

**HOUSE . . . . . No. 1312**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Lindsay N. Sabadosa***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

**An Act relative to Insurance Coverage for Doula Services.**

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/16/2025</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>1/27/2025</i>
<i>Adrienne Pusateri Ramos</i>	<i>14th Essex</i>	<i>3/6/2025</i>
<i>James C. Arena-DeRosa</i>	<i>8th Middlesex</i>	<i>3/10/2025</i>
<i>Samantha Montaño</i>	<i>15th Suffolk</i>	<i>3/18/2025</i>
<i>Erika Uyterhoeven</i>	<i>27th Middlesex</i>	<i>3/19/2025</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>4/2/2025</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>	<i>4/3/2025</i>
<i>Estela A. Reyes</i>	<i>4th Essex</i>	<i>4/16/2025</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>4/17/2025</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>	<i>4/24/2025</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>	<i>5/22/2025</i>
<i>Rodney M. Elliott</i>	<i>16th Middlesex</i>	<i>7/15/2025</i>

**HOUSE . . . . . No. 1312**

By Representative Sabadosa of Northampton, a petition (accompanied by bill, House, No. 1312) of Lindsay N. Sabadosa and others relative to insurance coverage for Doula Services. Financial Services.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

An Act relative to Insurance Coverage for Doula Services.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after  
2 section 33 the following section:-

3 Section 34. (a) For the purpose of this section, the term “doula services” shall have the  
4 following meaning:

5 “Doula Services” are physical, emotional, and informational support, but not medical  
6 care, provided by trained doulas to individuals and families from conception until twelve months  
7 after pregnancy, labor, childbirth, adoption, miscarriage, stillbirth or abortion. Doula services  
8 include but are not limited to:

9 (1) continuous labor and delivery support, inclusive of all outcomes;

10 (2) support for pregnancy loss or infant loss, including bereavement home or in-person  
11 visits;

- 12 (3) accompanying individuals to health care and social services appointments;
- 13 (4) connecting individuals to community-based and state- and federally-funded resources,  
14 including those which address social determinants of health;
- 15 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing  
16 on-call support in-person or via telehealth for individuals' questions or concerns;
- 17 (6) support for other individuals providing care for a birthing or adoptive parent,  
18 including spouses, partners, and other family members.
- 19 (7) educational and informational support including but not limited to childbirth  
20 preparation, newborn care, perinatal mental health, and postpartum recovery.
- 21 (8) empowering individuals to advocate for their preferences, needs and rights during  
22 pregnancy, labor and delivery, and postpartum.
- 23 (b) Any coverage offered by the commission to an active or retired employee of the  
24 commonwealth and their dependents insured under the group insurance commission (hereinafter  
25 "policy") shall provide coverage for all doula services. Coverage provided for doula services  
26 shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing  
27 requirement.
- 28 (c) No policy shall require a referral for doula services by any other health care provider  
29 as a condition of reimbursement.
- 30 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to  
31 MassHealth's reimbursement rate for doula services.

32 (e) A policy shall cover, without prior authorization, a minimum of twenty hours of  
33 prenatal and postpartum doula services per pregnancy, and continuous support throughout labor  
34 and delivery, inclusive of all pregnancy outcomes. Within the authorized number of doula hours,  
35 policies shall not impose limitations on the amount of time a doula can bill per patient per day.

36 (f) Policies must establish a process to approve coverage of additional hours of doula  
37 services in cases where the patient has heightened risk or need.

38 (g) Policies shall follow the doula credentialing requirements developed by the  
39 Massachusetts Department of Public Health, and may not impose any additional credentialing  
40 requirements. Additionally, any doula approved as a MassHealth Doula Provider shall be  
41 deemed as meeting all credentialing requirements.

