

SENATE BILL 187

By Lamar

AN ACT to amend Tennessee Code Annotated, Title 4;  
Title 63; Title 68 and Title 71, Chapter 5, 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. Short title.**

This chapter is known and may be cited as the "Maternal and Infant Mortality  
Prevention Act."

**63-15-102. 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;

(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.

**63-15-103. 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.

**63-15-104. 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) Establish 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, 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) Host a series of town halls and undertake a survey of doulas practicing in this state regarding the doulas' needs and concerns with medicaid coverage 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.

**63-15-105. Membership – Appointment – Terms.**

(a) The committee consists of the following eleven (11) members:

(1) The commissioner of health, or the commissioner's designee;

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

(3) One (1) physician, licensed under chapter 6 or 9 of this title, with training in obstetrics, and who has documented experience providing services to medicaid recipients and working with doulas, to be appointed by the commissioner of health or the commissioner's designee;

(4) One (1) midwife, certified under chapter 29 of this title, and who has documented experience providing services to medicaid recipients and working

with doulas, to be appointed by the commissioner of health or the commissioner's designee;

(5) One (1) doula who has documented experience providing services to medicaid recipients in any county having a metropolitan form of government and a population in excess of five hundred thousand (500,000), according to the 2020 federal census or any subsequent federal census, to be appointed by the commissioner of health or the commissioner's designee;

(6) One (1) doula who has documented experience providing services to medicaid recipients in any county with a population in excess of nine hundred thousand (900,000), according to the 2020 federal census or any subsequent federal census, to be appointed by the commissioner of health or the commissioner's designee;

(7) Two (2) doulas who have documented experience providing services to medicaid recipients in counties other than those counties specified in subdivisions (c)(5) and (6), to be appointed by the commissioner of health or the commissioner's designee;

(8) Two (2) community-based doulas who have documented experience providing services to women in municipalities or unincorporated areas in this state with high rates of maternal and infant mortality, to be appointed by the commissioner of health or the commissioner's designee; and

(9) One (1) public health professional with experience in maternal health or medicaid policy, to be appointed by the commissioner of health or the commissioner's designee.

(b) In order to stagger the terms of the newly appointed committee members, initial appointments are made as follows:

(1)

(A) The persons appointed under subdivisions (a)(3)-(5) serve an initial term of two (2) years, which expires on June 30, 2025;

(B) The persons appointed under subdivisions (a)(6) and (7) serve an initial term of three (3) years, which expires on June 30, 2026;  
and

(C) The persons appointed under subdivisions (a)(8) and (9) serve an initial term of four (4) years, which expires on June 30, 2027.

(2) Following the expiration of members' initial terms as prescribed in subsection (b)(1), all four-year terms begin on July 1 and terminate on June 30, four (4) years later.

(3) Committee members are eligible for reappointment and may serve multiple terms, whether consecutive or nonconsecutive.

(c) If a membership position on the committee becomes vacant, then the commissioner shall appoint a replacement member who meets the qualifications as described in § 63-15-105 for the vacant position. The replacement appointee serves for the remainder of the vacated member's term of office.

(d)

(1) The commissioner shall remove any voting member who misses more than fifty percent (50%) of the scheduled meetings in a calendar year and appoint a new member to serve the remainder of the removed member's term of office.

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

(e) The commissioner of health, or the commissioner's designee, shall serve as chair of the committee. The chair shall convene the first meeting of the committee within ninety (90) days following the effective date of this act.

(f) 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.

SECTION 2. Tennessee Code Annotated, Section 4-29-246(a), is amended by inserting the following as a new subdivision:

( ) Doula services advisory committee, created by § 63-15-104;

SECTION 3. 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 4. 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 5. For the purpose of promulgating rules, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect July 1, 2023, the public welfare requiring it.