WYOMING LEGISLATIVE SERVICE OFFICE

Short Report

REVIEW OF STRATEGIES TO IMPROVE MATERNAL HEALTH CARE ACCESS

May 2025

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TABLE OF CONTENTS

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EXECUTIVE SUMMARY

This short report was prepared for the Joint Labor, Health & Social Services Interim Committee to support the Committee's work in addressing maternal health care in Wyoming. Maternal health care availability and maternal health outcomes are affected by a variety of factors including closures of birthing hospitals, distance to maternal health care facilities, preconception health care, and the availability of health insurance. This report begins with a comparison of national maternal health care availability to maternal health care availability in Wyoming. The prevalence of maternity care deserts, maternal mortality, and infant mortality are described. Also described are the prevalence of factors such as travel time and rural birth rates which can contribute to lower maternal health care outcomes.

States have implemented numerous strategies to improve maternal health care, such as expanding Medicaid, creating incentive programs for maternal health care professionals, and providing educational resources for family planning centers. This report describes three strategies used in multiple states to address maternal health care deserts. At least 12 states have amended the state Medicaid program to cover doula services and at least nine states have adjusted the state Medicaid program to permit telehealth services for maternity care. Many states have attempted to integrate midwives into the state's health care system, with 24 states authorizing a full and independent scope of practice for certified nurse midwives and 30 states implementing a 100 percent Medicaid reimbursement rate for midwives. The Wyoming Medicaid program does not cover doulas and only covers outpatient prenatal and postnatal visits provided over video but not via other telehealth modalities. Wyoming does, however, grant certified nurse midwives a full and independent practice authority and provides midwives with a 100 percent Medicaid reimbursement rate.

MATERNAL HEALTH CARE AVAILABILITY

Maternal Health Care Across the United States

A maternity care desert is a county with no hospitals or birthing centers offering obstetric care and no available obstetric clinicians.[1] Maternity care deserts contribute to a variety of problems within maternal health care, including reduced access to prenatal care and increased preterm birth rates.[2] Maternity care deserts also contribute to longer travel distances to obtain care. The farther a person travels to receive maternity care, the greater the risk of maternal morbidity and adverse infant outcomes.[3] Birthing hospital closures have contributed to increased distance and travel time for care nationwide, especially in rural areas.[4]

Across the United States, 35.1 percent of counties are considered maternity care deserts.[5] Roughly 4.1 percent of births across the United States were by women residing in maternity care deserts.[6] Approximately 60 percent of maternity care deserts are in rural, less populated areas.[7] The states with the highest percent of maternity care deserts are North Dakota (73.6%), South Dakota (57.6 percent), Oklahoma (51.9 percent), Missouri (51.6 percent), Nebraska (51.3 percent), and Arkansas (50.7 percent).[8]

The United States has the highest rate of maternal mortality among high-income nations.[9] A 2020 study on maternal mortality rates across 38 states indicated 84 percent of pregnancy-related deaths were preventable.[10] Non-Hispanic Native Hawaiian/Pacific Islander, Black, and American Indian/Alaska Native women are at least two to four times as likely to die from pregnancy-related causes as non-Hispanic white women.[11] Additionally, a study in 2019 showed rural residents have a nine percent greater likelihood of maternal mortality and severe maternal morbidity than women

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[1] March of Dimes, *Nowhere to Go: Maternity Care Deserts Across the US*, 8 (2024), **https://www.marchofdimes.org/sites/default/files/2024-09/2024_MoD_MCD_Report.pdf**.
[2] *Id*.
[3] March of Dimes, *Where You Live Matters: Maternity Care in Wyoming*, 2 (2023), **https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Wyoming.pdf**.
[4] Katy Kozhimannil et al., *Association Between Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States*, National Library of Medicine (2018), **https://pmc.ncbi.nlm.nih.gov/articles/PMC5885848/**.
[5] March of Dimes, *Nowhere to Go: Maternity Care Deserts Across the US*, 8 (2024), **https://www.marchofdimes.org/sites/default/files/2024-09/2024_MoD_MCD_Report.pdf**.
[6] *Id*.
[7] *Id*.
[8] *Id*, 9.
[9] Anne Morris Reid et al., *Improving Maternal and Infant Health Through Multisector, Community-Driven Partnerships*, The Commonwealth Fund (2024), **https://www.commonwealthfund.org/publications/fund-reports/2024/dec/improving-maternal-infant-health-community-partnerships**.
[10] Center for Disease Control, *Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 38 U.S. States, 2020* (2024), **https://www.cdc.gov/maternal-mortality/php/data-research/**.
[11] Center for Disease Control, *Pregnancy Mortality Surveillance System* (2021), **https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/**.

living in urban areas.[12] Roughly two of three maternal deaths occur after birth.[13] Across the United States, Medicaid funds more than 40 percent of all births[14] while 11.6 percent of women of childbearing age are uninsured.[15]

Maternal Health Care in Wyoming

Wyoming is ranked twenty-first among U.S. states in maternal health care provider availability.[16] Wyoming has 47 OB/GYNs and midwives per 100,000 women 15 years of age or older and the national average is 46 OB/GYNs and midwives per 100,000 women.[17] Roughly 21.7 percent of Wyoming counties are classified as maternity care deserts.[18] Three hospital labor and delivery units have closed in Wyoming since 2018.[19] Wyoming currently has four Level II neonatal intensive care units but does not have any Level III neonatal intensive care units.[20,21] Wyoming has eight Title X clinics[22] and two satellite clinics[23] compared to 5.3 Title X clinics per 100,000 women across the United States.[24,25] For a map of maternity care deserts in Wyoming, see **Figure 1**.

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[12] Katy Kozhimannil et al., *Differences in Severe Maternal Morbidity and Mortality in the US, 2007-15*, Health Affairs (2019), **https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00805** ("Severe maternal morbidity" refers to potentially life-threatening complications or the need to undergo a lifesaving procedure during or immediately following childbirth.).

[13] Munira Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison*, The Commonwealth Fund (2024), **https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison**.

[14] Medicaid and CHIP Payment and Access Commission, *Doulas in Medicaid: Case Study Findings*, 1 (2023) **https://www.macpac.gov/wp-content/uploads/2023/11/Doulas-in-Medicaid-Case-Study-Findings.pdf**.

[15] March of Dimes, *Health Insurance/Income* (2020), **https://www.marchofdimes.org/peristats/data?reg=99&top=11&stop=154&slev=1&obj=18**.

[16] Wyoming Department of Health, *Maternity Deserts*, 12 (2024), **https://wyoleg.gov/InterimCommittee/2024/10-202404297-01WDH-MaternityDeserts7-02.pdf**.

[17] *Id*.

[18] March of Dimes, *Maternity Care in Wyoming*, 1 (2023), **https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Wyoming.pdf**.

[19] *Id*, 6 (The units were located in Kemmerer, Rawlins, and Riverton.).

[20] *Id*.

[21] Hospitals are categorized into four levels of care for newborns. Level II units are also known as "special care nurseries" and Level III units are known as "neonatal intensive care units." Atrium Health Floyd, *Levels of Neonatal Care*, **https://www.floyd.org/medical-services/maternity/NICU/Pages/Levels-of-Neonatal-Care.aspx**.

