

HOUSE No.

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>

HOUSE No.

[Pin Slip]

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.