



State and Federal Legislative Proposals Relating to Doula Care

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Pregnancy-related deaths are [on the rise](#) in the United States. This is particularly the case for Black women, who are [three to four times](#) more likely than non-Hispanic white women to die while pregnant or within a year of childbirth. Some advocates are now pushing to help improve maternal health outcomes by expanding access to doula care. [Doulas](#) are birth companions trained to provide emotional and other nonmedical support to women before, during, and after childbirth. Research has correlated doula care with [higher breastfeeding initiation rates](#), [fewer cesarean sections](#), and [fewer low-birth weight babies](#). Doulas have also demonstrated the ability to [reduce the harmful effects of racism](#) by providing culturally appropriate, patient-centered care. These potential benefits led Minnesota and Oregon in 2014 to provide Medicaid coverage for doula services. Other state and federal legislators are now following suit by introducing bills that incorporate doulas and doula care to reduce health disparities and infant and maternal mortality and morbidity.

The following is a summary of the major state and federal legislation introduced or passed within the past ten years that have included doula services. To date, only Minnesota and Oregon have expanded access to doula services across the board for pregnant Medicaid enrollees. In Minnesota, state bills [SF 699](#) in 2013 and [SF 2087](#) in 2014 permitted Medicaid reimbursement for certain certified doulas. In Oregon, [HB 3311](#) in 2011 initiated research on the best practices for improving birth outcomes through the use of doulas. Medicaid reimbursement for doula services in Oregon began with an

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[administrative rule](#). Both were eventually incorporated into Medicaid State Plan Amendments: [Minnesota in 2014](#) and [Oregon in 2017](#). Many of these bills have increased access to doulas for incarcerated women by allowing doulas to provide prenatal and childbirth services to incarcerated women. These bills, however, typically require incarcerated women to pay for these services, which limits their impact.

For more information on this topic, please see the following National Health Law Program resources:

- [Routes to Success for Medicaid Coverage of Doula Care](#)
- [Maternal Mortality Review Committees: Step-by-Step Analysis and Action](#)
- [Using the Affordable Care Act and Other Opportunities to Address Maternal Mortality](#)

STATE BILLS PASSED AND SIGNED INTO LAW					
BILL #	NAME	AUTHOR(S)	STATE	YEAR	MAJOR POINTS OF LEGISLATION
HF 1760	NOTE: no title, description is the following Health and Human Services policy provisions modifications	Rep. Paul Thissen (DFL ²) and Cy Thao (DFL)	Minnesota	2009	<ul style="list-style-type: none"> • Modified continuing care provisions, data management, care facility contracts and reporting requirements, and reimbursement schemes • Changed the definition of doula services from support during pregnancy, labor, and postpartum to continuous support during labor and intermittently during the prenatal and postpartum periods • Added the International Center for Traditional Childbearing as an organization that could “certify” doulas <p>NOTE: The parallel Senate bill is SF 1526, Continuing care provisions modifications; medical assistance (MA), nursing facilities and data management modifications, authored by Sen. Tony Lourey (DFL)</p>

² DFL is the Democratic-Farmer-Labor Party of Minnesota.

<p>SF 699</p>	<p>NOTE: no title, description is the following</p> <p>Doula services medical assistance (MA) coverage requirement</p>	<p>Sen. Sandra Pappas (DFL)</p>	<p>Minnesota</p>	<p>2013</p>	<ul style="list-style-type: none"> • Required inclusion of doula services from a certified doula in Medicaid covered medical services • Defined doula services as childbirth education and support services, including emotional and physical support provided during pregnancy, labor, birth, and postpartum <p>NOTE: The parallel House bill is HF 768, Medical assistance required to cover doula services, authored by Rep. Carolyn Laine (DFL), Rep. Kathy Lohmer (R), Rep. Tina Liebling (DFL), Rep. Susan Allen (DFL), Rep. Jim Abeler (R), Rep. Karen Clark (DFL), Rep. JoAnn Ward (DFL), Rep. Will Morgan (DFL), Rep. Mary Franson (R), and Rep. Mike Freiberg (DFL)</p>
<p>SF 2087</p>	<p>NOTE: no title, description is the following</p> <p>Omnibus Health and Human Services policy bill</p>	<p>Sen. Kathy Sheran (DFL)</p>	<p>Minnesota</p>	<p>2014</p>	<ul style="list-style-type: none"> • Modified and adjusted current healthcare and public health law to better serve state residents • Added Commonsense Childbirth, Inc. as an organization that could “certify” doulas <p>NOTE: the parallel House bill is HF 2402, authored by Rep. Tina Liebling (DFL) and Rep. Nick Zerwas (R)</p>
<p>SF 2423</p>	<p>NOTE: no title, description is the following</p> <p>Pregnancy and childbirth needs related to incarcerated women</p>	<p>Sen. Barb Goodwin (DFL), Tony Lourey (DFL), Julie Rosen (R), Alice Johnson (DFL), and Sandra Pappas (DFL)</p>	<p>Minnesota</p>	<p>2014</p>	<ul style="list-style-type: none"> • Limits the use of restraints and provides appropriate treatments and accommodations if incarcerated woman is pregnant • Allows pregnant inmates to use doula services as long as correctional facility does not pay for it or if the inmate pays for these services • Forms an advisory committee, which includes doula representation, to identify evidence-based practices for incarcerated pregnant women and report these findings to the senate and house of representatives <p>NOTE: the parallel House bill is HF 2833, Incarcerated women needs addressed relating to pregnancy and childbirth, authored by Rep. Carolyn Laine (DFL), Linda</p>

