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## FISCAL IMPACT REPORT

**LAST UPDATED** \_\_\_\_\_

**SPONSOR** Gallegos/Anyanonu/Silva/Szczepanski      **ORIGINAL DATE** 2/1/25

**BILL**

**SHORT TITLE** Doula Credentialing and Access Act      **NUMBER** House Bill 214

**ANALYST** Klundt

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	No fiscal impact	\$164	\$164	\$328	Recurring	Other state funds

Parentheses ( ) indicate expenditure decreases.  
 \*Amounts reflect most recent analysis of this legislation.

Relates to House Bill 2

### Sources of Information

LFC Files

Agency Analysis Received From  
 Department of Health (DOH)  
 Health Care Authority (HCA)  
 Early Childhood Education and Care Department (ECECD)

## SUMMARY

### Synopsis of House Bill 214

House Bill 214 (HB214) creates the Doula Credentialing and Access Act. This act mandates that the Department of Health (DOH) establish a voluntary credentialing process for doulas, enabling them to enroll as Medicaid providers. It also calls for the formation of a Doula Credentialing Advisory Council and requires hospitals and freestanding birth centers to develop policies allowing doulas to accompany patients during specific services. Additionally, the bill creates a Doula Fund to support these initiatives.

## FISCAL IMPLICATIONS

DOH reported the personnel costs for two FTE to implement this program would cost \$164 thousand annually. The LFC budget recommendation includes \$600 thousand to DOH to administer this program contingent on enactment of this or similar legislation. The LFC appropriation recommendation is for personnel, IT, program development costs, and advisory board costs.

## SIGNIFICANT ISSUES

In the current fiscal year, the Legislature funded the Health Care Authority (HCA) to provide doula services for Medicaid members; however, the state still needs credentialled providers. 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. Doulas may be trained and affiliated with national or local doula organizations and help women and families navigate their birth experiences. While doulas may be part of a birthing team in a clinic or hospital, they do not provide clinical or medical services.

HCA has created a mechanism for doula reimbursement. The State Plan Amendment has already been approved by the federal Centers for Medicare and Medicaid Services (CMS), the letter of direction to Managed Care Organizations (MCOs) already posted, and all system changes implemented at Medicaid. The only remaining piece for doulas to be able to be reimbursed via Medicaid is for them to have a path to state credentialing. This bill is necessary to achieve doula reimbursement within Medicaid. Without this bill, doulas will not be able to bill Medicaid for their services according to HCA.

HCA also noted, “Research indicates that doulas positively impact several maternal and infant health outcomes and experiences. The Medical Assistance Division of the HCA (NM Medicaid) added coverage for doula services as a new reimbursable preventative service. Doula services are anticipated to positively impact maternal and infant health outcomes and improve access to quality health care across the state, especially in rural and frontier areas where the state faces access to care challenges.”

Doula credentialing is a voluntary process that would allow doulas to bill Medicaid; it is not required to practice as a doula in the state. This bill would allow DOH to revoke the credential, but the doula could still practice as a doula without being credentialled. However, without certification, a doula would be unable to bill Medicaid for services provided.

KK/hj/SR