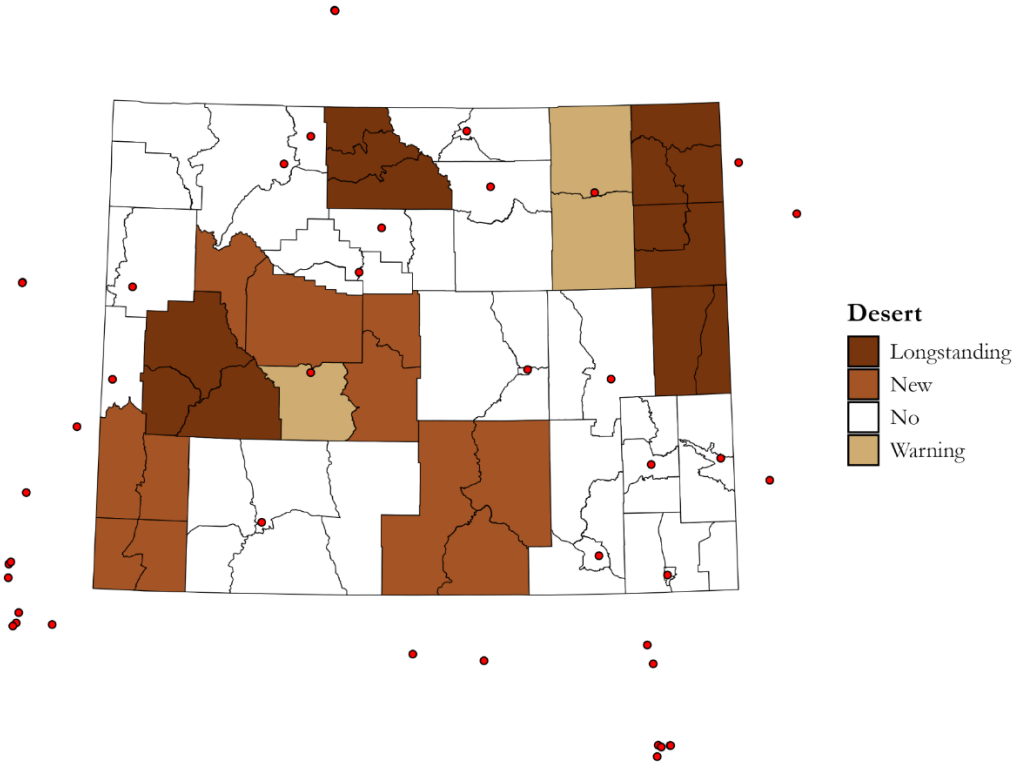
[22] Office of Population Affairs, *Title X Service Grants*, U.S. Department of Health and Human Services, **https://opa.hhs.gov/grant-programs/title-x-service-grants** (Title X clinics are clinics funded by Title X family planning service grants to support access to a broad range of family planning and preventative health services.).

[23] Satellite clinics are freestanding outpatient facilities that are physically separate but administratively attached to a parent medical facility. Dictionary of Psychology, *Satellite Clinic*, American Psychological Association, **https://dictionary.apa.org/satellite-clinic**.

[24] Wyoming Health Council, *Wyoming Clinics*, **https://www.wyhc.org/clinics**.

[25] March of Dimes, *Where You Live Matters: Maternity Care in Wyoming*, 3 (2023), **https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Wyoming.pdf**. (In 2022, Wyoming had 8.7 Title X clinics per 100,000 women.).

Figure 1. Refined Map of Wyoming Maternity Deserts in 2025



Source: Franz Fuchs, Wyoming Department of Health, Maternity Deserts (May 2025).[26]

In Wyoming, 6.1 percent of all babies are born to a woman residing in a maternity care desert.[27] Of the babies born in Wyoming, 60.9 percent are born to women living in rural counties while 56.6 percent of maternity care providers practice in rural counties.[28] On average, women in Wyoming travel 10.9 miles and 14.9 minutes to the nearest birthing hospital.[29] Women living in counties with the largest travel times may travel up to 78.9 miles and 87.8 minutes on average to reach the nearest birthing hospital.[30] Additionally, 15.4 percent of Wyoming women have no birthing hospital within 30 minutes.[31] In 2023, 35 percent of births were covered by Medicaid.[32]

[26] The map of maternity deserts uses county subdivisions, a geographic designation used by the U.S. Census. The red dots represent hospitals where mothers can give birth. "Longstanding" subdivisions are maternity care deserts that have never had a hospital supporting labor and delivery. "New" subdivisions are maternity care deserts that had a closure of a hospital supporting labor and delivery within the past five years. "Warning" subdivisions are areas experiencing declining delivery trends.
[27] *Id*, 1.
[28] *Id*.
[29] *Id*, 2.
[30] *Id*.
[31] *Id*.
[32] Wyoming Department of Health, *Wyoming Medicaid Birth Report CY 2023*, 1 (2023), **https://health.wyo.gov/wp-content/uploads/2024/10/Medicaid-Birth-Report-2023.pdf**.

Between 2018 and 2020, 19.5 percent of new mothers were uninsured before pregnancy, 5.4 percent were uninsured during pregnancy, and 18 percent were uninsured postpartum.[33]

Wyoming is ranked twentieth in infant mortality among U.S. states, with both the Wyoming rate and the national rate at 5.6 deaths per 1,000 births.[34] Wyoming's pre-term birth rate ranks at eighteenth, 9.8 percent compared to the national average of 10.4 percent.[35] Between 2018 and 2020, 13 women in Wyoming died during pregnancy or within one year after pregnancy and six of the deaths were determined to be pregnancy-related.[36] All of the pregnancy-related deaths were deemed preventable and the most commonly noted factors contributing to the deaths included lack of access or financial resources, substance use disorder, mental health conditions, clinical skill or quality of care, and social support or isolation.[37]

[33] Wyoming Department of Health, *Mortality Report (2018-2020)*, 3 (2023), **https://health.wyo.gov/wp-content/uploads/2023/05/MMRC-WY-Report-2018-2020.pdf** (In the source provided, "postpartum" refers to between three and six months after birth.).
[34] March of Dimes, *Report Card for Wyoming*, 2 (2024), **https://www.marchofdimes.org/peristats/reports/wyoming/report-card**.
[35] *Id*, 1.
[36] Wyoming Department of Health, *Mortality Report (2018-2020)*, 3 (2023), **https://health.wyo.gov/wp-content/uploads/2023/05/MMRC-WY-Report-2018-2020.pdf** (Definitions used for maternal mortality vary. The Wyoming Department of Health defines a "pregnancy-related" death as a death during or within one year of pregnancy and from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.).
[37] *Id*, 3.

STRATEGIES TO IMPROVE MATERNAL HEALTH CARE

Maternal health outcomes are impacted by a wide array of factors. For example, improving health before conception can improve pregnancy outcomes by improving a person's overall health.[38] Chronic conditions such as hypertension and diabetes often require additional maternal health care support and can contribute to pregnancy complications such as severe maternal morbidity, and the prevalence of such chronic conditions has increased since 2015.[39] Low Medicaid reimbursement rates and administrative obstacles are associated with reduced access to maternal health care services.[40] Structural and systemic inequality influences health outcomes by limiting access to health-promoting activities and resources.[41] Ongoing closures of obstetric units across the United States have resulted in fewer maternity care choices, increased stress, and greater travel times for birthing women.[42]

States have implemented numerous strategies to improve maternal health care access and improve maternal health outcomes. Strategies include implementing incentive programs for practicing OB/GYNs and midwives, expanding Medicaid to cover a wider population of individuals, and reducing regulatory or administrative obstacles for midwives to practice.[43] This report reviews three strategies used in multiple states to improve access to a type of maternal health care. For each strategy, the purpose and availability of the maternal health care service is provided followed by examples of states using the strategy to improve access to the maternal health care service.

The first strategy, used in at least 12 states, amends the state's Medicaid program to cover doula services. The second strategy, used in at least nine states, adjusts a state's Medicaid program requirements to permit telehealth services for maternity care. The third strategy attempts to more effectively integrate midwives into the state's health care system. Twenty-four states have authorized a full and independent scope of practice for certified nurse midwives and 30 states have implemented a 100 percent Medicaid reimbursement rate for midwives. Wyoming does not cover doulas under Medicaid. Wyoming does, however, permit video-only telehealth maternal care services for outpatient prenatal and postnatal services and grants certified nurse midwives a full and independent scope of practice and reimburses midwives under Medicaid at 100 percent.

[38] Elizabeth Howell, *Reducing Disparities in Severe Maternal Morbidity and Mortality*, National Institutes of Health (2019), **https://pmc.ncbi.nlm.nih.gov/articles/PMC5915910/**.
[39] March of Dimes, *Nowhere to Go: Maternity Care Deserts Across the US*, 33 (2024), **https://www.marchofdimes.org/sites/default/files/2024-09/2024_MoD_MCD_Report.pdf**.
[40] *Id*, 38.
[41] *Id*, 36.
[42] *Id*, 3.
[43] *Id*.