					Slocum (DFL), Phyllis Kahn (I), Connie Bernardy (DFL), Raymond Dehn (DFL), and Ryan Winkler (DFL)
SF 878	NOTE: no title, description is the following Omnibus public safety finance and policy bill	Sen. Ron Latz (DFL)	Minnesota	2015	<ul style="list-style-type: none"> Changes provisions and finances relevant to crime, safety, courts, controlled substances, and disaster assistance Awards \$30,000 in grants to non-profit organizations to provide doula services in correctional facilities <p>NOTE: the parallel House bill is HF 849, Omnibus public safety finance and policy bill, authored by Rep. Tony Cornish (R)</p>
HB 3393	NOTE: no title, description is the following An act relating to prisons and reformatories; directing penal institutions, detention centers and jails to use least restrictive restraints on pregnant inmates	Rep. Regina Goodwin (D) and Sen. AJ Griffin (R)	Oklahoma	2018	<ul style="list-style-type: none"> Increases protections for pregnant inmates by prohibiting unnecessary restraints and restraints during labor Provides access to doula care services during labor as long as correctional facility does not pay for it
HB 3311	NOTE: no title, description is the following Relating to birth outcomes; and declaring an emergency	Rep. Tina Kotek (D) and Lew Frederick (D), Sen. Chip Shields (D)	Oregon	2011	Required Oregon Health Authority to explore ways to use doulas to improve birth outcomes for women who face disproportionately greater risk of poor birth outcomes and to report to legislative committees in February 2012
HB 3650	NOTE: no title, description is the following	Joint Special Committee on	Oregon	2011	<ul style="list-style-type: none"> Requires Oregon Health Authority to develop proposals on coordinated care organization qualification criteria, a global budgeting process,

	Relating to health; appropriating money; and declaring an emergency	Health Care Transformation			<p>reducing healthcare costs, and other processes integral to coordinated care organizations</p> <ul style="list-style-type: none"> Requires Medicaid enrollees to have access to Traditional Health Workers (THW) <p>NOTE: After the passage of HB 3311, the bill created the opportunity for doulas to be reimbursed as THW. This administrative rule allowed doulas to be minimally reimbursed for their services during a patient’s childbirth in 2014. Oregon then submitted a Medicaid State Plan Amendment (SPA) which defined doulas as a preventative service rather than a traditional, non-licensed health worker. The SPA was approved in 2017 and allowed doulas to receive higher reimbursement rates for their services.</p>
HB 2015	<p>NOTE: no title, description is the following</p> <p>Relating to doulas</p>	Rep. Tina Kotek (D) and Mitch Greenlick (D), Sen. Lew Frederick (D)	Oregon	2017	<ul style="list-style-type: none"> Directs Oregon Health Authority, in coordination with Traditional Health Workers Commission, to biennially review, and revise if necessary, the reimbursement rates for doulas Facilitates direct payments to doulas Requires coordinated care organizations to provide information on doulas to patients Requires the government to develop a website to provide information on the distribution and availability of doulas in Oregon
HB 2016	<p>NOTE: no title, description is the following</p> <p>Concerning midwifery and doula services for incarcerated women</p>	Rep. Richard DeBolt (R), Dave Hayes (R), Derek Stanford (D), Beth Doglio (D), and Dick Muri (R)	Washington	2018	<ul style="list-style-type: none"> Requires jails to provide incarcerated women access to doulas or midwives Requires jails to provide doulas and midwives with inmate healthcare info if the inmate authorizes disclosure and facilities necessary to perform services Does not require the government or correctional facility to pay for these services