42 SECTION 2. Chapter 175 of the General Laws, as so appearing, is hereby amended by  
43 inserting after section 47UU the following section:-

44 SECTION 47VV. (a) For the purpose of this section, the term “doula services” shall  
45 have the following meaning:

46 “Doula Services” are physical, emotional, and informational support, but not medical  
47 care, provided by trained doulas to individuals and families from conception until twelve months  
48 after pregnancy, labor, childbirth, adoption, miscarriage, stillbirth or abortion. Doula services  
49 include but are not limited to:

50 (1) continuous labor and delivery support, inclusive of all outcomes;

51 (2) support for pregnancy loss or infant loss, including bereavement home or in-person  
52 visits;

- 53 (3) accompanying individuals to health care and social services appointments;
- 54 (4) connecting individuals to community-based and state- and federally-funded resources,  
55 including those which address social determinants of health;
- 56 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing  
57 on-call support in-person or via telehealth for individuals' questions or concerns;
- 58 (6) support for other individuals providing care for a birthing or adoptive parent,  
59 including spouses, partners, and other family members.
- 60 (7) educational and informational support including but not limited to childbirth  
61 preparation, newborn care, perinatal mental health, and postpartum recovery.
- 62 (8) empowering individuals to advocate for their preferences, needs and rights during  
63 pregnancy, labor and delivery, and postpartum.
- 64 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or  
65 renewed within the commonwealth (hereinafter "policy") shall provide coverage for all doula  
66 services. Coverage provided under this section for doula services shall not be subject to any  
67 deductible, coinsurance, copayment or any other cost-sharing requirement.
- 68 (c) No policy shall require a referral for doula services by any other health care provider  
69 as a condition of reimbursement.
- 70 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to  
71 MassHealth's reimbursement rate for doula services.

72 (e) A policy shall cover, without prior authorization, a minimum of twenty hours of  
73 prenatal and postpartum doula services per pregnancy, and continuous support throughout labor  
74 and delivery, inclusive of all pregnancy outcomes. Within the authorized number of doula hours,  
75 policies shall not impose limitations on the amount of time a doula can bill per patient per day.

76 (f) Policies must establish a process to approve coverage of additional hours of doula  
77 services in cases where the patient has heightened risk or need.

78 (g) Policies shall follow the doula credentialing requirements developed by the  
79 Massachusetts Department of Public Health, and may not impose any additional credentialing  
80 requirements. Additionally, any doula approved as a MassHealth Doula Provider shall be  
81 deemed as meeting all credentialing requirements.

82 SECTION 3. Chapter 176A of the General Laws, is hereby amended by inserting after  
83 section 8VV the following section:-

84 SECTION 8WW. (a) For the purpose of this section, the term “doula services” shall have  
85 the following meaning:

86 “Doula Services” are physical, emotional, and informational support, but not medical  
87 care, provided by trained doulas to individuals and families from conception until twelve months  
88 after pregnancy, labor, childbirth, adoption, miscarriage, stillbirth or abortion. Doula services  
89 include but are not limited to:

90 (1) continuous labor and delivery support, inclusive of all outcomes;

91 (2) support for pregnancy loss or infant loss, including bereavement home or in-person  
92 visits;

- 93 (3) accompanying individuals to health care and social services appointments;
- 94 (4) connecting individuals to community-based and state- and federally-funded resources,  
95 including those which address social determinants of health;
- 96 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing  
97 on-call support in-person or via telehealth for individuals' questions or concerns;
- 98 (6) support for other individuals providing care for a birthing or adoptive parent,  
99 including spouses, partners, and other family members.
- 100 (7) educational and informational support including but not limited to childbirth  
101 preparation, newborn care, perinatal mental health, and postpartum recovery.
- 102 (8) empowering individuals to advocate for their preferences, needs and rights during  
103 pregnancy, labor and delivery, and postpartum.
- 104 (b) Any contract between a subscriber and a corporation subject to this chapter, pursuant  
105 to an individual or group hospital service plan that is delivered, issued or renewed within the  
106 commonwealth (hereinafter "policy") shall provide coverage for all doula services. Coverage  
107 provided under this section for doula services shall not be subject to any deductible, coinsurance,  
108 copayment or any other cost-sharing requirement.
- 109 (c) No policy shall require a referral for doula services by any other health care provider  
110 as a condition of reimbursement.
- 111 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to  
112 MassHealth's reimbursement rate for doula services.

113 (e) A policy shall cover, without prior authorization, a minimum of twenty hours of  
114 prenatal and postpartum doula services per pregnancy, and continuous support throughout labor  
115 and delivery, inclusive of all pregnancy outcomes. Within the authorized number of doula hours,  
116 policies shall not impose limitations on the amount of time a doula can bill per patient per day.

117 (f) Policies must establish a process to approve coverage of additional hours of doula  
118 services in cases where the patient has heightened risk or need.