INCLUDING DOULA SERVICES IN MEDICAID

Role of Doula Services in Maternal Health Care

A doula is a trained professional who provides continuous, one-on-one emotional and informational support during the perinatal[44] period of pregnancy.[45] Doulas are not medical professionals and do not provide medical services but work alongside nurses, obstetricians, midwives, and other health care providers.[46] Many women can forgo epidurals, avoid cesarean births, and have less stressful births when supported by a doula.[47] In one study, expectant mothers matched with a doula had better birth outcomes than mothers who gave birth without involvement of a doula.[48] Among Medicaid beneficiaries, research has shown that women supported by doula care had lower cesarean and preterm birth rates and improved rates of breastfeeding initiation.[49]

Access to Doula Care

Research on the characteristics of women who use doula care is limited, but it is likely that lack of insurance coverage for doula services restricts financial access for low-income women.[50] The majority of women who receive doula care are women with resources, support, and in-depth education about birth options while the women who stand to benefit the most from doula care have the least access to it.[51] Additionally, one study showed nine percent of surveyed women received doula support during labor but 57 percent expressed an interest in having doula support in the future.[52]

Private and public medical insurance generally do not cover doula services, therefore doulas are often not reimbursed through health insurance.[53] Additionally, most Medicaid maternity care benefit packages do not include birth doula care, and some Medicaid programs reimburse

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[44] The perinatal period spans from the time of becoming pregnant to a year after pregnancy.
[45] Katy Kozhimannil et al., *Potential Benefits of Increased Access to Doula Support During Childbirth*, National Institutes of Health (2014), **https://pmc.ncbi.nlm.nih.gov/articles/PMC5538578/**
[46] *Id* (A core function of doula work is the provision of continuous labor support.).
[47] Kenneth Gruber, Susan Cupito, and Christina Dobson, *Impact of Doulas on Healthy Birth Outcomes*, 49 (2013), **https://pmc.ncbi.nlm.nih.gov/articles/PMC3647727/pdf/JPE22-1_PTR_A10_049-058.pdf**.
[48] *Id*, 54 (In the study, doula-assisted mothers were four times less likely to have a baby with a low birth weight and two times less likely to experience birth complication involving themselves or the baby.).
[49] Katy Kozhimannil et al., *Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries*, Am. J. Public Health (2013), **https://pmc.ncbi.nlm.nih.gov/articles/PMC3617571/**.
[50] *Id*.
[51] *Id*.
[52] Carol Sakala et al., *Listening to Mothers in California: A Population-Based Survey of Women's Childbearing Experiences*, National Partnership for Women & Families, 27 (2018), **https://www.chcf.org/wp-content/uploads/2018/09/ListeningMothersCAFullSurveyReport2018.pdf** (In the survey, 18 percent stated they would definitely want doula support in the future and 39 percent would consider having doula support in the future.).
[53] Kathleen Knocke et al., *Doula Care and Maternal Health: An Evidence Review*, Assistant Secretary For Planning and Evaluation Office of Health Policy, 5 (2022), **https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf**.

childbirth-related educational services but not support during labor and delivery.[54] Many doulas operate as solo practitioners.[55] As such, many doulas lack the ability to manage health plan contracting and billing requirements, requiring women to pay for doula services out of pocket without using insurance.[56] Charges for comprehensive doula services range from $300 to over $1800, depending on the geographic location and the doula's level of experience.[57] A 2005 survey showed most doulas earn less than $5,000 per year for their services and only one in three see doula work as financially rewarding.[58]

Medicaid Coverage of Doula Care

The Wyoming Medicaid program does not provide reimbursement for doula services.[59] A growing number of states are supporting doula care for Medicaid enrollees. Doula services can be covered by Medicaid under multiple benefit categories, including preventative services, services of licensed practitioners, clinic services, and freestanding birth center services.[60] The extent to which state law includes doula care under Medicaid can vary, but states supporting doulas under Medicaid generally include prenatal, labor and delivery, and postpartum services.[61] In April 2024, 12 states and Washington, D.C. were actively reimbursing doula services under Medicaid and 11 states were in the process of implementing Medicaid coverage for doula services.[62] For a table of state Medicaid reimbursement structures for doula services, see **Appendix A**.

California Medicaid Coverage of Doulas

California included doula care in the state Medicaid plan in 2023.[63] Under the state plan, doula services "encompass the health education; advocacy; and physical, emotional, and nonmedical support provided before, during, and after childbirth or the end of a pregnancy, including throughout the postpartum period."[64]

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[54] Katy Kozhimannil et al., *Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries*, Am. J. Public Health (2013), **https://pmc.ncbi.nlm.nih.gov/articles/PMC3617571/**.
[55] Kathleen Knocke et al., *Doula Care and Maternal Health: An Evidence Review,* Assistant Secretary For Planning and Evaluation Office of Health Policy, 5 (2022), **https://aspe.hhs.gov/sites/default/files/documents/dfcd768f1caf6fabf3d281f762e8d068/ASPE-Doula-Issue-Brief-12-13-22.pdf**.
[56] *Id*.
[57] *Id*.
[58] Maula M. Lantz et al., *Doulas as Childbirth Paraprofessionals: Results from a National Survey*, Women's Health Issues (2005), **https://www.whijournal.com/article/S1049-3867(05)00004-6/abstract**.
[59] Wyoming Department of Health, *Wyoming Medicaid Member Handbook for Pregnant Women*, 14-20 (2025), **https://health.wyo.gov/wp-content/uploads/2025/01/Member_Handbook_for_Pregnant_Women.pdf**.
[60] Medicaid and CHIP Payment and Access Commission, *Doulas in Medicaid: Case Study Findings*, 2 (2023) **https://www.macpac.gov/wp-content/uploads/2023/11/Doulas-in-Medicaid-Case-Study-Findings.pdf**.
[61] *Id.*
[62] Kendall Speer and Flora Fouladi, *Workforce Supports: Improving Maternal Health Outcomes*, National Conference of State Legislatures (2024), **https://www.ncsl.org/health/workforce-supports-improving-maternal-health-outcomes#toggleContent-54496**.
[63] Centers for Medicare & Medicaid Services, *California State Plan Amendment (SPA) 22-0002*, 1 (2023), **https://www.medicaid.gov/medicaid/spa/downloads/CA-22-0002.pdf**.
[64] *Id*, pg. 5.

The California Medicaid plan covers one initial 90-minute visit followed by up to eight additional prenatal and postpartum visits.[65] Support during labor and delivery, and miscarriage as well as up to two extended three-hour postpartum visits after the end of a pregnancy are included.[66] Doula services must be recommended by a physician or other licensed practitioner.[67] A recipient may receive up to nine additional visits during the postpartum period if recommended by a second physician.[68] Doula services are available up to one year after the end of pregnancy.[69] Doulas may provide services in the community, at the recipient's home, in hospitals, and via telehealth.[70] To participate in California's Medicaid program, doulas must:

- Possess adult/infant CPR certification;
- Have completed basic HIPAA training, and;
- Either:
    - Complete a minimum of 16 hours of training in specified areas of study and attest to have provided support as a doula for at least three births; or
    - Have at least five years of active doula experience within the past seven years.[71]

Nevada Medicaid Coverage of Doulas

The Nevada state plan for Medicaid began including doula care in 2022. The following doula services are covered under the plan:

- Emotional support, including bereavement support;
- Physical comfort measures during labor and delivery;
- Facilitating access to resources to improve health and birth-related outcomes;
- Advocacy in informed decision making; and
- Evidence-based education and guidance.[72]

The Nevada Medicaid program includes four visits during the prenatal, antepartum, and/or up to 90 days of the postpartum period, as well as one visit at the time of labor and delivery.[73] An additional doula visit may be reimbursed when two prenatal or antepartum visits occurred with a licensed physician, nurse midwife, advance practice registered nurse (APRN), or physician

