cal Doula Hub
- The founders of Frontline Doulas, Khefri Riley and Dr. Sayida Peprah-Wilson, shared their process of building their organization and the current process of creating the doula hub
- The key components of their hub include:
 - Training and system integration: preparing new and existing doulas to thrive in health care systems
 - Public awareness: educating Medi-Cal members, providers, and communities about the value and availability of doula care services
 - Technical assistance for doula: supporting doulas to become approved, contracted Medi-Cal providers, from application support to billing and legal resources to meet contracting and compliance requirements

- Workforce development: strengthening and expanding the doula workforce via training and continuing education
- Evaluation: measuring the doula hub's impact to inform future efforts
- **Community doula champion:** a \$1000 stipend given to 50 Black doulas across five California regions with financial hardship
- **Doula hotline:** The Frontline Doula Hotline supported 125+ Black pregnant and postpartum individuals throughout California in the first year of the pandemic. Connecting them with one of the eight community doulas on their team for a 50-minute, nonemergency emotional support telehealth appointment via video or phone call
- **Doula Filter System/Referral Network:** We learned how they constructed their referral network, "Black Doula Directory"
 - Search based on location or category, utilizing tags to select what the birthing person is looking for in a doula
 - Provides a list of complete profiles with pictures of doulas

Implications for the Doula Hub:

- Frontline Doulas is the closest to Doulas For All in leadership, organizing principles and BIPOC representation. They are interested in a strong relationship with our network, opportunities to share strategies around advocacy and systems change work as well as future collaboration with the D4A statewide doula hub
- Frontline said they did not have the resources or timeline necessary to implement the hub which impacts the ability to do leadership development in the process of building the hub

New York City Department of Health and Citywide Doula Initiative

Lessons Learned:

- [NYC Citywide Doula Initiative](#) is only for NYC; there is no initiative for the entire state
- [Doula Friendliness Cohort](#): Provides education on doulas and the benefit of having a doula for medical professionals working in hospital systems. The cohort model encourages medical professionals to have doulas as part of their birth team
- The hospital develops, communicates, shares, and implements a clear doula policy that provides guidelines for doulas' access to the hospital and participation in care, the laboring techniques supported by the hospital, and a bidirectional reporting system including a formal doula liaison to help address any emerging issues

Implications for the Doula Hub:

- NYC's biggest issue is not having agreement on the state level about their doula benefit
- Doula friendliness cohorts have been a successful model and implemented one hospital cohort at a time.

Community Doula Network (CDN), Washington D.C

Lessons Learned:

- CDN is a referral network in Washington, DC, Maryland, and Virginia. This referral system is operated on a volunteer basis

- They offer birth resources within the [CDN website](#), organized by need and population

Implications for the Doula Hub:

- D4A learned running a referral system on a completely volunteer basis is not sustainable. CDN was going through leadership changes in their network and was unable to meet with us

Urban Baby Beginnings, Virginia

Lessons Learned:

- Urban Baby Beginnings (UBB) is a nonprofit supporting birthing families in Virginia
- UBB's maternal hub offers a ReByrth™ program. This program provides family support services, including maternal wellness support and connecting clients of color to specialists of color from their communities
- The ReByrth program, a proprietary app, allows birthing people to connect with a "consultant" one on one. It's a free service to clients and seems to consolidate a group of birth workers' expertise to service each client
- Care Coordinator: UBB has established employee positions as care coordinator. This role connects with birthing families, helps them fill out the intake form, offers family support services and referrals, and refers to doulas and other medical providers

Implications for the Doula Hub:

Proprietary software like ReByrth is a great expense with design, maintenance, negotiation of ownership, content creation and direct service. It does not seem to be the greatest for building a network of birth doulas.

Appendix D: SRJ Monthly Progress Reports to HCA

In the sections below are monthly reports provided to the HCA.

August Report

Surge Reproductive Justice/Doula's For All

Doula Hub and Referral System Design and Implementation

Monthly Report August 8 & 29

Reporting Period: 08/2024 (Submitted September 4)

Summary of Monthly Activities:

- This month was the kick-off of the floating community cafes, with the first and second cafes on August 8th (Vision, Structure & Function) and August 29th (Provider One and the MCOs). D4A held many planning meetings and report-backs. We had the support of research interns to help follow up on leads, research topics, and support planning. We could contract with a visual scribe for each session, create and launch a follow-up survey, and begin booking local, state and national experts to meet with D4A before or during each of the floating community cafes.

Successes/Challenges:

- (+) D4A Research Interns continued projects on doula hub case studies from other states and survey creation.
- (+) August 8th Floating Community Cafe had 30+ registered participants
- (+) August 29th Floating Community Cafe had 40+ registered participants
- (+) The D4A Doula Hub survey (paid) -Section 1 was launched and has 13 participants so far
- (+) Organizing relationships with SW Washington doulas, birth workers, and organization were deepened alongside the family tour events D4A had already planned in Tacoma/Pierce County.
- (-) We are enhancing the paid survey with \$5 credits for each referral to increase participation.
- (-) Our contact at Provider One within HCA disclosed that they do not have a way to customize their process to support birth doulas, nor do they provide language access of any kind, which leaves a significant gap in service

Planning Objectives:

Stakeholder Engagement:

- D4A members led the creation and attended the presentation of the preliminary plan for the HCA/SRJ contract of the doula hub and referral system.
- D4A, facilitated by SRJ, engaged the 180-person coalition in weekly planning meetings to prepare for the August 8th floating community cafe kick-off event.
- D4A, facilitated by SRJ, engaged the doulas, birth workers, cultural artists, and county public health workers from SW Washington in planning meetings to prepare for the August 29th floating community café.
- D4A additionally featured updates on the planning, research, and resource gathering for the first floating community cafe at our monthly teach-in and BIPOC caucus.

Washington Statewide Doula Hub and Referral System
Recommendations for Implementation and Sustainability
June 30, 2025

- D4A hosted Floating Community Cafe #1 on August 8th to bring together the doula and birth worker community on the doula hub's vision, structure, and function.
- Section 1 of the D4A Doula Hub (paid) survey was created and launched on August 10th to capture input from any doulas who were not able to attend the Café.
- D4A hosted Floating Community Cafe #2 on August 29th, during which we walked doulas through the steps and resources for Provider One enrollment; we then asked them how the steps and system helped and hurt doulas and what could be changed. The survey that was sent out asked the same analysis questions.

