

HOUSE No. 4344

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, July 31, 2025.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1312) of Lindsay N. Sabadosa and others relative to insurance coverage for doula services, reports recommending that the accompanying bill (House, No. 4344) ought to pass.

For the committee,

JAMES M. MURPHY.

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**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 34 the following section:-

3 Section 35. (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. Provided, however, that deductibles shall be required if the applicable plan is
28 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
29 of the prohibition on such for these services.

30 (c) No policy shall require a referral for doula services by any other health care provider
31 as a condition of reimbursement.

32 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to
33 MassHealth's reimbursement rate for doula services.

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

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

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

44 SECTION 2. Chapter 175 of the General Laws, is hereby amended by inserting before
45 section 47CCC the following section:-

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

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

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

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

- 55 (3) accompanying individuals to health care and social services appointments;
- 56 (4) connecting individuals to community-based and state- and federally-funded resources,
57 including those which address social determinants of health;
- 58 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing
59 on-call support in-person or via telehealth for individuals' questions or concerns;
- 60 (6) support for other individuals providing care for a birthing or adoptive parent,
61 including spouses, partners, and other family members.
- 62 (7) educational and informational support including but not limited to childbirth
63 preparation, newborn care, perinatal mental health, and postpartum recovery.
- 64 (8) empowering individuals to advocate for their preferences, needs and rights during
65 pregnancy, labor and delivery, and postpartum.
- 66 (b) Any blanket or general policy of insurance described in subdivision (A), (C), or (D)
67 of section one hundred and ten which is issued or subsequently renewed by agreement between
68 the insurer and the policyholder, within or without the commonwealth, during the period within
69 which this premium is effective, or any policy of accident or sickness insurance as described in
70 section one hundred and eight which provides hospital expense and surgical expense insurance
71 and which is delivered or issued for delivery or subsequently renewed by agreement between the
72 insurer and the policyholder in the commonwealth, during the period within which this provision
73 is effective, or any employers' health and welfare fund which provides hospital expense and
74 surgical expense benefits and which is issued or renewed to any person or group of persons in
75 the commonwealth, during the period within which this provision is effective, shall provide

76 coverage for all doula services. Coverage provided under this section for doula services shall not
77 be subject to any deductible, coinsurance, copayment or any other cost-sharing requirement.
78 Provided, however, that deductibles shall be required if the applicable plan is governed by the
79 Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition
80 on such for these services.

81 (c) No policy shall require a referral for doula services by any other health care provider
82 as a condition of reimbursement.

83 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to
84 MassHealth's reimbursement rate for doula services.

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

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

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

95 SECTION 4. Chapter 176A of the General Laws, is hereby amended by inserting after
96 section 8DDD the following section:-

97 SECTION 8EEE. (a) For the purpose of this section, the term “doula services” shall have
98 the following meaning:

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

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

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

106 (3) accompanying individuals to health care and social services appointments;

107 (4) connecting individuals to community-based and state- and federally-funded resources,
108 including those which address social determinants of health;

109 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing
110 on-call support in-person or via telehealth for individuals’ questions or concerns;

111 (6) support for other individuals providing care for a birthing or adoptive parent,
112 including spouses, partners, and other family members.

113 (7) educational and informational support including but not limited to childbirth
114 preparation, newborn care, perinatal mental health, and postpartum recovery.

115 (8) empowering individuals to advocate for their preferences, needs and rights during
116 pregnancy, labor and delivery, and postpartum.

117 (b) Any contract between a subscriber and a corporation subject to this chapter, pursuant
118 to an individual or group hospital service plan that is delivered, issued or renewed within the
119 commonwealth (hereinafter “policy”) shall provide coverage for all doula services. Coverage
120 provided under this section for doula services shall not be subject to any deductible, coinsurance,
121 copayment or any other cost-sharing requirement. Provided, however, that deductibles shall be
122 required if the applicable plan is governed by the Federal Internal Revenue Code and would lose
123 its tax-exempt status as a result of the prohibition on such for these services.