[65] Department of Health Care Services, *Doula Services: Frequently Asked Questions,* 2, **https://www.dhcs.ca.gov/services/medi-cal/Documents/Doula-FAQ-Providers.pdf** (last accessed May 12, 2025).
[66] *Id.*
[67] Centers for Medicare & Medicaid Services, *California State Plan Amendment (SPA) 22-0002*, 5 (2023), **https://www.medicaid.gov/medicaid/spa/downloads/CA-22-0002.pdf**.
[68] Department of Health Care Services, *Doula Services: Frequently Asked Questions,* 2, **https://www.dhcs.ca.gov/services/medi-cal/Documents/Doula-FAQ-Providers.pdf** (last accessed May 12, 2025).
[69] *Id.*
[70] *Id*, 3.
[71] *Id.*
[72] Centers for Medicare & Medicaid Services, *Nevada State Plan Amendment (SPA) 21-0012* (2024), **https://www.medicaid.gov/medicaid/spa/downloads/NV-21-0012.pdf**.
[73] Centers for Medicare & Medicaid Services, *Nevada State Plan Amendment (SPA) 23-0016*, 4 (2024), **https://www.medicaid.gov/sites/default/files/2024-04/NV-23-0016.pdf**.

assistant.[74] An additional doula visit may be reimbursed if the recipient receives any dental service during the prenatal or antepartum period.[75] Under the Nevada Medicaid plan, doula services must be recommended by a physician or other licensed practitioner.[76] Doulas must be certified by the Nevada Certification Board.[77]

Oklahoma Medicaid Coverage of Doulas[78]

Oklahoma began including doula services in the state's Medicaid plan in 2023. Under the plan, covered doula services include providing emotional and physical support, advocating and working as part of the pregnant woman's team, prenatal counseling, providing ongoing education with an emphasis on postpartum care and resources, and facilitating access to resources that can improve birth-related outcomes like transportation and drug/alcohol cessation. Doula services must be recommended by a physician or other licensed medical practitioner like a physician assistant or an obstetrician.

The Oklahoma Medicaid plan covers eight prenatal/postpartum visits and one labor & delivery care visit. Visits must be at least 60 minutes in length but may be conducted in person or via telehealth. The doula may coordinate directly with the pregnant woman to determine the most appropriate service location for the prenatal and postpartum visits, which may include the woman's residence. Doula care providers must be certified by an organization recognized by the Oklahoma Health Care Authority for the certification of doulas.

[74] Nevada Medicaid, *Additional Visits Allowed* (2023), **https://www.medicaid.nv.gov/Downloads/provider/web_announcement_3007_20230213.pdf**.
[75] *Id.*
[76] Centers for Medicare & Medicaid Services, *Nevada State Plan Amendment (SPA) 21-0012* (2024), **https://www.medicaid.gov/medicaid/spa/downloads/NV-21-0012.pdf**.
[77] *Id.*
[78] Centers for Medicare & Medicaid Services, *Oklahoma State Plan Amendment (SPA) 23-0014*, 1 (2023), **https://www.medicaid.gov/sites/default/files/2023-07/OK-23-0014.pdf**.

MEDICAID COVERAGE OF TELEHEALTH SERVICES

Telehealth Coverage Under Medicaid Since COVID-19

Prior to the COVID-19 public health emergency in 2020, all 50 states covered some Medicaid services via telehealth.[79] By the time the COVID-19 public health emergency ended, two-thirds of states expanded or planned to expand telehealth policies. Additionally, the utilization of telehealth decreased as the COVID-19 public health emergency ended but remained higher than utilization before the public health emergency.[80] Benefits of increased coverage of telehealth seen in some states include reduced no-show rates, decreased reliance on non-emergency transportation for service provision, and greater access for beneficiaries with limitations on time.[81] Many states, however, still report quality concerns regarding the use of telehealth, including privacy, billing and coding challenges, and the potential for fraud and abuse.[82]

Telehealth services may be provided through multiple methods, and a state Medicaid program may support some or all methods of providing telehealth.[83] The primary modalities for telehealth services are live video, store-and-forward,[84] remote patient monitoring, and audio-only.[85] In 2019, 19 state Medicaid programs reimbursed telehealth services delivered to the patient at the patient's home.[86] As of 2024, all 50 states reimburse live video services, 37 state Medicaid programs reimburse store-and-forward, 42 states reimburse for remote patient monitoring, and 45 states reimburse for audio-only telehealth services.[87] Thirty-one states reimburse for all four modalities.[88] While many providers and patients were able to adjust to using telehealth during the COVID-19 public health emergency, research indicates the transition was more difficult for patients with

[79] Centers for Medicare & Medicaid Services, *State Medicaid & CHIP Telehealth Toolkit*, 21 (2024), **https://www.medicaid.gov/sites/default/files/2024-02/telehealth-toolkt.pdf** (The extent to which telehealth was covered under state Medicaid plans widely varied.).
[80] *Id*, 22.
[81] *Id*, 21.
[82] Peggy G. Chen, Sara E. Heins, Stephanie Dellva, *State Medicaid Telehealth Coverage Policy Decisions Since the COVID-19 Public Health Emergency*, RAND Corporation, 14 (2023), **https://aspe.hhs.gov/sites/default/files/documents/11bc151081feb0123fc80283874ab7af/medicaid-telehealth.pdf**.
[83] Mei Wa Kwong, *State Telehealth Laws and Medicaid Program Policies*, Center for Connected Health Policy, **https://www.cchpca.org/2024/11/Fall2024_ExecutiveSummaryFINAL.pdf**.
[84] Health Resources & Services Administration, *Asynchronous Direct-to-Consumer-Telehealth*, **https://telehealth.hhs.gov/providers/best-practice-guides/direct-to-consumer/asynchronous-direct-to-consumer-telehealth** (last accessed May 12, 2025) ("Store-and-forward" is a type of asynchronous telemedicine service allowing patients to submit clinical information for evaluation without an in-person visit.).
[85] Mei Wa Kwong, *State Telehealth Laws and Medicaid Program Policies*, Center for Connected Health Policy, **https://www.cchpca.org/2024/11/Fall2024_ExecutiveSummaryFINAL.pdf**.
[86] Gabriela Weigel, Brittni Frederiksen, and Usha Ranju, *Telemedicine and Pregnancy Care*, Kaiser Family Foundation (2020), **https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/**.
[87] *Id.*
[88] *Id.*

Medicaid.[89] For a table of telehealth modalities covered under Medicaid in each state, see **Appendix B**.

Telehealth Maternal Care

Most state Medicaid laws do not explicitly mention telehealth maternal care, with only nine state Medicaid programs explicitly paying providers for telehealth maternal care prior to 2020.[90] The current model of prenatal care for a low-risk pregnancy in the United States includes 12 to 14 in-person visits throughout the pregnancy.[91] There is, however, growing evidence to support reducing the number of prenatal visits for low-risk pregnancies.[92] For example, a 2015 study comparing patients with at least ten prenatal visits to patients with less than ten prenatal visits did not demonstrate a difference in infant health outcomes.[93] If both the maternal health care provider and pregnant woman agree to utilize telehealth, the number of in-person prenatal visits can be reduced.[94] Telehealth has been used to supplement routine maternal care, particularly in maternity care deserts.[95]

Wyoming Telehealth Laws

Wyoming is the only state with Medicaid laws that only cover live video communications.[96] Wyoming Medicaid laws support live video communications between the health care practitioner and the patient but specifically exclude "telephone conversation, electronic mail message, or facsimile message…or…'store and forward' technology."[97] The Wyoming Medicaid program does, however, cover outpatient prenatal and postnatal visits provided over telehealth.[98] The Wyoming Medicaid program lists the permitted locations where an eligible Medicaid member may be located during the telehealth appointment. The authorized sites are:

