



# *State of Tennessee*

## **PUBLIC CHAPTER NO. 424**

### **SENATE BILL NO. 394**

**By Lamar, Campbell, Akbari, Oliver**

Substituted for: House Bill No. 738

By Love, Hardaway, Clemmons

AN ACT to amend Tennessee Code Annotated, Title 4; Title 8; Title 56; Title 63 and Title 71, relative to doulas.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 63, is amended by adding the following as a new chapter:

#### **63-15-101. Legislative findings and intent.**

(a) The general assembly finds that:

(1) Pregnant and postpartum women who receive doula care are found to have improved health outcomes for themselves and their infants, including higher breastfeeding initiation rates, fewer low birth weight babies, and lower rates of cesarean deliveries;

(2) The benefits of doula care can have a financial impact in helping families and this state avoid the costs associated with low birth weight babies, cesarean births, and other pregnancy-related complications; and

(3) A successful program of medicaid coverage for doula care must honor and support the autonomy of doulas, and be as inclusive as possible of the wide variety of birth support work that exists, including community-based and traditional birth support work.

(b) It is the intent of the general assembly to identify and mobilize an educated and prepared doula workforce to serve pregnant women in this state by supporting the ongoing practices of doulas working with communities that experience the highest burden of birth disparities, but without the barriers to entry that licensure would entail.

#### **63-15-102. Chapter definitions.**

As used in this chapter:

(1) "Committee" means the doula services advisory committee;

(2) "Community-based doula" means a doula who serves pregnant women in a community in this state with a high rate of maternal or infant mortality and morbidity, and whose services are tailored to the specific needs of that community;

(3) "Department" means the department of health;

(4) "Doula" means a birth worker who provides child birth education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum women before, during, and after childbirth and loss;

(5) "Doula services" means at least three (3) prenatal appointments, continuous labor support during birth, and at least three (3) postpartum appointments with a pregnant woman; and

(6) "Postpartum" means the twelve-month period immediately following childbirth.

**63-15-103. Doula services advisory committee – Creation – Purpose – Duties.**

(a) There is created the doula services advisory committee. The committee is attached to the department of health for administrative purposes.

(b) The purpose of the committee is to:

(1) Advise the department of health by establishing core competencies and standards for the provision of doula services in this state; and

(2) Recommend reimbursement rates and fee schedules for TennCare reimbursement for doula services.

(c) The doula services advisory committee shall:

(1) Develop a set of core competencies and standards for doulas providing doula services in this state, for the purpose of verifying competency, including a demonstration of competency, through training or attestation of equivalency or lived experience, in the following areas:

(A) Understanding basic anatomy and physiology as related to pregnancy, the childbearing process, breastfeeding, and the postpartum period;

(B) Utilizing different strategies to provide emotional support, education, and resources during the perinatal period;

(C) Knowledge of and the ability to assist families with utilizing a wide variety of nonclinical labor coping and physical comfort strategies;

(D) Strategies to foster effective communication between clients, clients' families, support services, and healthcare providers; and

(E) Knowledge of community-based, government-funded, and clinical resources available to the client for needs outside the doula's scope of practice;

(2) Propose multiple options for medicaid reimbursement for doula services, including doulas operating as independent providers and doulas working with licensed providers;

(3) Propose reimbursement rates and fee schedules reflecting the reasonable number of clients a doula can sustain at the same time;

(4) Propose incentive-based programs such as fee waivers to encourage participation from doulas in rural communities; and

(5) Examine outcomes, findings, and reports from existing pilot programs related to the provision of doula services.

(d) The doula services advisory committee shall compile a report of its findings and recommendations from the duties described in subsection (c). No later than eighteen (18) months following the date of the committee's first meeting, the department of health shall publish a copy of the committee's report on its public website, and the committee shall transmit a copy of the report to the chair of the health and welfare committee of the senate, the chair of the health committee of the house of representatives, and the legislative librarian.

**63-15-104. Membership – Appointment – Terms.**

(a) The committee consists of the following five (5) members:

(1) The commissioner of health, or the commissioner's designee with experience in maternal health or medicaid policy;

(2) The director of TennCare, or the director's designee;

(3) Two (2) community-based doulas, to be appointed by the commissioner of health or the commissioner's designee, who have documented experience providing services to:

(A) Medicaid recipients; or

(B) Women in municipalities or unincorporated areas in this state with high rates of maternal and infant mortality; and

(4) One (1) doula, to be appointed by the commissioner of health or the commissioner's designee, who has documented experience providing services to medicaid recipients.

(b) If a membership position on the committee becomes vacant, then the commissioner shall appoint a replacement member who meets the qualifications as described in subsection (a) for the vacant position.

(c)(1) The commissioner shall remove any member who misses more than fifty percent (50%) of the scheduled meetings in a calendar year and appoint a new member to serve.

(2) Notwithstanding subdivision (c)(1), the commissioner may excuse an absence of a committee member for good cause, in the discretion of the commissioner.

(d) The chair shall convene the first meeting of the committee no later than October 1, 2023, and elect a committee member to serve as chair and conduct the committee meetings.

(e) All reimbursement for travel expenses must be in accordance with the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter. Members of the advisory committee serve without compensation, but are entitled to receive necessary travel and other appropriate expenses while engaged in committee business.

(f) The committee ceases to exist on July 1, 2026.

SECTION 2. The department of health is authorized to promulgate rules to effectuate this act. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.


SECTION 3. The headings in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 4. This act takes effect July 1, 2023, the public welfare requiring it.


SENATE BILL NO. 394

PASSED: April 20, 2023

  
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RANDY McNALLY  
SPEAKER OF THE SENATE

  
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CAMERON SEXTON, SPEAKER  
HOUSE OF REPRESENTATIVES

APPROVED this 11<sup>th</sup> day of May 2023

  
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BILL LEE, GOVERNOR