

LFC Requestor: KLUNDT, Kelly

2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House
Number: 214

Category: Bill
Type: Introduced

Date (of THIS analysis): 01/30/25

Sponsor(s): Doreen Gallegos, Janelle Anyanonu, Sarah Silva and Reena Szczepanski

Short Title: Doula Credentialing and Access Act

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$0	\$0		

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0		

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$164.077	\$164.077	\$328.154	Recurring	SGF

One FTE is needed for the doula credentialing. Pay band 70 \$34.20 per hour x 2080 hours= \$71,198.00 + Fringe benefits at 40% 28,479.00 = \$ 99,677.00 is estimated for a program coordinator.

Per diem and mileage for doula council members is estimated at \$3,600 per meeting, \$14,400 per year.

Data collection system maintenance is estimated at \$50,000 per year. Training, printing and advertising costs have not been determined.

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: NM Vital Statistics Act
<https://www.srca.nm.gov/parts/title07/07.002.0002.html>

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: Creates a 'doula fund' subject to appropriation approvals.

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 214 (HB214) requires the Department of Health to promulgate rules for a voluntary doula certification process allowing doulas in NM to enroll as Medicaid providers and bill Medicaid for reimbursement of services for Medicaid clients. It requires DOH to establish a doula certification program, and to establish a doula certification council. DOH would be required to establish training and continuing education standards, and the department would be required to create a workforce development plan to promote equitable access for underserved communities. The bill requires DOH to establish procedures for disciplinary action against doulas who should be reprimanded or put on probation or whose credential should be revoked. The bill also allows for an appeal process for those individuals.

HB 214 specifies that individuals may only use the title 'credentialed doula' if they are credentialed under the provisions of the Doula Credentialing and Access Act. It also says the credentialed person may only participate in activities authorized by the Act, and by rules promulgated under the Act. HB214 does not limit their ability to simultaneously engage in practice for something in which they are also licensed or certified.

The bill requires birthing hospitals and free-standing birthing centers to adopt and advertise written policies and procedures authorizing a patient to select a doula of their choice to accompany the patient on a facility's premises for support to the patient during pregnancy, delivery or postpartum.

The bill requires DOH to submit annual reports on the demographics of certified doulas, delivery of doula services, and birth outcomes for recipients of doula services.

The bill also requires the state treasury to create a non-reverting 'doula fund'. The funding for doulas would be subject to appropriation to the department.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Doulas are non-medical, non-clinical providers who provide emotional and social support to individuals who are pregnant, delivering a baby, or who have recently delivered a baby <https://www.dona.org/what-is-a-doula-2/>. Doulas may be trained and affiliated with national or local doula organizations and help women and families navigate their birth experiences, and while they may be part of a birthing team in a clinic or hospital, they do not provide clinical or medical services.

Doula support is the subject of many health and economic impact studies in the United States, and there is ample evidence that having a doula can both save healthcare costs and improve a range of perinatal outcomes including lower rates of Cesarean Section, lower rates of low birthweight or prematurity, and higher rates of breastfeeding and mental health wellness in the postpartum period (Sobzchak et al. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review; *Cureus*. 2023 May 24;15(5):e39451. doi: [10.7759/cureus.39451](https://doi.org/10.7759/cureus.39451)). These positive perinatal outcomes relate directly to the types of support that are offered by doulas, which can focus on prenatal nutrition and health for the mother, honoring a mother's birth plan during labor and supporting comfort measures through childbirth, helping the mother and family through a needs assessment, including recommendations and referrals for services, navigation of services, newborn hands-on education and care, and newborn nutrition and/or breastfeeding or counseling.

In NM, over 60% of the NM birth population is covered by Medicaid for prenatal and delivery services (NMDOH PRAMS 2025), and Medicaid beneficiaries may benefit from support from doulas, resulting in improved outcomes and health cost savings (Kozhimannil et al. Doula Care, Birth Outcomes and Costs Among Medicaid beneficiaries; *Am J Public Health* 2013 Apr;103(4):e113–e121. doi: [10.2105/AJPH.2012.301201](https://doi.org/10.2105/AJPH.2012.301201)).

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No

HB 214 requires the Department of Health (DOH) to promulgate rules for a doula certification process in NM. HCA in partnership with DOH, are currently finalizing steps for credentialed doulas to enroll as Medicaid providers and bill Medicaid for reimbursement. This bill would establish a robust framework for a doula credentialing program and would allow the agency to collect fees for doula certification.

