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PUBLIC COMMENT REPORT
Proposed Rules Pertaining to Community-Based Doula Certification, 17 CAR pt. 56

PUBLIC COMMENTS:

Public comment period expired March 10, 2026.

Liyah Wasson
Doula Alliance of Arkansas
Received March 6, 2026

Thank you for the opportunity to present public comment on the provisions that will be included in the community-based doula certification rules. The Doula Alliance of Arkansas has shared the rules with our board of directors and membership of active doulas for feedback. We are honoured and excited about the opportunity to offer consultation to the Arkansas Department of Health in supporting a smooth, collaborative adoption of the community-based doula benefit and successful implementation of state doula certification. We look forward to co-developing the professional development processes together. Once again, thank you for the opportunity to provide feedback on the proposed rulemaking and all of the attention you have given to this project.

AGENCY'S RESPONSE:

No response necessary.

Almetria Turner
Roots and River Wellness
March 9, 2026

As a seasoned doula but new doula to the rural Arkansas community, I want to address several concerns. It is my belief that people shouldn't have to choose between having a community health worker or a doula because both are vital in providing holistic wraparound support and services in the continuum of care. While some of their support might overlap, doulas spend an exorbitant amount of time with clients throughout the perinatal period from being on call weeks at a time, addressing concerns throughout the day and night, as well as offering uninterrupted hours of in person hands-on holistic support that CHW's can't and don't offer. It's this type of hands-on support that reduces inductions, interventions, worries and c-sections amongst our clients and families. All families should have access to doulas without the referrals of physicians especially within the rural communities due to maternal deserts, limited obs/gyns, nurse practitioners, maternal fetal medicine specialists, dietitians, lactation consultants, other perinatal providers

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and the drivers of health. Referrals can prolong access to prenatal care, evidence based education and support. Also, many doulas are also lactation counselors and consultants who already have established a relationship with our clients, provide lactation education, make sure a proper latch has been established after birth, and we resolve nonclinical issues and concerns in postpartum. Doulas who are also lactation counselors/consultants should be able to bill for lactation services in addition to providing doula support. Doulas refer out to IBCLCs when medically necessary. •Doulas should also be paid a sustainable wage in addition to a 10% incentive to serve rural communities. Doulas can only take on 3-5 clients per month and sometimes less if this isn't their full time job. Most doulas work a 9-5, have children of their own and households to run. A minimum of \$1500 per client regardless of the type of birth with 5 flexible pre/postnatal visits should be the base because of doulas provide time, effort and resources unaccounted and paid for beyond the visits and birth. We can't take on 30-40 clients per month like obs as it's not humanly possible and it compromises care. With there being so many maternal deserts, a lack of providers serving many counties, and the need to build up the workforce while trying to reduce our maternal and infant mortality statistics, a 10% rural incentive should be given per client to encourage people to become doulas within those areas as well as current doulas to go out and serve potential clients to cover extra time away from our own families, gas, and wear/tear on our cars. There are so many benefits to having doulas covered under Medicaid and I hope the state of Arkansas will take these considerations to heart to help build up our perinatal workforce, address health disparities, bridge health equity gaps and reduce the maternal and infant mortality rates for our fellow Arkansans.

Agency's Response:

The authority to promulgate rules regarding Medicaid billing and to provide guidance on such billing falls to the Arkansas Medicaid Program that is administered through the Arkansas Department of Human Services.

Jenny Kincannon

Received March 9, 2026

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AGENCY'S RESPONSE:

No response necessary.

AGENCY RECOMMENDATION:

Proceed to adoption.