Strengthen Adequacy of Medicaid Managed Care Doula Networks

In New York State, **Black birthing people are five times more likely to die from pregnancy-related causes than their white counterparts** and **twice as likely to experience serious complications.** Doulas are a proven, critical intervention to counter these inequities. However, systemic barriers are currently preventing Doulas from reaching the New Yorkers who need them most.

Since mid-2025, members of the New York City Doula Association (NYCDA) have reported that Managed Care Organizations (MCOs) are limiting or capping doula enrollment in their networks. Doulas are being told enrollment is "closed," even when they have the capacity and willingness to take on new Medicaid clients. With existing enrolled doulas also at maximum capacity, this leaves no room for new referrals.

Under federal Medicaid Managed Care regulations, states must enforce Network Adequacy Standards. By capping doula enrollment, MCOs are failing to meet these legal adequacy standards, effectively denying Medicaid beneficiaries the culturally responsive, life-saving care they are entitled to by law.

Real Human Impact

In the last six months alone, at least **80 potential clients** could not be matched due to network capacity issues.

49 clients were denied care because of Medicaid enrollment barriers

29 clients were left without support because the network lacked doulas who spoke their primary language

"I have had to turn away approximately 20 clients because I am not currently contracted with certain MCOs. I was barred from supporting these families during their pregnancies and births, despite having availability and willingness to serve them. This has directly impacted both my practice and the communities seeking culturally responsive care."

- NYC doula, February 2026

Consequences of Inaction

- **Erosion of Trust:** When healthcare providers refer patients to doula services and those referrals get rejected, it breaks the circle of care and diminishes trust in the healthcare and Medicaid systems.
- **Inefficient Workarounds:** Doulas are forced to rely on informal networks to find available providers, an unsustainable model for a professional workforce.
- **Added Inequity:** The burden of these gaps falls disproportionately on marginalized birthing people who are already at high risk for adverse outcomes.

Recommendations for the New York State Department of Health (NYS DOH)

To ensure every birthing New Yorker has the support they deserve, we request that NYS DOH:

1. **Commission a Doula-Specific Network Adequacy Survey:** Assess whether Medicaid MCOs are meeting their legal obligations to maintain sufficient and diverse doula networks.
2. **Implement Corrective Actions:** Intervene where gaps are identified, requiring MCOs to reopen enrollment and mitigate the harm caused by inadequate networks.
3. **Require Enhanced Transparency:** Mandate ongoing reporting on doula network size, language capacity, and geographic distribution to ensure long-term accountability.

For additional resources on the Doula Medicaid Benefit and Enrollment please visit:

- **NYCDA:** https://healthleadsusa.sharepoint.com/sites/NewYorkCoalitionforDoulaAccess
- **NYS DOH:** https://www.health.ny.gov/health_care/medicaid/program/doula/enrollment.htm