Funding Plan:

- D4A recognizes that funding for this legislative report could not be advocated for in the state budget until legislative session 2026, and any funding would not be released until July 2026 or later. Doulas have discussed shopping the business plan upon completion in July 2025 to seek alternative and/or supplemental funding.

Preliminary Recommendations:

Based on the initial survey data and participation in the floating community cafe. This represents data gathered and surmised from the initial conversation. These are not the final recommendations from D4A.

Floating Community Café #1 (Vision, Structure and Function of a Statewide Doula Hub & Referral System)

- Doulas want the hub to be structured as a non-profit fiscal sponsor. They also want the hub to be a co-op and membership based. They would like the leadership to be an advocacy board/council.
- The doulas would like the function of the doula hub to support billing and compliance services and enrollment support with written and video support on how to deal with Medicaid-related billing. Advocacy, professional development, cultural sharing, and administrative support. Updates on doula-specific laws and regulations and a way to gather them. Directory for culturally specific doulas and doulas of color.
 - Other functions include support and resources for high-risk birthing persons for doulas, peer support for new doulas, mentoring, burnout support, training opportunities, continuing education, and resource referrals

Floating Community Café #2 (ProviderOne and the MCOs)

- The following are recommendations and suggestions for ProviderOne, specifically for doulas and how it supports their work:
 - The purpose of having a business license as a necessity to enroll and the cost of the business license. Is this necessary, and can it be changed? Will there be support for the price of obtaining a business license?
 - There is a language burden, and there is no way of knowing how long each step will take. It would be helpful to have an estimated time for completing the enrollment process. All documents and applications are in English, which needs to be more equitable and create a barrier.
 - The directions are confusing, and it would be helpful to have a video with step-by-step instructions.

- Tech barrier in rural communities: Is there a way to support communities with limited technology, education, and awareness in using technology necessary to complete the application?

Legislative report language/progress:

September Report

Surge Reproductive Justice/Doula's For All

Doula Hub and Referral System Design and Implementation

Monthly Report September 19 & 3

Reporting Period: 10/2024 (Submitted October 9)

Summary of Monthly Activities:

- This month the 3rd and 4th floating community cafes were held on September 19th (Billing & Claims and HIPAA Requirements) and October 3rd (Workforce Sustainability).
- The 3rd event was co-hosted by birth workers in Eastern Washington and spotlighted individuals, organizations, and cultural artists from the Spokane area. The 4th event was co-hosted by birth workers in Pierce County and spotlighted individuals, organizations, and oral historians from the Hilltop neighborhood in Tacoma, WA. D4A brought on the leadership of D4A member Tiara Calahan as a coordinator for the floating cafes and held many planning meetings, a rehearsal, and a report-back throughout the weeks leading up to the event. We had the support of two MSW and MPH research interns to help follow up on leads, research topics, and support planning. We maintained our contract with a visual scribe artist, released the corresponding section of the D4A Doula Hub Survey and continued booking local, state, and national expertise, such as Frontline Doulas from California, to meet with D4A before or during each of the floating community cafes.

Successes/Challenges:

- (+) D4A Research Interns continued projects on doula hub case studies from other states, collecting regional data on Black & Indigenous perinatal health and birth outcomes in WA State and implementation of the D4A Doula Survey
- (+) The D4A Doula Hub survey (paid) -Section 3 was launched and has 29 participants so far
- (+) September 19th Floating Community Cafe #3 had 30+ registered participants
- (+) October 3rd Floating Community Cafe #4 had 30+ registered participants
- (+) Organizing relationships with Eastern Washington and the Tribal communities of Eastern Washington, birth workers, and organization were deepened alongside the three statewide September Enrollment Support Parties D4A are also hosting
- (+) Organizing relationships with doulas in Pierce County Washington, and organizational relationships were deepened alongside the September Family Tour event D4A had already planned in Seattle/King County
- (-) While Doulas For All members are working hard and leading strategy around 2 rulemaking processes, supporting, monitoring, and evaluating the state certification process for birth doulas, designing the doula hub, preparing for legislative session and maintaining the integrity of the

coalition- we are also having to advocate for the lack of support of the pre-natal intake amount of \$750 within the Health Care Authority

- (-) D4A also had a hard time connecting with and getting abbreviated information from the HCA Attorney, about HIPAA requirements for birth doulas to consider. We received a lot of on-line resources that had to be deciphered without “real life” implications that an expert from HCA could have provided

Planning Objectives:

- [D4A Preliminary Plan_Doula Hub and Referral -2.pdf](#)

Stakeholder Engagement:

- D4A, facilitated by SRJ, engaged the 180-person coalition in weekly planning meetings to prepare for the Sept/Oct floating community cafe event.
- D4A, facilitated by SRJ, engaged the doulas, workers, cultural artists, from Eastern Washington and Spokane Tribal Network in planning meetings to prepare for the September 19th floating community cafe.
- D4A, facilitated by SRJ, engaged the doulas, workers, cultural artists, from Pierce County and Black Birthworkers Initiative & Hilltop Urban Garden in planning meetings to prepare for the October 3rd floating community cafe.
- D4A additionally featured updates on the planning, research and resource gathering for the third floating community cafe at our monthly teach-in and BIPOC caucus.
- D4A hosted Floating Community Cafe #3 on September 19th to bring the doula and birth worker communities together to discuss the doula hub's functions for billing, claims, and HIPAA compliance.
- D4A hosted Floating Community Cafe #4 on October 3rd to bring the doula and birth worker communities together to discuss workforce sustainability for the statewide doula hub
- Section 3 of the D4A Doula Hub (paid) survey was updated on September 21st to capture input from doulas who were not able to attend the Café and feedback from doulas who attended the event.
- Section 4 of the D4A Doula Hub (paid) survey was updated on October 6th to capture input from doulas who were not able to attend the Café and feedback from doulas who attended the event.
- Floating Community Cafe #3 educated the doulas on HIPAA compliance, supported them in understanding billing and claims, and did a fact check about submitting Medicaid claims. We then asked them what they needed to feel confident in keeping HIPAA compliant and submitting Medicaid claims. The survey that was sent out asked how the hub could support the doulas in Medicaid billing and claims and maintain HIPAA compliance.
- Floating Community Cafe #4 shared knowledge on the different forms and manifestations of burnout and secondary trauma that can occur in the practice of doula work. The presentation also illuminated individual and institutional solutions that have worked in similar practices for consideration by D4A

Funding Plan:

- D4A recognizes funding for this legislative report could not be advocated for in the state budget until the legislative session 2026, and any funding would not be released until July 2026 or later. Doulas have discussed shopping the business plan around upon completion in July 2025 to seek alternative and/or supplemental funding.