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[89] Centers for Medicare & Medicaid Services, *State Medicaid & CHIP Telehealth Toolkit*, 44 (2024), **https://www.medicaid.gov/sites/default/files/2024-02/telehealth-toolkt.pdf**.
[90] *Id*.
[91] Alison Shmerling et al., *Prenatal Care via Telehealth*, Department of Family Medicine (2022), **https://www.sciencedirect.com/science/article/pii/S0095454322000422?via%3Dihub**.
[92] *Id*.
[93] E.B. Carter, et al., *Number of Prenatal Visits and Pregnancy Outcomes in Low-Risk Women*, Journal of Perinatology (2015), **https://www.nature.com/articles/jp2015183**.
[94] Amy Chen, *Medicaid Coverage of Pregnancy Care Delivered via Telehealth*, National Health Law Program, 2 (2021), **https://healthlaw.org/wp-content/uploads/2021/01/20210129-NHeLP-Medicaid-Telehealth-Pregnancy-Care.pdf**.
[95] Alison Shmerling et al., *Prenatal Care via Telehealth*, Department of Family Medicine (2022), **https://www.sciencedirect.com/science/article/pii/S0095454322000422?via%3Dihub**.
[96] The National Telehealth Policy Resource Center, *State Telehealth Laws and Medicaid Program Policies*, Center for Connected Health Policy (2024), **https://www.cchpca.org/2024/11/Fall2024_SummaryChartFINAL.pdf**.
[97] Wyoming Department of Health, *WY BMS CMS-1500 Provider Manual*, 135-136 (2025), **https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/CMS-1500-Provider-Manual**.
[98] Email from Paul Johnson, Wyoming Medicaid Medical Director, to Clayton Caldwell, Research Analyst, Wyoming Legislative Service Office (May 8, 2025) (on file with author).

- Hospital;
- Office of a physician or other practitioner (including medical clinics);
- Office of a psychologist or neuropsychologist;
- Community mental health or substance abuse treatment center;
- Office of an advanced practice nurse with a specialty of psychology/mental health;
- Office of a licensed mental health professional;
- Federally Qualified Health Center;
- Rural health clinic;
- Skilled nursing facility;
- Indian Health Services clinic;
- Hospital-based or Critical Access Hospital-based renal dialysis center;
- Developmental center;
- Family planning clinic; and
- Public Health office.[99]

The Wyoming Medicaid provider manual also indicates "telehealth consent" must be obtained if the originating site is the patient's home.[100] The services provided via telehealth must be appropriate and medically necessary to be reimbursed.[101]

The Wyoming Medicaid program also lists examples of physicians and practitioners eligible to bill for telehealth services. The examples of eligible practitioners are:

- Physicians;
- Advanced Practice Registered Nurses with a specialty of Psychiatry/Mental Health;
- Physician's Assistants;
- Psychologists or Neuropsychologists;
- Licensed Mental Health Professionals;
- Board Certified Behavior Analysts; and
- Speech Therapists.[102]

New York Telehealth Laws

New York regulations state that all Medicaid providers authorized to provide in-person services are also permitted to provide services via telehealth to the extent such telehealth services are appropriate to meet a patient's needs and are within the provider's scope of practice.[103] New York

[99] Wyoming Department of Health, *WY BMS CMS-1500 Provider Manual*, 134-135 (2025), **https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/CMS-1500-Provider-Manual**.
[100] *Id*, 134.
[101] *Id*.
[102] *Id*, 135.
[103] N.Y. Comp. Codes R. & Regs. Tit. 18, § 538.1(c)(4).

statutes also provide a list of practitioners that are considered "telehealth providers" which includes licensed midwives.[104] The New York Medicaid program further states perinatal doula services may be "administered in-person or via telehealth."[105] Additionally, labor and delivery doula services may be provided via telehealth under extenuating circumstances such as illness, emergency, or precipitous birth.[106] The New York Medicaid program supports all four modalities for telehealth.[107]

Arizona Telehealth Laws

The Arizona Medicaid program covers "medically necessary, non-experimental, and cost-effective services delivered via telehealth" under the Contractor and Fee-For-Service programs.[108] The Arizona Medicaid program does not have geographic restrictions for telehealth, meaning services delivered are covered in rural and urban regions across Arizona.[109] Telehealth services may only be limited or excluded to the same extent as services provided in-person unless evidence suggests a service should not be provided through telehealth.[110] Arizona statutes require health care providers to make a good faith effort to determine whether a health care service should be provided through telehealth or in-person and the best communication of telehealth to effectively assess, diagnose, and treat the patient.[111] The Arizona Medicaid fee-for-service provider manual provides a non-comprehensive list of services that can be covered via real-time telehealth, which includes obstetrics and gynecology.[112] Arizona law supports Medicaid reimbursement for all four modalities for telehealth.[113]

[104] N.Y. Pub. Health Law § 2999-CC(2)(k).
[105] New York Department of Health, *Doula Services Benefit Policy Manual*, 14 (2025), **https://www.emedny.org/ProviderManuals/Doula/PDFS/Doula_Policy_Guidelines.pdf**.
[106] *Id*.
[107] The National Telehealth Policy Resource Center, *State Telehealth Laws and Medicaid Program Policies*, Center for Connected Health Policy (2024), **https://www.cchpca.org/2024/11/Fall2024_SummaryChartFINAL.pdf**.
[108] Arizona Health Care Cost Containment System, *AHCCCS Medical Policy manual 320-1 – Telehealth* (2023), **https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf**.
[109] *Id*.
[110] *Id*.
[111] Ariz. Rev. Stat. § 36-3605.
[112] Arizona Health Care Cost Containment System, *Fee-For-Service Provider Billing Manual Chapter 10*, 48 (2024), **https://azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf**.
[113] The National Telehealth Policy Resource Center, *State Telehealth Laws and Medicaid Program Policies*, Center for Connected Health Policy (2024), **https://www.cchpca.org/2024/11/Fall2024_SummaryChartFINAL.pdf**.

SCOPE OF PRACTICE AND MEDICAID REIMBURSEMENT FOR MIDWIVES

Role of Midwives in Maternal Health Care

A midwife is a health care professional who assists the patient during the prenatal, birth, and postpartum periods of pregnancy with a focus on holistic, patient-centered approaches to the natural birthing process.[114] Types of midwives include certified nurse-midwives (CNMs), certified midwives, and certified professional midwives, with each requiring different educational and clinical training.[115]

- Certified Nurse Midwife: Bachelor's degree in nursing and graduate degree in a midwifery education program.
- Certified Midwife: Bachelor's degree in science or a health-related field and graduate degree in a midwifery education program.
- Certified Professional Midwife: High school degree or equivalent and completion of an apprenticeship or educational program.[116]

A midwifery-led model of care emphasizes patient education and psychosocial support and is more time-intensive than maternity care with an obstetrician.[117]

Research indicates a midwifery-led model of care can improve maternal and infant health and reduce costs for Medicaid.[118] For example, a 2019 study showed overall costs of childbirth for low-risk women with midwife-led care were, on average, $2,421 less expensive than births to low-risk women cared for by obstetricians.[119] Studies also show that midwives educated and regulated according to international standards can provide more than 80% of the essential care for women and newborns.[120] Additionally, studies have shown that women receiving midwife-led models of care are less likely to experience interventions and more likely to be satisfied with their care.[121]

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[114] Medicaid and CHIP Payment and Access Commission, *Access to Maternity Providers: Midwives and Birth Centers*, 1 (2023), **https://www.macpac.gov/wp-content/uploads/2023/05/Access-to-Maternity-Providers-Midwives-and-Birth-Centers.pdf** ("Natural birthing process" refers to having a vaginal delivery with minimal medical intervention.).

[115] Medicaid and CHIP Payment and Access Commission, *Access to Maternity Providers: Midwives and Birth Centers*, 2 (2023), **https://www.macpac.gov/wp-content/uploads/2023/05/Access-to-Maternity-Providers-Midwives-and-Birth-Centers.pdf**.

[116] *Id*.

[117] *Id*.

[118] Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (2024), **https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison**.

