



March 6, 2026

Arkansas Department of Human Services
Office of Policy and Rules
2nd Floor Donaghey Plaza South Building
7th and Main Streets
P.O. Box 1437, Slot S295
Little Rock, AR 72203

RE: VFC Comments on Proposed Nonclinical Maternal Care Provider Manual — Doula and Lactation Consultant Coverage Rules

Dear Arkansas Department of Human Services,

On behalf of ATA Action, I am writing to comment on the Arkansas Department of Human Services' (the Department's) proposed Nonclinical Maternal Care Provider Manual establishing coverage and reimbursement rules for certified community-based doulas and breastfeeding and lactation consultants under the Arkansas Medicaid Program. We write to raise concerns about a requirement in the proposed rule that is not contained in the authorizing statute and that would unnecessarily restrict access to these vital services.

ATA Action is the affiliated trade association of the American Telemedicine Association and is committed to ensuring that all individuals have permanent access to telehealth services across the care continuum, regardless of geography, income, or ability. Through our Virtual Foodcare Coalition, we have brought together stakeholders across sectors to advocate for policies that expand access to evidence-based nutrition interventions, especially through innovative, patient-centered care delivery models like telehealth, including virtual lactation consulting.

We strongly support the establishment of Medicaid coverage for certified community-based doulas and breastfeeding and lactation consultants. Breastfeeding is foundational to the health of mothers and infants and studies have shown that prenatal lactation support and education significantly improve breastfeeding initiation and duration¹, reduces postpartum depression², and decreases healthcare costs.³ Doula support similarly has well-documented benefits for maternal and infant health outcomes, particularly in underserved communities. Arkansas has made a meaningful commitment to maternal health through the legislation underlying this rule.

¹ McFadden A, Gavine A, Renfrew MJ, Wade A, Buchanan P, Taylor JL, Veitch E, Rennie AM, Crowther SA, Neiman S, MacGillivray S. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub5. Accessed 13 November 2025.

² Figueiredo B, Canário C, Field T. Breastfeeding is negatively affected by prenatal depression and reduces postpartum depression. *Psychological Medicine*. 2014;44(5):927-936. doi:10.1017/S0033291713001530

³ Mavranezouli, I., Varley-Campbell, J., Stockton, S. *et al.* The cost-effectiveness of antenatal and postnatal education and support interventions for women aimed at promoting breastfeeding in the UK. *BMC Public Health* **22**, 153 (2022). <https://doi.org/10.1186/s12889-021-12446-5>

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Concern: In-Person Initial Visit Requirement Exceeds the Authorizing Statute

Despite our overall support, we urge the Department to reconsider the requirement in Sections 210.400(B) and 220.400(B) of the proposed rule that requires the initial visit for doula services and lactation consultant services, respectively, to be conducted in person. The proposed rule states:

“The initial visit must be in person, and at least one (1) visit must take place in the client’s home.” (Section 210.400(B))

“The initial visit must be in person. After the initial visit, subsequent visits may be conducted in person or via telehealth.” (Section 220.400(B))

This in-person initial visit requirement does not appear in the authorizing legislation, Act 627 of 2025.⁴ Imposing it through rulemaking goes beyond the Department’s statutory mandate and introduces an access barrier that the legislature did not intend. Mandating an in-person first visit can delay the initiation of care, add costs to services, and deter engagement with services altogether. Studies have shown that virtual care is effective in lactation consulting and is particularly important for patients in rural areas or those facing time or mobility constraints.⁵

Arkansas has significant rural and underserved populations who stand to benefit most from the flexibility of telehealth. Requiring an in-person first visit before telehealth access is permitted effectively penalizes patients who cannot easily travel to a provider’s office, a hospital, or another approved service location. This runs counter to the legislature’s evident intent in establishing these new benefits.

The proposed rule itself acknowledges the value of telehealth for subsequent visits and for prenatal and postpartum care coordination. Sections 210.400(C) and 220.400(B) permit telehealth after the initial visit. We see no clinical or policy rationale for restricting telehealth only at the initial visit stage, particularly given that the authorizing statute imposes no such restriction.

Concern: Billing and Place of Service Code Clarity

We also urge the Department to provide explicit guidance on the Place of Service (POS) codes applicable to telehealth-delivered doula and lactation consultant services. Arkansas Medicaid’s general telehealth reimbursement policy already provides a clear framework for how telehealth services are billed, and the rules implementing these new provider types should reflect the same clarity. Specifically, the Department should confirm the use of appropriate telehealth POS codes, including POS 02 (Telehealth Provided Other Than in Patient’s Home) and POS 10 (Telehealth Provided in Patient’s Home), to ensure that providers can bill accurately, reduce unnecessary claim denials, and support consistent implementation across the state.

⁴ **HB1333** - To Mandate Coverage for Breastfeeding and Lactation Consultant Services. <https://arkleg.state.ar.us/Bills/Detail?id=hb1333&ddBienniumSession=2025%2F2025R>

⁵ Uscher-Pines, L., Lawrence, R., & Waymouth, M. (2023). Telehealth for Breastfeeding Support and Lessons for Digital Equity. *JAMA health forum*, 4(3), e225464. <https://doi.org/10.1001/jamahealthforum.2022.5464>



Telehealth Policy to Transform Healthcare

We respectfully recommend that the Department amend Sections 210.400(B) and 220.400(B) to remove the in-person initial visit requirement, and instead allow all visits, including initial visits, to be conducted either in person *or* via telehealth, at the mutual determination of the beneficiary and provider. The Department should also include explicit guidance on applicable telehealth POS codes in the final rule. These changes would align the rule with Act 627 of 2025, maximize access for Arkansas Medicaid beneficiaries, and support clear and consistent billing by providers.

We urge the Department to finalize these rules in a manner that fully unlocks access to doula and lactation consultant services for all eligible Arkansas Medicaid beneficiaries, including through telehealth from the very first visit. The VFC and ATA Action appreciate the Department's leadership on maternal health and stand ready to assist in the implementation of this important coverage expansion. Please feel free to contact me at hyoung@ataaction.org with any questions.

Kind regards,

A handwritten signature in black ink that reads "Hunter Young".

Hunter Young
Head of State Government Relations
ATA Action

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