Preliminary Recommendations:

Based on the initial survey data and participation in the floating community cafe. This represents data gathered and surmised from the initial conversation. These are not the final recommendations from D4A.

Floating Community Café #3 (Billing & Claims, and HIPAA Complaints)

- The doulas have voiced they feel confident to keep HIPAA compliant when taking Medicaid. However, the doulas have expressed, they do not feel confident with billing and claims as it pertains to Medicaid.
- Doulas would like the function of the doula hub to support billing and claims; the following are services the doulas believe will help them.
- Doulas would like training on how to submit Medicaid claims, resubmit rejected claims, understanding the language of Medicaid, and the billing and claims process. Doulas would like the training to consist of video trainings. The doulas believe a one-pager explaining the billing and claims process would support how to deal with Medicaid-related billing. The doulas would also like to have a support team within the hub to support questions and education in Medicaid billing and claims. The doulas would like to see the billing guide early, so they have time to review, learn, and understand the process. Doulas would like the hub to work as a billing agency, with employees of the hub to submit claims on behalf of doulas.
- The doulas also want to see HIPAA compliant software tools, accessible to the doulas through the hub, and designed for the doula's profession to simplify billing, automate claims, and track payments. The doulas want to see workshops on ProviderOne enrollment process. Within the hub, the doulas want to see the function of mentoring in supporting doulas in building a business and clients for doulas new to the profession.
- Other functions include a dedicated support line for Medicaid billing and claim questions. Doulas want the hub to contain workshops on continuing education with updates on the billing guide and processes, along with updates on insurance processes. The doulas would like a quick, accessible fact sheet to support the claims process. Compliance Checklists: Offering easy-to-follow HIPAA compliance checklists and resources to ensure that doulas meet all legal requirements when managing billing, claims, and client communications. Legal Support: Access to legal experts for consultation on HIPAA and compliance-related questions. The doulas also want the function of reminders on submitting claims and a streamlined process.

Floating Community Café #4 (Workforce Sustainability)

- In the professionalization of "birth doulas", it is important to note that whether a doula has entered practice through a training program or an ancestral pathway, they are already self-actualized in their practices. It is for this reason that D4A is shifting language from "workforce development" to "workforce sustainability" which focuses on what doulas need to sustain themselves individually and as a business despite historic oppression around them.

- Doulas have requested accessible training and information sharing, through videos, closed captioning, language access and various learning styles
- Doulas have requested organizational development support and capacity building in the transition and succession planning as D4A becomes its own entity
- Doulas want to put into place equitable giving processes and alternative funding plans to support the doula hub, so they are not solely dependent on government funding
- Doulas want to have a platform for accountability and medication between them and hospital teams/providers so that a "doula -friendly" environment can be created for themselves and the birthing family
- Doulas want to make sure the core of their organization maintains a decolonized community directed policy/advocacy strategy

Legislative report language/progress:

October Report

Surge Reproductive Justice/Doula's For All

Doula Hub and Referral System Design and Implementation

Monthly Report October 17 & November 7

Reporting Period: 11/2024 (Submitted November 11)

Summary of Monthly Activities:

- This month the 5th and 6th floating community cafes were held on October 17th (Visioning the Statewide Referral System) and November 7th (Communication btw families, birth doulas, and other providers-Statewide Referral System)
- The 5th event was co-hosted by birth workers in Seattle/King County Washington and spotlighted individuals, organizations and local referral systems in the Seattle area. The 6th event was co-hosted by birth workers in Spokane County and spotlighted doula organizations, motivational speaking and incentive programing from the Shades of Motherhood in Spokane. D4A is still supported by the leadership of D4A member Tiara Calahan as a coordinator for the floating cafes and held many planning meetings, a rehearsal and report-backs throughout the weeks leading up to the event. We still have the support of two MSW and MPH research interns to help follow up on leads, research topics and support planning. We maintained our contract with a visual scribe artist, released the corresponding section of the D4A Doula Hub Survey and continued booking local, state and national expertise such as California, Rhode Island and NYC to meet with D4A before or during each of the floating community cafes

Successes/Challenges:

- (+) D4A Research Interns continued projects on doula hub case studies from other states, collecting regional data on Black & Indigenous perinatal health and birth outcomes in WA State and implementation of the D4A Doula Survey
- (+) The D4A Doula Hub survey (paid) -Section 5 and 6 launched and has 32 participants so far
- (+) October 17th Floating Community Cafe #5 had 30+ registered participants
- (+) November 7th Floating Community Cafe #6 had 40+ registered participants

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- (+) Organizing relationships with doulas from one of the larger community-based organizations in Seattle/King/Snohomish County were deepened alongside the three statewide Enrollment Support Parties D4A hosted in October and November.
- (+) Organizing relationships with doulas in Spokane County Washington, and organizational relationships were deepened alongside the October Family Tour in Skagit County and Neah Bay, WA in November.
- (-) While Doulas For All members are working hard and leading strategy around 2 rulemaking processes, supporting, monitoring, and evaluating the state certification process for birth doulas, designing the doula hub, preparing for legislative session and maintaining the integrity of the coalition- we are also waiting on a final decision from leadership in regards to the pre-natal intake amount of \$750 within the Health Care Authority.
- (-) We are also preparing to educate and advocate for the doula hub in the upcoming legislative session.
- (-) D4A is planning a final decision-making session on December 13th on the design on the doula hub and referral system through a process that will consider research from other state, floating community cafes and the doula hub survey.