[119] Medicaid and CHIP Payment and Access Commission, *Access to Maternity Providers: Midwives and Birth Centers*, 4 (2023), **https://www.macpac.gov/wp-content/uploads/2023/05/Access-to-Maternity-Providers-Midwives-and-Birth-Centers.pdf**.

[120] Andrea Nove et al., *Potential Impact of Midwives in Preventing and Reducing Maternal and Neonatal Mortality and Stillbirths: a Lives Saved Tool Modeling Study*, The Lancet Global Health (2021), **https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30397-1/fulltext**.

[121] Jane Sandall et al., *Midwife-Led Continuity Models Versus Other Models of Care for Childbearing Women*, National Library of Medicine (2016), **https://pubmed.ncbi.nlm.nih.gov/27121907/**.

Availability of Midwives

The United States has roughly 16 midwives and OB/GYNs per 1000 live births[122] and approximately 12 percent of births in the United States are attended by a midwife.[123] In 2019, approximately nine percent of births among women covered by Medicaid across the United States had their birth attended by a certified nurse midwife and less than one percent were attended by another type of midwife.[124] In rural hospital settings, midwives attended about 30 percent of births. In one survey, 54 percent of surveyed women indicated it was "very" or "extremely" important to have had a midwife for their pregnancy.[125]

Oversight and Scope of Practice Laws for Certified Nurse Midwives

One method to include midwives in state health care systems is to modify the state's scope of practice laws for certified nurse midwives. Scope of practice laws are state-specific restrictions enacted by state legislatures and regulating entities on what tasks a category of healthcare practitioner, like physician assistants and certified nurse midwives, may perform for patients.[126] Scope of practice laws include supervision and oversight requirements, the extent of a practitioner's authority to prescribe medications, and authority for a practitioner to provide signatures for certain forms.[127] State law determines a certified nurse midwife's authority to practice with or without physician oversight.[128] Many states have modified the practice and prescriptive authority of certified nurse midwives to increase the integration of midwives into the workforce, with some research suggesting that integrating midwives into health systems has yielded positive maternal health outcomes.[129]

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[122] Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (2024), **https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison**.

[123] Kendall Speer and Flora Fouladi, *Workforce Supports: Improving Maternal Health Outcomes*, National Conference of State Legislatures (2024), **https://www.ncsl.org/health/workforce-supports-improving-maternal-health-outcomes#toggleContent-54496**.

[124] Medicaid and CHIP Payment and Access Commission, *Access to Maternity Providers: Midwives and Birth Centers*, 3 (2023), **https://www.macpac.gov/wp-content/uploads/2023/05/Access-to-Maternity-Providers-Midwives-and-Birth-Centers.pdf**.

[125] Carol Sakala et al., *Listening to Mothers in California: A Population-Based Survey of Women's Childbearing Experiences*, National Partnership for Women & Families, 23 (2018), **https://www.chcf.org/wp-content/uploads/2018/09/ListeningMothersCAFullSurveyReport2018.pdf**.

[126] American Medical Association, *What Is Scope of Practice?* (2022), **https://www.ama-assn.org/practice-management/scope-practice/what-scope-practice**.

[127] Scope of Practice Policy, *Practitioner Scope of Practice*, National Conference of State Legislatures, **https://scopeofpracticepolicy.org/** (last accessed July 10, 2024).

[128] National Conference of State Legislatures, *Advanced Practice Registered Nurses*, **https://www.ncsl.org/scope-of-practice-policy/practitioners/advanced-practice-registered-nurses/certified-nurse-midwife-practice-and-prescriptive-authority** (last accessed July 1, 2024) (The citation provided describes the remainder of the paragraph).

[129] Kendall Speer and Flora Fouladi, *Workforce Supports: Improving Maternal Health Outcomes*, National Conference of State Legislatures (2024), **https://www.ncsl.org/health/workforce-supports-improving-maternal-health-outcomes#toggleContent-54496**.

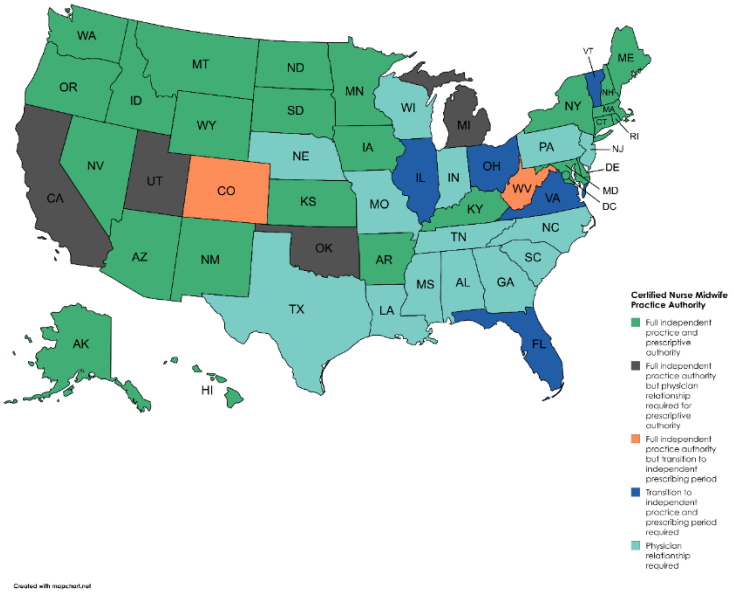
Scope of Practice Laws in Wyoming and Other States

Wyoming is one of at least 24 states that give certified nurse midwives full independent practice and prescriptive authority without supervision or collaboration requirements.[130] Wyoming statutes authorize certified nurse midwives to provide the full range of primary healthcare services to women and prescribe, administer, dispense, or provide nonprescriptive and prescriptive medications.[131] Both Wyoming statutes[132] and the Administrative Rules for the Board of Midwifery[133] describe specific circumstances in which a licensed midwife:

- May not provide care;
- May not provide care without physician involvement;
- Must recommend physician involvement to the client; or
- Must facilitate an immediate transfer to a hospital for emergency care.

For example, a licensed midwife must facilitate a hospital transfer if maternal fever in labor is measured at greater than 100.4 degrees Fahrenheit.[134] For a map of certified nurse midwife practice authority laws, see **Figure 1.**

Figure 1. Certified Nurse Midwife Practice Authority by State



Source: Information compiled by LSO staff from NCSL, Advanced Practice Registered Nurses: Certified Nurse Midwife Practice and Prescriptive Authority (July 2024).

[130] *Id.*
[131] W.S. § 33-21-120.
[132] W.S. § 33-46-103.
[133] *Id.*
[134] Wyo. Board of Midwifery Administrative Rules, Ch. 7 § 1(e)(i).

Medicaid Reimbursement Rates for Midwives

Another method to include midwives in state health care systems is to increase Medicaid reimbursement rates for more kinds of midwives. The reimbursement provided to midwives providing maternity care services is a percent of the reimbursement provided to a physician who performs the same service.[135] While certified nurse midwives are a mandatory Medicaid benefit, doulas and certain types of midwives are optional Medicaid benefits that are not covered by all states.[136] Among the states that cover doulas and midwives, Medicaid reimbursement rates may be too low to support midwifery.[137]

Medicaid Reimbursement Rates for Midwives in Wyoming and Other States

Wyoming is one of at least 30 states that reimburse certified nurse midwives 100 percent of the physician rate under the state Medicaid plan.[138] Additionally, Wyoming is one of at least 18 states that includes reimbursement under Medicaid for midwives without a nursing degree instead of restricting reimbursement to certified nurse midwives.[139] Among the states that reimburse for midwives without a nursing degree, Wyoming and eight other states do not have a midwife-specific fee schedule.[140] For a table of midwife reimbursement rates by state, see **Appendix C**.