HB 214 requires DOH to establish a doula certification council and to address doula training guidelines and the establishment of a doula certification program which will issue standards for the continuing education requirements for doula certification. It also allows the department to require renewals of certification.

HB 214 requires DOH to collaborate with other state agencies to produce annual reports, beginning in September 2026. The elements named for reporting would include demographics on doulas, the number and duration of doula services provided, the costs of services provided per eligible person, and the pregnancy and birth outcomes for people served by doulas.

Staffing is required to stand up and support all aspects of a doula certification program. See Fiscal Impact section for details.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?

Yes No N/A

- If there is an appropriation, is it included in the LFC Budget Request?

Yes No N/A

- Does this bill have a fiscal impact on NMDOH? Yes No

One FTE is needed for the doula credentialing. Pay band 70 \$34.20 per hour x 2080 hours= \$71,198.00 + Fringe benefits at 40% 28,479.00 = \$ 99,677.00 is estimated for a program coordinator.

Per diem and mileage for doula council members is estimated at \$3,600 per meeting, \$14,400 per year.

Data collection system maintenance is estimated at \$50,000 per year. Training, printing and advertising costs have not been determined.

A doula fund would be created in the treasury, and it would be subject to appropriation to the NMDOH.

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

The rule promulgation, establishment of a doula certification program and creation, as well as oversight of a doula council will require administrative duties and capacity within the department.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

On page 5, line 3-5 HB214 states “the department may issue cease-and-desist orders to persons who violate the provisions of the Doula Credentialing and Access Act.” Doula credentialing is a voluntary process that is being put in place to allow doulas to have the ability to bill Medicaid; it is not required for a doula to practice as a doula in NM. DOH can revoke the credential but the doula could still practice as a doula without being credentialed. Without certification, they would be unable to bill Medicaid for services provided, however.

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

The annual reporting requirements indicating disaggregated data on infant or maternal deaths may conflict with restrictions in the NM Vital Statistics Act.

8. DISPARITIES ISSUES

In addition to social and economic disparities by poverty (Medicaid status), there are significant birth outcome disparities by race in New Mexico. New Mexico Vital Records reports that for the period 2019-2023, infant mortality rates were highest among Black or African American infants (13.6 deaths per 1,000 live births) and American Indian or Asian infants (6 per 1,000) compared to Hispanic or non-Hispanic white infants (4.7 per 1,000) in NM (NM Vital Records

<https://ibis.doh.nm.gov/query/result/infmort/InfMort/InfMortRate.html>).

Maternal Mortality also impacts NM people disproportionately, and for the case period 2015-2020, the NM Maternal Mortality Review Committee (MMRC) found that among 44 pregnancy-related deaths, 20% were for American Indian or Alaska Native women, who had the highest pregnancy-related mortality ratio in NM: 52.9 deaths per 100,000 live births. This was double the ratio among Hispanic/Latine individuals (21.9 per 100,000) and nearly 50% higher than for non-Hispanic white women (40.5 per 100,000)

(<https://www.nmlegis.gov/handouts/LHHS%20112823%20Item%2010%20MMRC.pdf>).

By insurance status, the highest ratio of pregnancy-related deaths was among Medicaid recipients whose pregnancy-related mortality ratio was more than three times that of privately insured decedents (40.1 versus 12.4 deaths per 100,000 live births).

9. HEALTH IMPACT(S)

Delivery and birth outcomes for people receiving Medicaid may improve with expanded access to doula services. Doula support is the subject of many health and economic impact studies in the United States, and there is evidence that having a doula can both save health costs and improve a range of perinatal outcomes including lower rates of Cesarean Section, lower rates of low birthweight or prematurity, and higher rates of breastfeeding and mental health wellness in the postpartum period (Sobzchak et al. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review; *Cureus*. 2023 May 24;15(5):e39451. doi: [10.7759/cureus.39451](https://doi.org/10.7759/cureus.39451)).

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If HB214 is not enacted, doulas may not be able to enroll as Medicaid providers in NM.

12. AMENDMENTS

On page 8, line 5, the word “disaggregated” should be changed to “aggregated”. Non-identifiable information is reported in the aggregate. Reporting disaggregated data could also conflict with the NM Vital Statistics Act.