Planning Objectives:

- [D4A Preliminary Plan_Doula Hub and Referral -2.pdf](#)

Stakeholder Engagement:

- D4A, facilitated by SRJ, engaged the 180-person coalition in weekly planning meetings to prepare for the Sept/Oct floating community cafe event.
- D4A, facilitated by SRJ, engaged the doulas, workers, and cultural artists, from Seattle, King, and Snohomish counties through Open Arms in planning meetings to prepare for the October 17th floating community cafe.
- D4A, facilitated by SRJ, engaged the doulas, workers, and cultural artists from Spokane County with Shades of Motherhood in planning meetings to prepare for the November 7th floating community cafe.
- D4A additionally featured updates on the planning, research and resource gathering for the third floating community cafe at our monthly teach-in and BIPOC caucus.
- D4A hosted Floating Community Cafe #5 on October 17th to bring the doula and birth worker communities together to discuss the vision and function for a statewide referral system
- D4A hosted Floating Community Cafe #6 on November 7th to bring the doula and birth worker communities together to discuss the community standards for communications between birth doulas, families and other medical providers.
- Section 5 of the D4A Doula Hub (paid) survey was updated on October 20th to capture input from doulas who were not able to attend the Café and feedback from doulas who attended the event.
- Section 6 of the D4A Doula Hub (paid) survey was updated on November 8th to capture input from doulas who were not able to attend the Café and feedback from doulas who attended the event.

- Floating Community Cafe #5 educated what a referral system is and how it is commonly used for medical vs non-medical professionals. The facilitators led activities to help doulas envision the long- and short-term goals for the referral system.
- Floating Community Cafe #6 highlighted case studies of common interactions between birth doulas and families, other medical providers and fellow doulas. Research on the different approaches to referrals through websites, platforms & apps was also presented to help doulas decide if they want a platform integrated with the management of their health records or a separate entity.

Funding Plan:

- D4A recognizes that funding for this legislative report could not be advocated for in the state budget until the legislative session 2026, and any funding would not be released until July 2026 or later. Doulas have discussed shopping the business plan around upon completion in July 2025 to seek alternative and/or supplemental funding.

Preliminary Recommendations:

Based on the initial survey data and participation in the floating community cafe. This represents data gathered and surmised from the initial conversation. These are not the final recommendations from D4A.

Floating Community Café #5 (Visioning the Statewide Referral System)

- Most doulas wanted to see the referral system as a part of the doula hub rather than a stand-alone entity
- Doulas want to see the leadership for the referral systems to be cooperative and led by a board or council over a membership body
- Doulas have shown they are interested in the referral network to offer a membership-based offering within the referral network.
- Doulas want to make sure a variety of filters will be available in the referral system directory and that they can be customized
 - race, culture, language, religion, physical location, abortion, accessibility and response time where mentioned the most
- Doulas also spoke almost unanimously that offerings for peer support and better coordination with medical providers on the birth team in hospitals and clinics need cultivation. They want to see a referral system that connects them better.
- Some doulas wanted to potentially hire a “community navigator” who can support the intake and distribution of referrals.
- When referring to resources, the doulas wanted the resources to be available in a manner that breaks it down per region and culturally (i.e. Western WA, Eastern WA and Tribal communities)
- Accountability processes within the referral system were another aspect doulas wanted to have in place; this may look like client reviews on profiles and an accountability council made up of doulas across WA

Floating Community Café #6 (Referral System: Communications Between Birth doulas, Families, and Other Providers)

- Doulas that communications between doula to doula is usually based on having a collective that they work with or often refer to that usually consists of 3-4 doulas. There is high interest in an “air table” directory format with member editable profiles
- Doulas have shown interest in using software programs such Spruce, Highlevel, Ring Central, Doulado, and Practice Fusion as options to be used in the referral network.
- Doulas recommended using social media as a way of networking, what they have used is Instagram, TikTok and Facebook in their practices. They also have experience using WhatsApp to securely communicate with clients.
- Doulas had consensus that a lot of initial contact is made with clients through directories and community baby shower, want to see a personality test be a part of intake for a referral system
- Doulas stated that medical providers are the hardest to communicate with because of the lack of support hospital systems have for doulas as a part of the birth team. The idea of “doula friendliness” groups to strengthen relationships and increase referrals.
- Doulas imparted how important it is to have the ability to connect with their clients directly after referral. They want a way that is accurate, private, consistent, easy to use and where clients can directly filter and find community and culturally congruent connections.

Legislative report language/progress:

November Report

Surge Reproductive Justice/Doula’s For All

Doula Hub and Referral System Design and Implementation

Monthly Report December 5

Reporting Period: 12/2024 (Submitted December 9)

Summary of Monthly Activities:

- This month our seventh floating community cafe was held on December 5th, 2024, with the topic “Workforce Sustainability for the Statewide Referral System.
- The 7th event was co-hosted by birth workers in Central Washington, Moses Lake, WA and spotlighted the state of individuals, organizations locally working towards birth equity. The event also featured a special guest speaker Mama Shaconna from Atlanta who specializes in peer mentorship and doula resilience practices.
- D4A is still supported by the leadership of D4A member Tiara Calahan as a coordinator for the floating cafes and held many planning meetings, a rehearsal and report backs throughout the weeks leading up to the event. We still have the support of two MSW and MPH research interns to help follow up on leads, research topics and support planning.
- We maintained our contract with a visual scribe artist, released the corresponding section of the D4A Doula Hub Survey and continued booking local, state and national expertise such as California, Rhode Island and NYC to meet with D4A before or during each of the floating community cafes. Also, our Doula For All Survey will close on December 11th.

