

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Liz Miranda

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:

Liz Miranda

DISTRICT/ADDRESS:

Second Suffolk

SENATE No.

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 680 OF 2023-2024.]

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 (6) being on-call around the time of birth, adoption, loss or abortion, as well as providing
16 on-call support for individuals' questions or concerns;

17 (7) support for other individuals providing care for a birthing or adoptive parent,
18 including spouses, partners, and other family members.

19 (b) Any coverage offered by the commission to an active or retired employee of the
20 commonwealth and their dependents insured under the group insurance commission (hereinafter
21 "policy") shall provide coverage for all doula services. Coverage provided for doula services
22 shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing
23 requirement.

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

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

28 (e) A policy shall cover, without prior authorization, a minimum of five hours of prenatal
29 doula services per pregnancy, five hours of postpartum doula services per pregnancy, and
30 continuous support throughout labor and delivery, inclusive of all pregnancy outcomes. Within

31 the authorized number of doula hours, policies shall not impose limitations on how many hours a
32 doula can bill per patient per day.

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

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

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

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

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

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

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

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

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

53 (6) being on-call around the time of birth, adoption, loss or abortion, as well as providing
54 on-call support for individuals' questions or concerns;

55 (7) support for other individuals providing care for a birthing or adoptive parent,
56 including spouses, partners, and other family members.

57 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
58 renewed within the commonwealth (hereinafter "policy") shall provide coverage for all doula
59 services. Coverage provided under this section for doula services shall not be subject to any
60 deductible, coinsurance, copayment or any other cost-sharing requirement.

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

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

65 (e) A policy shall cover, without prior authorization, a minimum of five hours of prenatal
66 doula services per pregnancy, five hours of postpartum doula services per pregnancy, and
67 continuous support throughout labor and delivery, inclusive of all pregnancy outcomes. Within
68 the authorized number of doula hours, policies shall not impose limitations on how many hours a
69 doula can bill per patient per day.

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

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

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

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

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

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

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

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

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

90 (6) being on-call around the time of birth, adoption, loss or abortion, as well as providing
91 on-call support for individuals’ questions or concerns;

92 (7) support for other individuals providing care for a birthing or adoptive parent,
93 including spouses, partners, and other family members.

94 (b) Any contract between a subscriber and a corporation subject to this chapter, pursuant
95 to an individual or group hospital service plan that is delivered, issued or renewed within the
96 commonwealth (hereinafter “policy”) shall provide coverage for all doula services. Coverage
97 provided under this section for doula services shall not be subject to any deductible, coinsurance,
98 copayment or any other cost-sharing requirement.

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

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

103 (e) A policy shall cover, without prior authorization, a minimum of five hours of prenatal
104 doula services per pregnancy, five hours of postpartum doula services per pregnancy, and
105 continuous support throughout labor and delivery, inclusive of all pregnancy outcomes. Within
106 the authorized number of doula hours, policies shall not impose limitations on how many hours a
107 doula can bill per patient per day.

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

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

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

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

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

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

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

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

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

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

128 (6) being on-call around the time of birth, adoption, loss or abortion, as well as providing
129 on-call support for individuals’ questions or concerns;

130 (7) support for other individuals providing care for a birthing or adoptive parent,
131 including spouses, partners, and other family members.

132 (b) Any subscription certificate under an individual or group medical service agreement
133 that is delivered, issued or renewed within the commonwealth (hereinafter “policy”) shall
134 provide coverage for all doula services. Coverage provided under this section for doula services
135 shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing
136 requirement.

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

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

141 (e) A policy shall cover, without prior authorization, a minimum of five hours of prenatal
142 doula services per pregnancy, five hours of postpartum doula services per pregnancy, and
143 continuous support throughout labor and delivery, inclusive of all pregnancy outcomes. Within
144 the authorized number of doula hours, policies shall not impose limitations on how many hours a
145 doula can bill per patient per day.

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

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

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

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

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

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

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

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

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

166 (6) being on-call around the time of birth, adoption, loss or abortion, as well as providing
167 on-call support for individuals’ questions or concerns;

168 (7) support for other individuals providing care for a birthing or adoptive parent,
169 including spouses, partners, and other family members.

170 (b) Any individual or group health maintenance contract that is issued or renewed within
171 or without the commonwealth (hereinafter “policy”) shall provide coverage for all doula

172 services. Coverage provided under this section for doula services shall not be subject to any
173 deductible, coinsurance, copayment or any other cost-sharing requirement.

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

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

178 (e) A policy shall cover, without prior authorization, a minimum of five hours of prenatal
179 doula services per pregnancy, five hours of postpartum doula services per pregnancy, and
180 continuous support throughout labor and delivery, inclusive of all pregnancy outcomes. Within
181 the authorized number of doula hours, policies shall not impose limitations on how many hours a
182 doula can bill per patient per day.

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

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

189 SECTION 6. Sections 2 through 6 of this act shall apply to all policies, contracts and
190 certificates of health insurance subject to chapters 32A, chapter 175, chapter 176A, chapter
191 176B, and chapter 176G which are delivered, issued or renewed on or after September 1, 2026.

192 SECTION 7. Doula Advisory Committee: There is hereby created a Doula Advisory
193 Committee.

194 (1) The committee shall consist of 10-12 members to be appointed by the Commissioner
195 of the Department of Public Health, or designee.

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

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

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

206 (3) Of the initial appointments to the Doula Advisory Committee, half shall be appointed
207 to a term of 2 years and half shall be appointed to a term of 18 months. Thereafter, all terms shall
208 be 2 years. The Commissioner of the Department of Public Health, or designee, shall fill
209 vacancies as soon as practicable.

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

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

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

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

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

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

227 (7) The Division of Medical Assistance and the Department of Public Health shall seek
228 resources to offer reasonable compensation to members of the Doula Advisory Committee for
229 fulfilling their duties, and shall reimburse members for actual and necessary expenses incurred
230 while fulfilling their duties.

231 SECTION 8: Chapter 111 of the General Laws is hereby amended by inserting in section
232 70E after “Every patient or resident of a facility shall have the right.”:

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