[135] Emily Creveling, Anoosha Hasan, *Medicaid Financing of Midwifery Services: A 50-State Analysis*, National Academy for State Health Policy (2023), **https://nashp.org/medicaid-financing-of-midwifery-services-a-50-state-analysis/**.
[136] State Health and Value Strategies and Health Equity Solutions, *Maternal Health Providers: Enhancing Health Equity Through Payment Parity* (2024), **https://www.shvs.org/wp-content/uploads/2024/02/Maternal-Health-Providers_Enhancing-Health-Equity-Through-Payment-Parity_SHVS.pdf**.
[137] *Id*.
[138] Kendall Speer and Flora Fouladi, *Workforce Supports: Improving Maternal Health Outcomes*, National Conference of State Legislatures (2024), **https://www.ncsl.org/health/workforce-supports-improving-maternal-health-outcomes#toggleContent-54496**.
[139] *Id.*
[140] National Academy for State Health Policy, *Midwife Medicaid Reimbursement Policies by State* (2023), **https://nashp.org/state-tracker/midwife-medicaid-reimbursement-policies-by-state/**.

Appendix A

Appendix A: Medicaid Reimbursement for Doulas by State

State	Effective Date	Reimbursement Structure
California	2023	• Initial visit (90 minutes) • Up to eight perinatal visits • Up to two extended, three-hour postpartum visits • Up to nine additional postpartum visits (requires an additional recommendation from a physician or other licensed practitioner)
District of Columbia	2022	• A maximum of 12 visits across the perinatal period (before, during, and up to 6 weeks after delivery) and the postpartum period (beginning on the last day of pregnancy and extending through the end of the calendar month in which 180 days after the end of the pregnancy falls) • The 12 visits include a maximum of one doula consultation and can be allocated across the perinatal and postpartum period.
Maryland	2022	• 8 total prenatal or postpartum visits • Flat rate for labor and delivery services
Massachusetts	2023	• Up to eight hours of perinatal visits per perinatal period per Medicaid beneficiary without prior authorization. Perinatal visits above this limit require prior authorization. • Labor and delivery support, one per perinatal period
Michigan	2023	• A maximum of six total visits during the prenatal and postpartum periods and one visit for labor and delivery are eligible for reimbursement. • All prenatal and postpartum visits must be at least 20 minutes long to be eligible for reimbursement. • Additional visits can be requested through the existing Medicaid program prior authorization process.

State	Effective Date	Reimbursement Structure
Minnesota	2014	• Up to seven sessions, including labor and delivery
Nevada	2022	• The reimbursement rate is: o Up to 4 visits reimbursable during prenatal, antepartum, and/or up to 90 days of the postpartum period o An additional 10% increase in charges for doula services provided to rural recipients • Up to 2 additional doula services may be reimbursed when the pregnant person has obtained the following services from a health care professional: o An additional doula visit may be reimbursed when 2 prenatal/antepartum visits have occurred with a licensed physician, nurse midwife, Advanced Practice Registered Nurse, or physician assistant. o An additional doula visit may be reimbursed when a recipient receives any dental service during the prenatal/antepartum period. • A Medicaid Managed Care Organization (MCO) must cover at a minimum the services as listed under fee-for-service.
New Jersey	2024	• $1,065 for up to 8 visits and labor support (standard doula care) • $1,331 for up to 12 service visits and labor support (enhanced doula care for pregnant beneficiaries age 19 or younger) • $500 flat rate for attendance during delivery • $100 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for a postpartum visit after a labor and delivery claim
New York	2024	• Up to eight perinatal visits before and after pregnancy (minimum of 30 minutes) • One encounter during labor and delivery • NYS Medicaid members are eligible for doula services up to 12 months after the end of pregnancy, regardless of pregnancy outcome.

State	Effective Date	Reimbursement Structure
Oklahoma	2023	• Eight prenatal/postpartum visits • One labor & delivery visit • Doula providers will use the appropriate code modifier for all procedure codes. • Visits have a minimum duration of 60 minutes and may be conducted in person or via telehealth, but the labor and delivery care visit may not be conducted via telehealth. • The doula will work with the beneficiary to determine how many visits will occur during the prenatal period or postpartum period. • Prior authorization is required for additional visits for beneficiaries with extenuating medical circumstances.
Oregon	2017	• Submitted charge; OR $1,500 per pregnancy, including at least two prenatal visits, care during delivery, and two required postpartum home visits
Rhode Island	2021	• A doula may not receive more than $1,500 per pregnancy, including: o Up to 3 prenatal visits o Labor and delivery o 3 postpartum visits • If a member does not use all three prenatal visits and/or the labor and delivery visit, the visits can be reallocated to postpartum visits. • A doula must visit with the member for at least 60 minutes to bill each prenatal/postpartum visit.
Virginia	2022	• Up to 8 prenatal/postpartum visits and labor support • $50 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit after a labor and delivery claim • $50 value-based incentive payment will be made if the doula performs at least one postpartum service visit (this may be the same postpartum visit used for the first value-based payment) and the newborn is seen by a pediatric clinician for one visit after a labor and delivery claim

Source: National Academy for State Health Policy, State Medicaid Approaches to Doula Service Benefits (April 2024).

Appendix B

Center for Connected Health Policy | THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

State Telehealth Laws and Medicaid Program Policies

Fall 2024

Summary Chart of Key Telehealth Policy Areas

This chart provides a quick reference summary of each state's telehealth policy on Medicaid reimbursement, private payer reimbursement laws (both if a law exists and whether or not payment parity is required), and professional requirements around consent, cross-state licensure, and interstate compacts based on information gathered between late May and early September 2024. For further details, and additional categories, see each state's section on CCHP's telehealth policy finder tool.

STATE	MEDICAID REIMBURSEMENT				PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS																	
	LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	AUDIO-ONLY	LAW EXISTS	PAYMENT PARITY	CONSENT & STATE LICENSING			INTERSTATE COMPACTS *(see key)*														
							Consent Requirement	Lic. Exceptions	Reg./Lic.	APRN	ASLP-IC	CC	DC	EMS	IMLC	NLC	OT	PA	PSY	PTC	SW
ALABAMA	YES	NO	YES	YES	NO	NO	•	•			•	•	•	•	•	•	•		•	•	•
ALASKA	YES	YES	YES	YES	YES	NO	•	•													
ARIZONA	YES	YES	YES	YES	YES	YES	•	•	•			•			•	•	•		•	•	
ARKANSAS	YES	NO	YES	YES	YES	NO	•	•			•	•				•	•		•	•	
CALIFORNIA	YES	YES	YES*	YES	YES	YES	•	•													
COLORADO	YES	YES	YES	YES	YES	YES	•	•	•		•	•		•	•	•	•	•	•	•	•
CONNECTICUT	YES	NO	NO	YES	YES	YES	•		•						•	•			•		•
DELAWARE	YES	YES	YES	YES	YES	YES	•	•	•	•	•	•		•	•	•	•	•	•	•	
DISTRICT OF COLUMBIA	YES	NO	NO	YES	YES	NO	•	•							•				•	•	
FLORIDA	YES	YES	YES	NO	YES	NO		•	•		•	•			•	•			•		
GEORGIA	YES	YES	NO	YES	YES	YES	•	•	•		•	•		•	•	•	•		•	•	•
HAWAII	YES	YES	YES*	YES	YES	YES		•							•						
IDAHO	YES	NO	YES	YES	NO	NO	•	•	•		•			•	•	•			•		
ILLINOIS	YES	YES*	YES	YES	YES	YES	•	•							•				•		