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Successes/Challenges:

- (+) D4A Research Interns continued projects on doula hub case studies from other states, collecting regional data on Black & Indigenous perinatal health and birth outcomes in WA State and implementation of the D4A Doula Survey
- (+) The D4A Doula Hub survey (paid) -Section 7 launched on December 5th and has 89 participants so far
- (+) December 5th Floating Community Cafe #7 had 40+ registered participants
- (+) Organizing relationships with doulas from Central WA, Moses Lake were deepened alongside the three statewide Enrollment Support Parties D4A hosted in November 2024.
- (+) D4A is planning a final decision-making session on December 13th on the design on the doula hub and referral system through a process that will consider research from other states, floating community cafes and the doula hub survey.
- (+) D4A members were very excited to learn that HCA will stand with the amount of \$750 for prenatal intake in regards the Apple Health doula benefit.
- (-) We are also preparing to educate and advocate for the doula hub in the upcoming legislative session. D4A has learned that the doula benefit is among the 17 programs proposed for budget cuts by HCA. This means more capacity will have to go towards a public education campaign in 2025.
- (-) Department of Health is reconsidering mandatory reporting requirements for birth doulas along with an additional training requirement. The doula hub will possibly have to consider creating a doula specific training that is free and accessible to supplement this new development.

Planning Objectives:

- [D4A Preliminary Plan Doula Hub and Referral -2.pdf](#)

Stakeholder Engagement:

- D4A, facilitated by SRJ, engaged the 180-person coalition in weekly planning meetings to prepare for the Sept/Oct floating community cafe event.
- D4A, facilitated by SRJ, engaged the doulas, workers, and cultural artists from Central Washington, Moses Lake in planning meetings to prepare for the December 5th floating community cafe.
- D4A, facilitated by SRJ, engaged a national resource, a special guest speaker, mentor and experience doula, Mama Shaconna a Holistic Intuitive Practitioner™, Certified Holistic Doula, and founder of InnerLight Holistic Doula & Perinatal Consulting, to share approaches to holistic, culturally informed communities for maternal wellness from Atlanta.
- D4A additionally featured updates on the planning, research and resource gathering for the third floating community cafe at our monthly teach-in and BIPOC caucus.
- D4A hosted Floating Community Cafe #7 on December 5th to explore the different ways doulas can use a referral system to support a healthy network of doulas in a statewide referral system
- Section 7 of the D4A Doula Hub (paid) survey was updated on December 5th to capture input from doulas who were not able to attend the Café and feedback from doulas who attended the event.

- Floating Community Cafe #7 educated about what workforce sustainability is for individual doulas and how practices around self-care and burnout can support the doula workforce. The facilitators led activities to help doulas vision innovative approaches they want to see the referral system support

Funding Plan:

- D4A recognizes that funding for this legislative report could not be advocated for in the state budget until the legislative session 2026, and any funding would not be released until July 2026 or later. Doulas have discussed shopping the business plan around upon completion in July 2025 to seek alternative and/or supplemental funding.

Preliminary Recommendations:

Based on the initial survey data and participation in the floating community cafe. This represents data gathered and surmised from the initial conversation. These are not the final recommendations from D4A.

Floating Community Café #7 (Referral System: Workforce Sustainability)

- Doulas want to see the referral system connect them to other doulas though promoting spaces for grief, celebration, peer support, and shared learning. As a helping profession, self-awareness practices were of highest values. The referral system must be zoom accessible to support multiple regions.
- Doulas specifically wanted to have the referral system provide group peer support and coordinated care with medical providers that promotes the birth team dynamic.
- To be more successful in their practice, doulas asked to learn practices around community care, burnout support, hoped the referral system will provide a review scale as well as a prompt for debrief support space w/clients
- Doulas also mentioned needing access to more support resources for parents
- Doulas preferred "real time" mentor support provided through a portal for time sensitive situations with clients
- Doulas also wrote about additional access to therapy, self-care check list, online community forums and published reflection journals.

Legislative report language/progress:

December Report

Surge Reproductive Justice/Doula's For All

Doula Hub and Referral System Design and Implementation

Monthly Report December 2024

Reporting Period: 01/2025 (Submitted January 8)

Summary of Monthly Activities:

- This month after our 7th and final floating community cafe was completed on December 5, 2024, and our D4A Doula Hub Survey was closed on December 11th, the final summary presentations for the seventh installment were completed and presented to the coalition. D4A Interns then worked

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to create a summary of all the data collected from both the survey and cafes to present at the upcoming Statewide Convening. SRJ hosted a hybrid Statewide Convening on December 13th so that all doulas could consider the visual scribing, paid survey results and feedback from the Floating Community Cafes and make final decisions on the design of the statewide doula hub and referral system. A draft report to the legislature was created and submitted for informal feedback on December 18th, 2025. D4A was out of office for "revolutionary rest" December 18-January 5th.

Successes/Challenges:

- (+) D4A hosted a final decision-making session on December 13th on the design on the doula hub and referral system through a process that will consider research from other states, floating community cafes and the doula hub survey.
- (+) The WA Dept. of Health filed the CR-103 on the definition of culturally congruent care. D4A wrote and approved this language.
- (+) D4A kicked off pre-legislative session advocacy for the doula benefit. While meetings will primarily provide public education on doulas and the benefit, requests will also be made to support DOH & HCA administrative costs as well as creating "placeholder" language in the budget for the statewide doula hub and referral system.
- (+) WA HCA announced the completion of the billing guide on December 20th and the start date of the benefit on January 1, 2025.
- (-) DOH is reconsidering mandatory reporting requirements for birth doulas along with an additional training requirement. The doula hub will possibly have to consider creating a doula specific training course that is free and accessible to supplement this new development

Planning Objectives:

- [D4A Preliminary Plan Doula Hub and Referral -2.pdf](#)
- D4A is planning to bring the draft report back to our doula network for feedback and buy in during Spring 2025.
- D4A Interns will work on individual and a national event with the 2 states (RI, CA) who also have a doula hub and the 3 additional efforts (NY, OK, OR) that are in progress towards a hub.

Stakeholder Engagement:

- D4A, facilitated by SRJ, engaged the 200-person coalition in weekly planning and debrief meetings to prepare for the December 13th Statewide Doula Convening. Final recommendations were decided by consensus at this gathering.
- D4A hosts monthly teach-ins where all birth workers can learn about the strategy and opportunities to onboard into the coalition. Updates and space for feedback on the draft doula hub proposal is a reoccurring part of the agenda.

