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I	AN ACT relating to Medicaid coverage for doula services.
2	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
3	→SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
4	READ AS FOLLOWS:
5	(1) As used in this section, "doula" means a trained professional who provides
6	physical, emotional, and educational support, but not medical care, to mothers
7	before, during, and after childbirth.
8	(2) The Department for Medicaid Services and any managed care organization with
9	which the department contracts for the delivery of Medicaid services shall provide
10	coverage for doula services if the doula has:
11	(a) Applied for and received a National Provider Identifier number from the
12	federal Centers for Medicare and Medicaid Services; and
13	(b) Completed enrollment as a Medicaid provider, as required by the
14	Department for Medicaid Services.
15	(3) In order to be eligible to enroll as a Medicaid provider, the Department for
16	Medicaid Services shall require a doula to provide at least the following:
17	(a) Evidence of having completed the following:
18	1. A doula training course offered by the International Childbirth
19	Education Association, Doulas of North America, the Association of
20	Labor Assistants and Childbirth Educators, Birthworks, the Childbirth
21	and Postpartum Professional Association, Childbirth International,
22	the International Center for Traditional Childbearing, or
23	Commonsense Childbirth; or any other doula training course
24	approved by the Department for Medicaid Services;
25	2. At least twenty-four (24) contact hours of in-person education that
26	included any combination of childbirth education, birth doula
27	training, antepartum doula training, and postpartum doula training;

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1	3. At least one (1) breastfeeding class;
2	4. At least two (2) childbirth classes;
3	5. A cultural competency training course; and
4	6. A training course on client confidentiality and privacy;
5	(b) Proof of cardiopulmonary resuscitation certification for infants, children,
6	and adults; and
7	(c) At least one (1) positive reference from a licensed healthcare provider or a
8	licensed certified professional midwife as defined in KRS 314.400.
9	(4) The Department for Medicaid Services may promulgate administrative
10	regulations necessary to carry out this section.
11	→ Section 2. If the Cabinet for Health and Family Services or the Department for
12	Medicaid Services determines that a state plan amendment, waiver, or any other form of
13	approval or authorization from a federal agency is necessary prior to the implementation
14	of Section 1 of this Act, the cabinet or department shall, within 90 days after the effective
15	date of this Act, request the state plan amendment, waiver, approval, or authorization and
16	shall only delay full implementation of those provisions for which a state plan
17	amendment, waiver, approval, or authorization was deemed necessary until the state plan
18	amendment, waiver, approval, or authorization is granted. The cabinet shall, in
19	accordance with KRS 205.525, provide a copy of any state plan amendment, waiver, or
20	other approval or authorization submitted pursuant to this section to the Legislative
21	Research Commission for referral to the Interim Joint Committee on Health Services and
22	the Interim Joint Committee on Appropriations and Revenue, and shall provide an update
23	on the status or any application submitted pursuant to this section upon request.