124 (c) No policy shall require a referral for doula services by any other health care provider
125 as a condition of reimbursement.

126 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to
127 MassHealth’s reimbursement rate for doula services.

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

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

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

138 SECTION 4. Chapter 176B of the General Laws, is hereby amended by inserting after
139 section 4DDD the following section:-

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

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

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

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

149 (3) accompanying individuals to health care and social services appointments;

150 (4) connecting individuals to community-based and state- and federally-funded resources,
151 including those which address social determinants of health;

152 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing
153 on-call support in-person or via telehealth for individuals’ questions or concerns;

154 (6) support for other individuals providing care for a birthing or adoptive parent,
155 including spouses, partners, and other family members.

156 (7) educational and informational support including but not limited to childbirth
157 preparation, newborn care, perinatal mental health, and postpartum recovery.

158 (8) empowering individuals to advocate for their preferences, needs and rights during
159 pregnancy, labor and delivery, and postpartum.

160 (b) Any subscription certificate under an individual or group medical service agreement
161 that is delivered, issued or renewed within the commonwealth (hereinafter “policy”) shall
162 provide coverage for all doula services. Coverage provided under this section for doula services
163 shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing
164 requirement. Provided, however, that deductibles shall be required if the applicable plan is
165 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
166 of the prohibition on such for these services.

167 (c) No policy shall require a referral for doula services by any other health care provider
168 as a condition of reimbursement.

169 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to
170 MassHealth’s reimbursement rate for doula services.

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

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

177 (g) Policies shall follow the doula credentialing requirements developed by the
178 Massachusetts Department of Public Health, and may not impose any additional credentialing

179 requirements. Additionally, any doula approved as a MassHealth Doula Provider shall be
180 deemed as meeting all credentialing requirements.

181 SECTION 6. Chapter 176G of the General Laws, is hereby amended by inserting after
182 section 4VV the following section:-

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

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

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

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

192 (3) accompanying individuals to health care and social services appointments;

193 (4) connecting individuals to community-based and state- and federally-funded resources,
194 including those which address social determinants of health;

195 (5) being on-call around the time of birth, adoption, loss or abortion, as well as providing
196 on-call support in-person or via telehealth for individuals’ questions or concerns;

197 (6) support for other individuals providing care for a birthing or adoptive parent,
198 including spouses, partners, and other family members.

199 (7) educational and informational support including but not limited to childbirth
200 preparation, newborn care, perinatal mental health, and postpartum recovery.

201 (8) empowering individuals to advocate for their preferences, needs and rights during
202 pregnancy, labor and delivery, and postpartum.

203 (b) Any individual or group health maintenance contract that is issued or renewed within
204 or without the commonwealth (hereinafter “policy”) shall provide coverage for all doula
205 services. Coverage provided under this section for doula services shall not be subject to any
206 deductible, coinsurance, copayment or any other cost-sharing requirement. Provided, however,
207 that deductibles shall be required if the applicable plan is governed by the Federal Internal
208 Revenue Code and would lose its tax-exempt status as a result of the prohibition on such for
209 these services.

210 (c) No policy shall require a referral for doula services by any other health care provider
211 as a condition of reimbursement.

212 (d) Doulas shall be reimbursed for their services at a rate at least equivalent to
213 MassHealth’s reimbursement rate for doula services.

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

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

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

224 SECTION 7. Sections 2 through 6 of this act shall apply to all policies, contracts and
225 certificates of health insurance subject to chapters 32A, chapter 175, chapter 176A, chapter
226 176B, and chapter 176G which are delivered, issued or renewed on or after September 1, 2026.

227 SECTION 8. Doula Advisory Committee: There is hereby created a Doula Advisory
228 Committee.

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

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

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

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

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

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

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

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

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

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

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

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

264 SECTION 2: Chapter 111 of the General Laws is hereby amended by inserting in section
265 70E after “Every patient or resident of a facility shall have the right:”:

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