Funding Plan:

- D4A recognizes that funding for this legislative report could not be advocated for in the state budget until the legislative session 2026, and any funding would not be released until July 2026 or later. D4A is advocating for "placeholder language" for one-time start-up funding to be added to the 2025 budget.

Preliminary Recommendations: no additions.

Legislative report language/progress: first draft submitted to HCA for review

January Report

Surge Reproductive Justice/Doula's For All

Doula Hub and Referral System Design and Implementation

Monthly Report January 2025

Reporting Period: 02/2025 (Submitted February 5)

Summary of Monthly Activities:

- The Doulas For All Coalition was on "revolutionary rest" until January 9, 2025. The HCA team provided health feedback on the 1st draft of the report to the legislature entitled "Recommendations for Implementing and Sustaining a Washington statewide doula hub and referral system." A second draft completed with an updated annual budget projection was created and submitted on February 5, 2025.
- Priorities for the Coalition include advocating for DOH fee waivers and a non-dollar placeholder language for the statewide doula hub and referral system during the 2025 Legislative Session, continuing accessible enrollment peer support for state certification and Provider One, planning 8-10 "workforce sustainability" events around the state to prepare doulas for "the business of birth", planning mini-doula hub virtual learning opportunities so birth doulas can experience what the doula hub could offer, coordinating client care with managed care organizations and meeting with 3-4 established doula hubs nationally to inform budget planning for the doula hub

Successes/Challenges:

- (+) D4A hosted a Legislative briefing on January 16th with legislators, MCO's, and representatives from DOH and HCA and doulas statewide
- (+) D4A is continuing relationships with doula hubs in other states as we create an implementation plan for the doula hub & referral system. Meetings are being scheduled with Sisterweb, Frontline Doulas and a webinar from RI Doulas CoOp
- (+) D4A is building out our first two trainings which the doula hub will offer: "The Business of Birth" and "Enrollment Support for Birth Doulas".
- (+) The HCA/Report to the Legislature submitted a 2nd Draft on 2/5/25
- (+) D4A is recruiting representatives from the 5 WA based managed care organizations to participate in monthly meetings based on an agreed upon MOU. Contacts have been identified and meetings will begin in March.
- (-) DOH did not include the fee waivers for birth doulas in their decision package for the upcoming budget. D4A will have to find legislative sponsors if the fee waivers will continue past July 1, 2025.

Planning Objectives:

- [D4A Preliminary Plan_Doula Hub and Referral -2.pdf](#)

- Doulas For All is planning to bring the draft report back to our doula network for feedback and buy in during Spring 2025.
- Doulas For All Doulas will be participating in the WA Dept. of Health Birth Equity Partners Symposium and a national symposium from National Health Law (NheLP) in March or April 2025

Stakeholder Engagement:

- Doulas For All, facilitated by SRJ, engaged the 200-person coalition in weekly planning to review the HCA Report to the Legislature, and plan the mini- hubs/pilot the recommendations for the statewide doula hub.
- D4A hosts monthly teach-ins where all birth workers can learn about the strategy and opportunities to onboard into the coalition. Updates and space for feedback on the draft doula hub proposal is a reoccurring part of the agenda.

Funding Plan:

- D4A recognizes that funding for this legislative report could not be advocated for in the state budget until the legislative session 2026, and any funding would not be released until July 2026 or later. D4A is advocating for “placeholder language” for one-time start-up funding and continued funding to be added to the 2025 budget.
- National doula hub

Preliminary Recommendations: no additions.

Legislative report language/progress: 2nd Draft RJ/HCA legislative report complete

February Report

Surge Reproductive Justice/Doula’s For All

Doula Hub and Referral System Design and Implementation

Monthly Report February 2025

Reporting Period: 03/2025 (Submitted March 21)

Summary of Monthly Activities:

- The Doulas For All Coalition facilitated by Surge Reproductive Justice received widened feedback from the HCA internal team on the 2nd draft of the report to the legislature entitled “Recommendations for Implementing and Sustaining a Washington statewide doula hub and referral system.”
- Priorities for the Coalition include advocating for DOH fee waivers and a non-dollar placeholder language for the statewide doula hub and referral system during the 2025 Legislative Session. Doulas in the coalition attended over 10 meetings a week in February.
- The Doulas for All enrollment support team is continuing accessible enrollment peer support for DOH state certification and Provider One by facilitating 3 enrollment parties a month, including an all-Spanish speaking party.
- February kicked off the planning of 8-10 “workforce sustainability” events around the state to prepare doulas for “the business of birth” through a D4A created workshop,

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- Our Doulas For All MSW intern are completing her annual project by helping to plan mini-doula hub virtual learning opportunities so birth doulas can experience what the doula hub could offer as well as smaller meetings with provider software companies and meetings with other doula hubs nationally to aid in our budget projects for the HCA/Legislative report.
- Lastly, Doulas For All sent invitations and began preparation to coordinate client care with all five managed care organizations through a monthly cohort. An MOU was drafted and shared with MCO contacts to gain commitments for participation in March 2025.

Successes/Challenges:

- (+) D4A is continuing relationships with doula hubs in other states as we create an implementation plan for the doula hub & referral system. A third round of meetings were held in February with Sisterweb, Frontline Doulas and an annual reportback with RI Doulas Coop was heavily attended by D4A doulas.
- (+) D4A is piloting our first training opportunities which the doula hub will offer: "The Business of Birth", "Enrollment Support for Birth Doulas", "Culturally-Attuned Care" and "Medicaid 101"
- (+) D4A recruited representatives from the 5 WA based managed care organizations to participate in monthly meetings based on an agreed upon MOU. Contacts have been identified and meetings will begin in March
- (+) Doulas For All was able to secure legislative sponsorship for DOH fee waivers for birth doulas AND placeholder language for the Doulas For All statewide doula hub & referral system in the biennium budget
- (-) Practice Better, a software that D4A was planning to use for charting, HIPAA compliant communication, billing, claim generation etc. does not have a scalable price model and also does not work well with billing to Provider One. D4A is vetting other software and/or billing & claims strategies in Feb-March which will change both our recommendations and budget projection for the doula hub.
- (-) Due to staff turnover and budget constraints, Surge Reproductive Justice (SRJ) has shared that they will only be able to programmatically support D4A through December 2025 and as a fiscal sponsor through June 2026 (if necessary). This timeline adjustment means that doulas will have to plan to transition to another fiscal sponsor and launch the doula hub & referral system 6 months earlier than anticipated.