FALL 2024

Summary Chart of Key Telehealth Policy Areas

CCHP

STATE	MEDICAID REIMBURSEMENT				PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS																
	LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	AUDIO-ONLY	LAW EXISTS	PAYMENT PARITY	CONSENT & STATE LICENSING			INTERSTATE COMPACTS *(see key)*													
							Consent Requirement	Lic. Exceptions	Reg./Lic.	APRN	ASLP-IC	CC	DC	EMS	IMLC	NLC	OT	PA	PSY	PTC	SW
INDIANA	YES	NO	YES	YES	YES	NO	•				•	•		•	•	•	•		•	•	
IOWA	YES	YES	YES	YES	YES	YES	•	•			•	•		•	•	•	•			•	•
KANSAS	YES	NO	YES	YES	YES	NO	•		•		•	•		•	•	•			•	•	•
KENTUCKY	YES	YES	YES	YES	YES	YES	•	•			•	•			•	•	•		•	•	•
LOUISIANA	YES	NO	YES	YES	YES	YES	•	•	•		•	•		•	•	•	•			•	
MAINE	YES	YES	YES	YES	YES	NO	•		•		•	•			•	•	•	•	•	•	•
MARYLAND	YES	YES	YES	YES	YES	YES	•	•			•	•			•	•	•		•	•	
MASSACHUSETTS	YES	YES	YES*	YES	YES	YES	•														
MICHIGAN	YES	YES	YES	YES	YES	NO	•	•							•				•		
MINNESOTA	YES	YES	YES	YES	YES	YES	•	•	•		•	•			•		•	•	•		•
MISSISSIPPI	YES	NO	YES	NO	YES	NO	•	•			•	•		•	•	•	•		•	•	
MISSOURI	YES	YES	YES	YES	YES	NO	•	•			•	•		•	•	•	•		•	•	•
MONTANA	YES	YES	NO	YES	YES	NO	•				•	•			•	•	•			•	
NEBRASKA	YES	NO	YES	YES	YES	YES	•	•			•	•	•	•	•	•	•	•	•	•	•
NEVADA	YES	YES	NO	YES	YES	NO	•	•	•					•	•				•		
NEW HAMPSHIRE	YES	YES*	YES*	YES	YES	NO	•	•	•		•	•			•	•	•		•	•	•
NEW JERSEY	YES	NO	YES	NO	YES	NO	•	•				•			•	•			•	•	
NEW MEXICO	YES	YES	NO	YES	YES	YES	•	•	•							•					
NEW YORK	YES	YES	YES	YES	YES	YES	•	•													
NORTH CAROLINA	YES	YES*	YES	YES	NO	NO	•				•	•				•	•		•	•	
NORTH DAKOTA	YES	YES	YES	YES	YES	NO	•			•		•		•	•	•			•	•	
OHIO	YES	YES*	YES	YES	YES	NO	•				•	•			•	•	•		•	•	•
OKLAHOMA	YES	NO	YES	YES	YES	YES	•		•		•	•		•	•	•		•	•	•	
OREGON	YES	YES	YES	YES	YES	YES	•	•	•											•	
PENNSYLVANIA	YES	YES*	YES	YES	YES	NO	•	•						•	•	•			•	•	

Summary Chart of Key Telehealth Policy Areas

CCHP

STATE	MEDICAID REIMBURSEMENT				PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS																
	LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	AUDIO-ONLY	LAW EXISTS	PAYMENT PARITY	CONSENT & STATE LICENSING			INTERSTATE COMPACTS *(see key)*													
							Consent Requirement	Lic. Exceptions	Reg./Lic.	APRN	ASLP-IC	CC	DC	EMS	IMLC	NLC	OT	PA	PSY	PTC	SW
PUERTO RICO	YES	NO	NO	NO	YES	YES	•														
RHODE ISLAND	YES	YES	NO	NO	YES	YES	•	•							•	•			•		
SOUTH CAROLINA	YES	YES*	YES	YES	NO	NO		•	•		•	•		•		•	•		•	•	
SOUTH DAKOTA	YES	YES	YES	YES	YES	NO	•	•		•		•		•	•	•	•		•	•	•
TENNESSEE	YES	NO	NO	YES	YES	NO	•	•	•		•	•	•	•	•	•	•	•	•	•	•
TEXAS	YES	YES	YES	YES	YES	NO	•							•	•	•			•	•	
UTAH	YES	YES*	YES	YES	YES	NO	•	•	•	•	•	•		•	•	•	•	•	•	•	•
VERMONT	YES	YES	YES	YES	YES	YES	•	•	•		•	•			•	•	•		•	•	•
VIRGIN ISLANDS	NO	NO	NO	NO	YES	NO			•							•					
VIRGINIA	YES	YES	YES	YES	YES	NO	•	•			•	•		•		•	•	•	•	•	•
WASHINGTON	YES	YES	YES	YES	YES	YES	•	•			•	•			•	•	•	•	•	•	•
WEST VIRGINIA	YES	YES	YES*	YES	YES	YES	•	•	•		•	•		•	•	•	•		•	•	
WISCONSIN	YES	YES	YES	YES	NO	NO	•		•		•	•			•	•	•	•	•	•	
WYOMING	YES	NO	NO	NO	NO	NO	•	•			•	•		•	•	•	•		•		

**Reimbursement is limited exclusively to codes reimbursed by the Centers for Medicare and Medicaid Services (CMS) as communication technology-based services (CTBS), interprofessional consultations or remote physiologic monitoring.*

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KEY: YES = Reimbursement and/or law exists NO = No reimbursement and/or policy found • = Reimbursement and/or law exists

- **Lic. Exceptions** = Limited Licensure Exceptions, includes any licensing exception CCHP found when searching for telehealth key terms.
- **Reg./Lic.** = Telehealth License/Registration Process, including telehealth specific special licenses or registration processes in a state.
- **APRN** = Advanced Practice Nurse Compact
- **ASLP-IC** = Audiology and Speech-Language Pathology Interstate Compact
- **CC** = Counseling Compact
- **DC** = Dietitian Compact
- **EMS** = Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)
- **IMLC** = Interstate Medical Licensure Compact
- **NLC** = Nurses Licensure Compact
- **OT** = Occupational Therapy Compact
- **PA** = Physician Assistant Compact
- **PSY** = Psychology Interjurisdicitonal Compact (PSYPACT)
- **PTC** = Physical Therapy Compact
- **SW** = Social Work Licensure Compact

This fact sheet was made possible by Grant #U6743496 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

Appendix C

Appendix C: Midwife Medicaid Reimbursement Rates by State

State	Certified Nurse Midwife Reimbursement	Reimburses Non-Nurse Midwives?	Midwife-Specific Fee Schedule?
Alabama	80%	No	N/A
Alaska	85%	Yes	Yes
Arizona	90%	Yes	Yes
Arkansas	80%	No	N/A
California	100%	Yes	No
Colorado	100%	No	N/A
Connecticut	100%	No	N/A
Delaware	100%	No	N/A
District of Columbia	100%	Yes	No
Florida	80%	Yes	Yes
Georgia	100%	No	N/A
Hawaii	75%	No	N/A
Idaho	85%	No	N/A
Illinois	100%	No	N/A
Indiana	75%	No	N/A
Iowa	85%	No	N/A
Kansas	75%	No	N/A
Kentucky	75%	No	N/A
Louisiana	80%	Yes	No
Maine	100%	No	N/A
Maryland	100%	No	N/A
Massachusetts	85%	No	N/A
Michigan	100%	No	N/A
Minnesota	100%	Yes	No
Mississippi	90%	No	N/A
Missouri	100%	No	N/A
Montana	90%	Yes	No
Nebraska	100%	No	N/A
Nevada	100%	No	N/A
New Hampshire	100%	Yes	No

State	Certified Nurse Midwife Reimbursement	Reimburses Non-Nurse Midwives?	Midwife-Specific Fee Schedule?
New Jersey	95%	Yes	Information not available
New Mexico	100%	Yes	Yes
New York	85%	Yes	Yes
North Carolina	98%	No	N/A
North Dakota	75%-85%	No	N/A
Ohio	100%	No	N/A
Oklahoma	100%	No	N/A
Oregon	100%	Yes	No
Pennsylvania	100%	No	N/A
Rhode Island	100%	No	N/A
South Carolina	100%	Yes	Yes
South Dakota	100%	No	N/A
Tennessee	Varies by MCO	No	N/A
Texas	92%-100%	Yes	Yes
Utah	100%	No	N/A
Vermont	100%	Yes	No
Virginia	100%	Yes	No
Washington	100%	Yes	Yes
West Virginia	100%	No	N/A
Wisconsin	100%	No	N/A
Wyoming	100%	Yes	No

Source: National Academy for State Health Policy, Midwife Medicaid Reimbursement Policies by State (April 2023).