

Assembly Bill No. 904**CHAPTER 349**

An act to add Section 1367.626 to the Health and Safety Code, and to add Section 10123.868 to the Insurance Code, relating to health care coverage.

[Approved by Governor October 07, 2023. Filed with Secretary of State
October 07, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 904, Calderon. Health care coverage: doulas.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. Existing law encourages a plan or insurer to include coverage for doulas.

This bill would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. Under the bill, a Medi-Cal managed care plan would satisfy that requirement by providing coverage of doula services so long as doula services are a Medi-Cal covered benefit. The bill would require the Department of Managed Health Care, in consultation with the Department of Insurance, to collect data and submit a report describing the doula coverage and the above-described programs to the Legislature by January 1, 2027. Because a willful violation of the provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Digest Key

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

Bill Text

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) The United States has the highest rates of maternal mortality among higher-income countries. There are an estimated 1,200 deaths per year in the United States that are pregnancy-related, with about three in five deaths deemed preventable.

(b) The United States has an infant mortality rate that is higher than most higher-income countries. Currently, the United States is ranked 33 out of 36 countries belonging to the Organization for Economic Cooperation and Development, with an average of 5.7 deaths per 1,000 live births.

(c) California's Native American infant mortality rate is 11.7 deaths per 1,000 live births, followed by Black infants at 8.7 deaths per 1,000 live births. Both figures are far above the state's average of 4.2 deaths per 1,000 live births.

(d) Prematurity is a leading cause of infant mortality and has been linked to lifelong conditions, such as behavioral development issues, learning difficulties, and chronic disease.

(e) Racism and racial bias in health care contribute to both the national maternal mortality and morbidity crisis and infant mortality and morbidity, in particular for pregnant and postpartum people and infants who are Black or Native American.

(f) A study looking at over 32,000,000 births in the United States found that cisgender women of color, especially Black cisgender women, were more likely to experience additional negative birth outcomes from exposure to the effects of climate change, including increased temperature and air pollution from fires, which lead to increases in stillbirth and low birth weight, respectively.

(g) California has made great progress in the last decade to improve maternity care, and now boasts the lowest maternal mortality rate in the country. However, the improvements in maternal mortality have not come with a corresponding improvement in the racial disparities in maternal health. Black and Native American pregnant and postpartum people in California continue to die at higher rates than non-Hispanic White pregnant and postpartum people.

(h) California is failing pregnant and postpartum people, especially those in some of the state's most vulnerable and marginalized communities. Pregnant and postpartum people in California report discrimination and bias in care based on their race, gender, and language. This leads to fear and distrust of the institutionalized maternal health care system, particularly by people of color.

(i) One of the essential goals of the State Department of Public Health is to reduce health and mental health disparities among vulnerable and underserved communities to achieve health equity throughout California. This goal should extend to health equity for birthing people and infants.

(j) California can do a better job to support pregnant, birthing, and postpartum people in our state, especially Black pregnant, birthing, and postpartum people, who are experiencing the brunt of racism, disparities, and inequities in health care access, services, and delivery.

(k) The State Department of Health Care Services rolled out doula benefits on January 1, 2023, by adding it to the list of preventive services covered under the Medi-Cal program.

(l) Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes, and encourages a plan or insurer to include coverage for doulas.

(m) To date, doula services are not covered by private health care service plans and insurers. California's commercial plans and insurers, including Blue Shield of California, HealthNet, and Anthem, have sponsored several doula pilot programs throughout the state. Participants of those pilots have reported positive health outcomes.

(n) While California is one of 10 states with Medicaid doula benefits, this bill would position the state to be one of the first to also expand doula access in the private coverage context. With 40 percent of births being funded by Medi-Cal every year, this act has the potential to reach even more births with the support of doulas.

SEC. 2. Section 1367.626 is added to the Health and Safety Code, to read:

1367.626. (a) (1) On or before January 1, 2025, a health care service plan shall develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. This may be achieved by integrating the program into existing maternal mental health programs, including those encouraging the coverage of doula care, or by expanding existing doula programs.

(2) (A) A Medi-Cal managed care plan shall be considered compliant with the requirements of this section by providing coverage of doula services so long as doula services are a Medi-Cal covered benefit.

(B) For the purpose of this section, "Medi-Cal managed care plan" has the same meaning as provided in subdivision (j) of Section 14184.101 of the Welfare and Institutions Code.

(b) The department, in consultation with the Department of Insurance, shall collect data and submit a report describing the doula coverage and programs established pursuant to subdivision (a) to the Legislature by January 1, 2027. The report may do both of the following:

(1) Include the department's Healthcare Effectiveness Data and Information Set (HEDIS) measures or the Center for Data Insights and Innovation's quality of care report card.

(2) Assess quality of care, increased access, ongoing barriers to access, and more.

SEC. 3. Section 10123.868 is added to the Insurance Code, to read:

10123.868. On or before January 1, 2025, a health insurer shall develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. This may be achieved by integrating the program into existing maternal mental health programs, including those encouraging the coverage of doula care, or by expanding existing doula programs.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.