119 (g) Policies shall follow the doula credentialing requirements developed by the  
120 Massachusetts Department of Public Health, and may not impose any additional credentialing  
121 requirements. Additionally, any doula approved as a MassHealth Doula Provider shall be  
122 deemed as meeting all credentialing requirements.

123 SECTION 4. Chapter 176B of the General Laws, is hereby amended by inserting after  
124 section 4VV the following section:-

125 Section 4WW. (a) For the purpose of this section, the term “doula services” shall have  
126 the following meaning:

127 “Doula Services” are physical, emotional, and informational support, but not medical  
128 care, provided by trained doulas to individuals and families from conception until twelve months  
129 after pregnancy, labor, childbirth, adoption, miscarriage, stillbirth or abortion. Doula services  
130 include but are not limited to:

131 (1) continuous labor and delivery support, inclusive of all outcomes;

132 (2) support for pregnancy loss or infant loss, including bereavement home or in-person  
133 visits;

- 134 (3) accompanying individuals to health care and social services appointments;
- 135 (4) connecting individuals to community-based and state- and federally-funded resources,  
136 including those which address social determinants of health;
- 137 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing  
138 on-call support in-person or via telehealth for individuals' questions or concerns;
- 139 (6) support for other individuals providing care for a birthing or adoptive parent,  
140 including spouses, partners, and other family members.
- 141 (7) educational and informational support including but not limited to childbirth  
142 preparation, newborn care, perinatal mental health, and postpartum recovery.
- 143 (8) empowering individuals to advocate for their preferences, needs and rights during  
144 pregnancy, labor and delivery, and postpartum.
- 145 (b) Any subscription certificate under an individual or group medical service agreement  
146 that is delivered, issued or renewed within the commonwealth (hereinafter "policy") shall  
147 provide coverage for all doula services. Coverage provided under this section for doula services  
148 shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing  
149 requirement.
- 150 (c) No policy shall require a referral for doula services by any other health care provider  
151 as a condition of reimbursement.
- 152 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to  
153 MassHealth's reimbursement rate for doula services.

154 (e) A policy shall cover, without prior authorization, a minimum of twenty hours of  
155 prenatal and postpartum doula services per pregnancy, and continuous support throughout labor  
156 and delivery, inclusive of all pregnancy outcomes. Within the authorized number of doula hours,  
157 policies shall not impose limitations on the amount of time a doula can bill per patient per day.

158 (f) Policies must establish a process to approve coverage of additional hours of doula  
159 services in cases where the patient has heightened risk or need.

160 (g) Policies shall follow the doula credentialing requirements developed by the  
161 Massachusetts Department of Public Health, and may not impose any additional credentialing  
162 requirements. Additionally, any doula approved as a MassHealth Doula Provider shall be  
163 deemed as meeting all credentialing requirements.

164 SECTION 5. Chapter 176G of the General Laws, is hereby amended by inserting after  
165 section 4NN the following section:-

166 Section 4OO. (a) For the purpose of this section, the term “doula services” shall have the  
167 following meaning:

168 “Doula Services” are physical, emotional, and informational support, but not medical  
169 care, provided by trained doulas to individuals and families from conception until twelve months  
170 after pregnancy, labor, childbirth, adoption, miscarriage, stillbirth or abortion. Doula services  
171 include but are not limited to:

172 (1) continuous labor and delivery support, inclusive of all outcomes;

173 (2) support for pregnancy loss or infant loss, including bereavement home or in-person  
174 visits;

- 175 (3) accompanying individuals to health care and social services appointments;
- 176 (4) connecting individuals to community-based and state- and federally-funded resources,  
177 including those which address social determinants of health;
- 178 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing  
179 on-call support in-person or via telehealth for individuals' questions or concerns;
- 180 (6) support for other individuals providing care for a birthing or adoptive parent,  
181 including spouses, partners, and other family members.
- 182 (7) educational and informational support including but not limited to childbirth  
183 preparation, newborn care, perinatal mental health, and postpartum recovery.
- 184 (8) empowering individuals to advocate for their preferences, needs and rights during  
185 pregnancy, labor and delivery, and postpartum.
- 186 (b) Any individual or group health maintenance contract that is issued or renewed within  
187 or without the commonwealth (hereinafter "policy") shall provide coverage for all doula  
188 services. Coverage provided under this section for doula services shall not be subject to any  
189 deductible, coinsurance, copayment or any other cost-sharing requirement.
- 190 (c) No policy shall require a referral for doula services by any other health care provider  
191 as a condition of reimbursement.
- 192 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to  
193 MassHealth's reimbursement rate for doula services.