Planning Objectives:

- [D4A Preliminary Plan_Doula Hub and Referral -2.pdf](#)
- Doulas For All is planning to bring the draft report back to our doula network for feedback and buy in during Spring 2025.
- Doulas For All Doulas will be participating in the WA Dept. of Health Birth Equity Partners Symposium and a national symposium from National Health Law Program (NheLP) in April 2025

Stakeholder Engagement:

- Doulas For All, facilitated by SRJ, engaged the 200-person coalition in weekly planning to review the HCA Report to the Legislature, and plan the mini- hubs/pilot the recommendations for the statewide doula hub.

- D4A hosts monthly teach-Ins where all birth workers can learn about the strategy and opportunities to onboard into the coalition. Updates and space for feedback on the draft doula hub proposal is a reoccurring part of the agenda.
- D4A is piloting the doula hub recommendations through a series of virtual offerings called mini-doula hubs

Funding Plan:

- D4A recognizes that funding for this legislative report could not be advocated for in the state budget until the legislative session 2026, and any funding would not be released until July 2026 or later. D4A is advocating for “placeholder language” for one-time start-up funding and continued funding to be added to the 2025 budget.

Preliminary Recommendations: no additions

Legislative report language/progress: in review

March Report

Surge Reproductive Justice/Doula's For All

Doula Hub and Referral System Design and Implementation

Monthly Report March-April 2025

Reporting Period: 03/2025 (Submitted 4/16)

Summary of Monthly Activities:

- The Doulas For All Coalition facilitated by Surge Reproductive Justice the 3rd draft of the report to the legislature entitled “Recommendations for Implementing and Sustaining a Washington statewide doula hub and referral system” to HCA for internal review by the legislative affairs team.
- D4A is concluding the 2025 Legislative Session. We were able to get both DOH fee waivers and a non-dollar placeholder language for the statewide doula hub and referral system into the Senate budget and placeholder language into the House budget. In March Doulas in the coalition attended an average of 7 meetings a week.
- The Doulas for All enrollment support team is continuing accessible peer support for DOH state certification and Provider One enrollment by facilitating 3 enrollment parties a month, including an all Spanish speaking party.
- D4A Family Tours (Part 2) team have solidified statewide partners for 8 “workforce sustainability” events around the state to launch a D4A created workshop called “the business fundamentals of birth” which will be offered through the doula hub. Locations include Spokane, Tacoma, Forks, Port Angeles, Vancouver, Skagit and more.
- Our Doulas For All MSW intern is completing her annual project by helping to plan mini-doula hub virtual learning opportunities so birth doulas can experience what the doula hub could offer as well as smaller meetings with provider software companies and meetings with other doula hubs nationally to aid in our budget projects for the HCA/Legislative report. 4 out of the 10 total events were hosted in March and April.

- Lastly, Doulas For All hosted our first meeting with representatives from all five managed care organizations invited to participate in a monthly cohort. An MOU was drafted and shared with MCO contacts to gain commitments for participation in March 2025. Meetings will continue once a month.

Successes/Challenges:

- (+) D4A is continuing relationships with doula hubs in other states as we create an implementation plan for the doula hub & referral system. NHelp came out with a national report on the birth doula benefit "[Best Practices for Medicaid Coverage of Doula Care](#)" which mentions the work in Washington State
- (+) D4A is piloting our first training opportunities which the doula hub will offer: "The Business Fundamentals of Birth", "Enrollment Support for Birth Doulas", "Culturally Attuned Care" and "Medicaid 101"
- (+) D4A recruited representatives from the 5 WA based managed care organizations to participate in monthly meetings based on an agreed upon MOU. Contacts have been identified, and meetings will begin in March
- (+) Doulas For All was able to secure legislative sponsorship for DOH fee waivers for birth doulas AND placeholder language for the Doulas For All statewide doula hub & referral system in the biennium budget
- (+) Practice Better, a software that D4A was planning to use for charting, HIPAA complaint communication, billing, claim generation etc. does not have a scalable price model and does not work well with billing Provider One. D4A vetted other software and/or billing & claims strategies in Feb-March which changed our recommendation for software to Jane App and budget projection for the doula hub.
- (+) D4A has gotten 3 leads on fiscal sponsorship for the doula hub and hired a capacity building consultant to help lead D4A through the process of establishing a liberated leadership model for the doula hub
- (-) Due to staff turnover and budget constraints, Surge Reproductive Justice (SRJ) has shared that they will only be able to programmatically support D4A through December 2025 and as a fiscal sponsor through June 2026 (if necessary). This timeline adjustment means that doulas will have to plan to transition to another fiscal sponsor and launch the doula hub & referral system 6 months earlier than anticipated.

Planning Objectives:

- [D4A Preliminary Plan_Doula Hub and Referral -2.pdf](#)
- Doulas For All is planning to bring the draft report back to our doula network for feedback and buy in during Spring 2025.
- Doulas For All Doulas will be participating in the WA Dept. of Health Birth Equity Partners Symposium and a national symposium from National Health Law (NheLP) in April 2025

Stakeholder Engagement:

- Doulas For All, facilitated by SRJ, engaged the 200-person coalition in weekly planning to review the HCA Report to the Legislature, and plan the mini- hubs/pilot the recommendations for the statewide doula hub.
- D4A hosts monthly teach-Ins where all birthworkers can learn about the strategy and opportunities to onboard into the coalition. Updates and space for feedback on the draft doula hub proposal is a reoccurring part of the agenda.
- D4A is piloting the doula hub recommendations through a series of virtual offerings called mini-doula hubs

Funding Plan:

- D4A recognizes that funding for this legislative report could not be advocated for in the state budget until the legislative session 2026, and any funding would not be released until July 2026 or later. D4A is advocating for “placeholder language” for one-time start-up funding and continued funding to be added to the 2025 budget.

