

The Case for Medicaid Reimbursement of Doula Services in Georgia

EXECUTIVE SUMMARY

Georgia faces one of the most severe maternal health crises in the nation. Medicaid covers a substantial share of Georgia births, yet the state lacks Medicaid reimbursement for doula services—an evidence-based, cost-saving intervention proven to reduce complications, prevent preterm births, and improve outcomes for high-risk families. Wellstar’s own data and national modeling show that adopting Medicaid coverage for doula care can generate millions in annual savings while improving maternal outcomes among Georgia’s most vulnerable populations.

THE CHALLENGE

- Georgia ranks 45th nationally for maternal health outcomes.
- Black women in Georgia are 4× more likely to die from pregnancy-related causes.
- 93 Georgia counties lack maternal care providers, amplifying risk for rural families.
- Wellstar supports 14,000+ births annually, many involving Medicaid-eligible, high-risk, or underserved patients.

Despite these needs, Georgia Medicaid does not reimburse doula care—even as private insurers, TRICARE, and multiple Medicaid programs in other states increasingly do.

WHAT DOULAS DO

Doulas provide emotional, physical, and informational support before, during, and after birth—improving communication, reducing fear, and enabling safer, more empowered birth experiences. Wellstar’s program delivers culturally-responsive care, meeting the needs of BIPOC, Medicaid, rural, and linguistically diverse families.

PROVEN OUTCOMES (GEORGIA-SPECIFIC DATA)

Wellstar's doula program already demonstrates major impacts for Georgia families:

Lower C-Section Rates

- Wellstar doula-supported births: 22% C-section rate (vs. Georgia's 36%). → 14% absolute reduction

Improved Full-Term Deliveries

- 73% of doula-supported births reach 38+ weeks, reducing high-cost early deliveries.

Reduced NICU Admissions

- Doula-supported births have a 9% NICU admission rate, compared with higher statewide averages.

High Breastfeeding & Early Bonding Rates

- 89% breastfeeding initiation + high rates of skin-to-skin contact.

High-Risk Populations Benefiting Most

- 70% of Wellstar doula patients are Medicaid or uninsured;
- 83% identify as BIPOC.

RETURN ON INVESTMENT (ROI) FOR GEORGIA MEDICAID

Using national cost coefficients and Wellstar-specific performance, Georgia can expect significant savings.

1. Cesarean Savings

Formula: doula births × 14% avoided C-sections × \$12,500 cost differential

· Example: 1,000 doula-supported Medicaid births → ~\$1.75 million saved annually.

2. Preterm Birth Savings

Doulas reduce preterm births by 20% (national model applied to Georgia).

· Example: 1,000 doula births → 22 avoided preterm births → ~\$1.1 million saved.

3. NICU Savings

Reduced NICU admissions generate large downstream savings and improved health outcomes through infancy/childhood

4. Maternal Mental Health Savings

Per-case maternal mental health burden: \$32,000 (national model used for state ROI). Doulas reduce postpartum anxiety/depression by ~60%.

· Example: ~\$200k–\$500k saved per 1,000 doula births.

TOTAL ESTIMATED SAVINGS FOR GEORGIA (PER 1,000 DOULA BIRTHS)

\$2.6M–\$3.2M in annual Medicaid savings

Net of Program Cost (~\$750k annually per 500 births)

→ \$1.3M–\$1.9M net annual savings

WHY ACTION IS URGENT

· Georgia's Medicaid program already finances a large share of births, many involving high-risk mothers who benefit most from doula support.

· Demand for doula care far exceeds current capacity—1,000+ women waiting statewide.

- Doula reimbursement is a bipartisan legislative priority, with a bill returning this session.
- States adopting Medicaid doula coverage report cost savings, lower morbidity, and racial equity gains.

RECOMMENDATIONS

Authorize Medicaid reimbursement for doula services statewide, using a standardized rate informed by Healthy Mothers, Healthy Babies and national benchmarks (approx. \$1,500–\$1850 per birth).

This single policy change would:

- Improve maternal outcomes
- Reduce state Medicaid spending
- Strengthen rural and underserved care
- Address racial inequities
- Build a sustainable perinatal workforce in Georgia

National Landscape

Momentum for Medicaid-funded doula care is growing rapidly:

- 46 states + DC have taken action toward Medicaid coverage as of early 2026. [[tn.gov](https://www.tn.gov)]
- 19 states + DC are already reimbursing doulas, including Oregon, Maryland, New York, Kansas, Colorado, Arizona, Illinois, and others. [[tn.gov](https://www.tn.gov)], [[medicaid.gov](https://www.medicaid.gov)]

· Legislation enacted in 2025 expanded Medicaid doula benefits in Arkansas, Utah, Vermont, Louisiana, Maine, and created a certification pathway enabling reimbursement in Montana. [[tn.gov](https://www.tn.gov)]

States + DC are actively reimbursing:

- California
- New Jersey
- Maryland
- Oregon
- Michigan
- Rhode Island
- Minnesota
- Virginia
- Nevada
- Washington, DC
- New York
- Delaware
- Kansas
- Colorado
- Arizona
- Missouri

- Ohio
- Illinois
- Pennsylvania
- South Dakota
- Connecticut
- Florida
- New Mexico
- Oklahoma

Note: Some of these (e.g., California, Minnesota, Oregon) have expanded reimbursement rates significantly, reaching \$1,500–\$3,200 depending on state policies. [nashp.org]

CONTACT

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