



**Virginia Doula Task Force
September 28, 2021
10:00am-12:00pm**

Meeting Minutes-FINAL

1. Call to order – Kenda Sutto-EL

2. Roll call – Consuelo Staton

Present:

- a) Kenda Sutton- EL
- b) Stephanie Spencer
- c) Dr. Frances Casey
- d) Tara Daystar
- e) Lora Henderson, Doula Consumer
- f) Tammi McKinley
- g) Alison Roepke
- h) Cheryl Roberts, DMAS, ex officio
- i) Jennifer Macdonald, VDH, ex officio
- j) Consuelo Staton, VDH, Task Force Admin

Not present: Lisa Brown, Lauren Barnes, Lashrecse Aird, Isabel Eljaiek, Kayley Mayhew, Erika Schmale, and Kathy Stewart

3. Open issues- Topic for discussion- Kenda Sutton-EL, Stephanie Spencer

- Recommend the proposed training entities (curriculum based focus)
 - i. Birth in Color RVA
 - ii. Urban Baby Beginnings
 - iii. Mother Health International
 - iv. DONA- national model
 1. ABC (DONA approved facilitator)
 - v. SMC Doulas
 - vi. ToLabor- national model that is also well known, but would need additional certifications to go with it to meet the criteria
 - vii. Breath of Life Midwifery- local organization of Roanoke area wishes to be considered

***send email to Consuelo if other orgs to be considered and she will add to the list**

- The potential of certification reciprocity between states
 - i. Ex. If doulas are certified in Maryland, do they need to be certified in Virginia as well?
 - ii. Curriculum requirements by state are different- something to consider
 - iii. Suggestion to include Maryland and DC for reciprocity... but what about other nearby states that have funding for doulas, like New Jersey
 1. Compare curriculum requirements and training entities
 2. Do Maryland and DC already have a doula reimbursement model?
 - iv. Requirements for other states should be reviewed to make this decision- doulas may meet requirements to easily be licensed in other states, even if automatic reciprocity doesn't apply
 - v. Reciprocity as an issue of equity- by accepting licenses from other states we avoid another barrier for doulas and patients
 - vi. Two things to consider: Training programs that may be in other areas – vs- providers that are certified in other states
 1. Does the individual need to reside in Virginia? Don't need to get an additional license if certified in other state but living in Virginia
 2. –or- reciprocity agreement that will allow for someone living in other state to also be able to practice here in Virginia
 - vii. Consider practicing across state lines- like southwest VA close to Tennessee, or other rural parts of VA bordering NC, or Northern VA bordering DC. Sometimes closest hospital is across state lines
 1. If a mother doesn't get to her hospital of choice and ends up birthing in a state different than expected, the doula still deserves to be reimbursed and
 - viii. Mid-Atlantic, North Carolina, Tennessee, Maryland, DC- pull requirements, training entities and curriculum to compare
 1. May allow pooling/sharing of data in the long term to help doula care progress nationally
- Provider referrals – clarification on provider type (DMAS)



DMAS Doula Implementation Update:
August-September 2021

Created a Doula referral form based on New Jersey
Licensed providers eligible to fill out include:

- Physicians, CP, CNM licensed midwives, nurse practitioners, physician assistants, and other Licensed Mental Health Professionals
- (LMHPs: physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, and certified psychiatric clinical nurse specialist).

These licensed provider types are best positioned to ensure that the member accessing doula services also accesses key maternal and child health clinical services.



- i.  
- ii. Suggestion to add "CM" (Certified Midwives- new licensee type like CNM but didn't go to nursing school first)

- Addressing the practice of hospitals implementing their own fees/barring state certified doulas (VHHA)
 - i. Own process for certifying doulas and other professionals that aren't doctors and nurses in their facilities
 - 1. Are willing to re-examine policies once things are more concrete.
 - ii. Hospitals are excited to include doulas as valued members of the care team
- Communications committee activity and update
 - i. Discussion re: how referrals are going to be provided from the community to the doula, and from the provider to the doula
 - ii. Use of FAQ sheet
 - 1. Doula practitioner
 - 2. Provider
 - 3. Community at large
 - iii. Different platforms that may be available to spread the word. Tools used to connect because care organizations, hospital systems, VDH etc.
 - 1. Utilizing larger institutions to help share information about this program
 - 2. Provider engagement
 - a. ACOG, and speaking with providers to know how to implement the benefit and why it is important to do so
 - 3. Engaging hospital social workers and care coordinators, and managed care organizations as well
 - iv. Look at other state's implementation strategies they've used to roll out the doula benefit
 - 1. NJ, California, Oregon to learn about best practices
 - v. Challenges
 - 1. Fees , structure, credentialing within hospital systems and requirements
 - 2. Doula as member of care team and not a visitor
 - vi. Next Communications meeting October 12th
 - 1. FAQ for provider, stakeholder and community
 - 2. Follow-up w/ other states
 - 3. Engagement and referral strategies

4. Public Comment Period- 2 minute maximum time per public commenter

5. Adjournment

- a. Next meeting: October 5, 2021, 10:00AM