Preliminary Recommendations:

Legislative report language/progress: 3rd draft complete and in agency review.

April Report

Surge Reproductive Justice/Doula's For All

Doula Hub and Referral System Design and Implementation

Monthly Report April 2025

Reporting Period: 05/2025 (Submitted 5/14/25)

Summary of Monthly Activities:

- D4A concluded the 2025 Legislative Session securing both DOH fee waivers and a non-dollar placeholder language for the statewide doula hub and referral system into the final concurrent budget. In April, doulas in the coalition attended an average of 5 meetings a week.
- The Doulas For All Coalition facilitated by Surge Reproductive Justice the 4th draft of the report to the legislature entitled “Recommendations for Implementing and Sustaining a Washington statewide doula hub and referral system” to HCA for internal review by the HCA Executive Team.
- The Doulas for All enrollment support team continues accessible peer support for DOH state certification and Provider One enrollment by facilitating 3 enrollment parties a month, including an in person, all Spanish speaking enrollment party once a month.
- D4A Family Tours (Part 2) team have solidified statewide partners for 8 “workforce sustainability” events around the state to launch a D4A created workshop called “the business fundamentals of birth” which will be offered through the doula hub. Locations include Spokane, Tacoma, Forks, Port Angeles, Vancouver, Skagit, Island County, Whatcom County, and Moses Lake.
- Mini Doula Hubs have launched to pilot components of the statewide doula hub. D4A doulas with assistance from our MSW intern hosted workshops on Culturally Attuned Care, Grief Circles, Debrief Circles, The Business of Birth and Understanding/Navigating Managed Care Organizations in April

- Lastly, Doulas For All hosted our second meeting with representatives from all five managed care organizations invited to participate in a monthly cohort. Meetings will continue once a month.

Successes/Challenges:

- (+) D4A is continuing relationships with doula hubs in other states as we create an implementation plan for the doula hub & referral system. Doulas For All presented on a national panel on Medicaid Reimbursement hosted by NHelp on April 17th
- (+) D4A has had a positive reception on the mini-doula hub pilot workshop series. 20-40 doulas from across the state have attended our April offerings: "The Business Fundamentals of Birth", "Enrollment Support for Birth Doulas", "Culturally-Attuned Care" and "Medicaid 101"
- (+) D4A has secured MOUs from almost all 5 WA based managed care organizations to participate in monthly meetings based on an agreed upon MOU.
- (+) Doulas For All was able to secure legislative sponsorship for DOH fee waivers for birth doulas AND placeholder language for the Doulas For All statewide doula hub & referral system in the biennium budget
- (+) D4A has begun monthly work to finalize the leadership structure for the future statewide doula hub with a capacity building consultant. April's meeting was focused on decision making structure as we build the process of establishing a liberated leadership model for the doula hub
- (-) Due to staff turnover and budget constraints, Surge Reproductive Justice (SRJ) has shared that they will only be able to programmatically support D4A through December 2025 and as a fiscal sponsor through June 2026 (if necessary). This timeline adjustment means that doulas will have to plan to transition to another fiscal sponsor and launch the doula hub & referral system 6 months earlier than anticipated. SRJ has also lost 2 additional key staff in April resulting in limited capacity to support basic logistics and operations support.

Planning Objectives:

- [D4A Preliminary Plan_Doula Hub and Referral -2.pdf](#)
- Doulas For All is planning to bring the draft report back to our doula network for feedback and buy in during Spring 2025.
 - Doulas For All Doulas will be participating in the WA Dept. of Health Birth Equity Partners Symposium and a national symposium from National Health Law (Nhelp) in April 2025

Stakeholder Engagement:

- Doulas For All, facilitated by SRJ, engaged the 200-person coalition in weekly planning to review the HCA Report to the Legislature, and plan the mini- hubs/pilot the recommendations for the statewide doula hub.
- D4A hosts monthly teach-Ins where all birth workers can learn about the strategy and opportunities to onboard into the coalition. Updates and space for feedback on the draft doula hub proposal is a reoccurring part of the agenda.
- D4A is piloting the doula hub recommendations through a series of virtual offerings called mini-doula hubs

Funding Plan:

- D4A recognizes that funding for this legislative report could not be advocated for in the state budget until the legislative session 2026, and any funding would not be released until July 2026 or later. D4A is advocating for “placeholder language” for one-time start-up funding and continued funding to be added to the 2025 budget.

Legislative report language/progress:

- In review

Appendix E: Managed care organization contact list

MCO Contacts (Updated January 16, 2025)

| MCO | Contacts |
|---|---|
| Community Health Plan of WA (CHPW)) | <p>Megan Boardman, Manager, Wellness & Chronic Conditions Megan.Boardman@chpw.org</p> <p>Jan Goetz, Director Market Intelligence & Product Strategy Jan.Goetz@chpw.org</p> <p>Erin Hafer, Delivery & Health Systems Innovations & Community Partnerships Erin.Hafer@chpw.org</p> <p>Kayla Salazar, Director of Health Equity & Quality Kayla.Salazar@chpw.org</p> <p>Terri Johnson, Product Marketing Manager Terri.Johnson@chpw.org</p> |
| Coordinated Care of Washington (CCW) | <p>Sherry Bennet, Senior Manager, Case management SBENNATTS@coordinatedcarehealth.com</p> |
| Molina | <p>Jessica Beach, Director, Health Equity & Cultural Competency; Tribal Liaison (Acting) Jessica.Beach@molinahealthcare.com</p> <p>Krista Edmundson, Manager, Government Contracts Krista.Edmundson@molinahealthcare.com</p> <p>Dr. Frances Gough, Chief Medical Officer Frances.Gough@molinahealthcare.com</p> <p>Kelly Anderson, Director, High Risk OB Case Management Kelly.Anderson@molinahealthcare.com</p> <p>Collin Elane, VP of Healthcare Services Collin.Elane@molinahealthcare.com</p> |
| United Healthcare (UHC) | <p>Mandy Lee, Manager, Maternal Care Management</p> |

Washington Statewide Doula Hub and Referral System
Recommendations for Implementation and Sustainability
June 30, 2025

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