194 (e) A policy shall cover, without prior authorization, a minimum of twenty hours of  
195 prenatal and postpartum doula services per pregnancy, and continuous support throughout labor  
196 and delivery, inclusive of all pregnancy outcomes. Within the authorized number of doula hours,  
197 policies shall not impose limitations on the amount of time a doula can bill per patient per day.

198 (f) Policies must establish a process to approve coverage of additional hours of doula  
199 services in cases where the patient has heightened risk or need.

200 (g) Policies shall follow the doula credentialing requirements developed by the  
201 Massachusetts Department of Public Health, and may not impose any additional credentialing  
202 requirements. Additionally, any doula approved as a MassHealth Doula Provider shall be  
203 deemed as meeting all credentialing requirements.

204 SECTION 6. Sections 2 through 6 of this act shall apply to all policies, contracts and  
205 certificates of health insurance subject to chapters 32A, chapter 175, chapter 176A, chapter  
206 176B, and chapter 176G which are delivered, issued or renewed on or after September 1, 2026.

207 SECTION 7. Doula Advisory Committee: There is hereby created a Doula Advisory  
208 Committee.

209 (1) The committee shall consist of 10-12 members to be appointed by the Governor, or  
210 designee.

211 All but 2 of the members shall be practicing doulas from the community representing a  
212 range of experience levels and a diversity of lived experience; the remaining 2 members shall be  
213 individuals from the community who have experienced pregnancy as a MassHealth member and  
214 are not practicing doulas.

215           The members of the committee shall represent an equitable geographic distribution from  
216 across the Commonwealth, including representation from areas within the Commonwealth where  
217 maternal and infant outcomes are worse than the state average, as evidenced by the MA  
218 Department of Public Health’s most current perinatal data available at the time the member is  
219 appointed.

220           (2) The committee shall be convened within six months of passage of this law.

221           (3) Of the initial appointments to the Doula Advisory Committee, half shall be appointed  
222 to a term of 2 years and half shall be appointed to a term of 18 months. Thereafter, all terms shall  
223 be 2 years. The Governor, or designee, shall fill vacancies as soon as practicable.

224           (4) At least once every 8 weeks, the Division of Medical Assistance shall meet with the  
225 Doula Advisory Committee to consult about MassHealth’s coverage of doula services, including  
226 but not limited to the following:

227           (a) the standards and processes around billing for and prompt reimbursement of doula  
228 services;

229           (b) establishing grievance procedures for doulas, MassHealth members, and health care  
230 providers about MassHealth’s coverage of doula services, the provision of doula services to  
231 MassHealth members, and bias that doulas face as they try to integrate into birth teams;

232           (c) maintaining a reimbursement rate for doula services that incentivizes and supports a  
233 diverse workforce representative of the communities served, and establishing a recurring  
234 timeframe to review that rate in light of inflation and changing costs of living in the  
235 commonwealth;

236 (5) Each year, the Doula Advisory Committee must, by a majority vote of a quorum of its  
237 members, select an individual to serve as its chairperson for a one year term. The Doula  
238 Advisory Committee may replace the chairperson in the same manner mid-term.

239 (6) The Doula Advisory Committee may, by a majority vote of a quorum of its members,  
240 reduce the frequency of meetings with MassHealth to less than once every 8 weeks.

241 (7) The Division of Medical Assistance shall seek resources to offer reasonable  
242 compensation to members of the Doula Advisory Committee for fulfilling their duties, and shall  
243 reimburse members for actual and necessary expenses incurred while fulfilling their duties.

244 SECTION 8: Chapter 111 of the General Laws is hereby amended by inserting in section  
245 70E after “Every patient or resident of a facility shall have the right:”:

246 (i) to have their birth doula’s continuous presence during labor and delivery. Facilities  
247 shall not place an undue burden on access of a patient’s doula to clinical labor and delivery  
248 settings, and shall not arbitrarily exclude a patient’s doula from such settings. A doula shall not  
249 be counted as a patient's guest or support person.