STATE BILLS THAT WERE INTRODUCED BUT HAVE NOT PASSED						
BILL #	NAME	AUTHOR(S)	STATE	YEAR	STATUS	MAJOR POINTS OF LEGISLATION
SF 1275	NOTE: no title, description is the following Doula services medical assistance (MA) reimbursement rates establishment	Sen. Jim Abeler (R) and Sen. Scott Jensen (R)	Minnesota	2017	Amended and laid over	<ul style="list-style-type: none"> Increases budget for doula care services After July 1, 2017, payments will be \$47 per prenatal or postpartum visit, up to a total of six visits, and \$488 for attending and providing doula services at a birth <p>NOTE: the parallel House bill is HF 2178, Doula services medical assistance reimbursement rates established, authored by Rep. Tama Theis (R), Roz Peterson (R), Jennifer Schultz (DFL), Liz Olson (DFL), Josh Heintzeman (R), and Dave Pinto (DFL)</p>
A644	NOTE: no title, description is the following An act concerning maternal care and mortality	Assemblyman David Wolfe (R) and Gregory Mcguckind (R)	New Jersey	2018	Referred to Assembly Women and Children Committee	<ul style="list-style-type: none"> Establishes certain best practices for maternal care and establishes Maternal Mortality Review Commission to annually review maternal death rates and their causes Promotes better integration of doula services within the maternal health care team
A1662	NOTE: no title, description is the following An act concerning Medicaid Coverage for Doula Care	Assemblywoman Eliana Marin (D), Angelica Jimenez (D), and Shavonda Sumter (D)	New Jersey	2018	Reported and Referred to Assembly Appropriations Committee	<ul style="list-style-type: none"> Includes "doula services" as a form of "comprehensive maternity services" under Medicaid

<p>A10504</p>	<p>NOTE: no title, description is the following</p> <p>An act to amend the social services law, in relation to including doulas as medical services providers for Medicaid recipients</p>	<p>Assemblywoman Michaelle C. Solages (D)</p>	<p>New York</p>	<p>2018</p>	<p>Referred to the Committee on Health</p>	<ul style="list-style-type: none"> • Allows Medicaid patients to use doulas as medical service providers • Requires commissioner of health to include doulas as a covered service under Medicaid and secure federal Medicaid funding for doula care
<p>A10505</p>	<p>NOTE: no title, description is the following</p> <p>An act to amend the insurance law, in relation to requiring health insurance policies to include coverage for doula services as required coverage for maternity care</p>	<p>Assemblywoman Michaelle C. Solages (D)</p>	<p>New York</p>	<p>2018</p>	<p>Referred to Committee on Insurance</p>	<ul style="list-style-type: none"> • Requires health insurance policies to cover doula services • Defines doula services as required maternity care coverage
<p>A11147</p>	<p>NOTE: no title, description is the following</p> <p>An act to amend the public health</p>	<p>Assemblymember Amy Paulin (D)</p>	<p>New York</p>	<p>2018</p>	<p>Referred to Committee on Health</p>	<ul style="list-style-type: none"> • Creates requirements for doulas to be acknowledged as “certified doulas” • Allows only certified doulas to provide doula services

	law, in relation to professional certification of doulas					
H.628	NOTE: no title, description is the following An act relating to Medicaid coverage for doula services	Rep. Barbara Rachelson (D) and Teo Zagar (D)	Vermont	2016	Referred to the Committee on Health Care	<ul style="list-style-type: none"> Requires the state to reimburse doulas and sets a maximum reimbursement rate under Medicaid Includes list of specific certifying organizations where doula could become certified to receive reimbursement Instructed state health department to seek a State Plan Amendment if necessary
SB 393	NOTE: no title, description is the following Relating to: the treatment of a pregnant or postpartum person in prison and county jail	Sen. Lena Taylor (D), Fred Risser (D), Jon Erpenbach (D) and LaTonya Johnson (D)	Wisconsin	2017	Failed to pass	<ul style="list-style-type: none"> Increases protections to incarcerated women, prohibiting the use of unnecessary restraints, and access to health services when pregnant <p>Creates access for doula services to incarcerated women who have given birth within the past 6 weeks as long as correctional facility does not pay for it or if the inmate pays for these services</p> <p>NOTE: The parallel House bill is AB 801, sponsored by Rep. Lisa Subeck (D) and Rep. Joan Ballweg (R)</p>

FEDERAL BILLS THAT WERE INTRODUCED BUT HAVE NOT PASSED					
BILL #	NAME	AUTHOR	YEAR	STATUS	MAJOR POINTS OF LEGISLATION
H.R.2286	MOMS for the 21st Century Act	Rep. Lucille Roybal-Allard (D-CA-40)	2013-2014	Referred to Subcommittee on Health Stuck in subcommittee for 6 years	<ul style="list-style-type: none"> Increases understanding and use of evidence-based practices for improving maternal and infant health through education, research, and an interagency committee Expands CDC research centers to include Centers on Optimal Maternity Outcomes which must research at least two different service providers (i.e. doulas, physicians, home visiting services, etc) Encourages Center of Medicare and Medicaid to test evidence-based services associated with reduced maternal and infant mortality such as doulas or promotoras
S. 3494	MOMMIES Act	Sen. Cory Booker (D-NJ)	2017-2018	Referred to Committee on Finance	<ul style="list-style-type: none"> Extends Medicaid coverage for postpartum women to one full year after giving birth Requires full Medicaid coverage for pregnant and postpartum women, rather than coverage limited to pregnancy-related services Establishes a maternity care home demonstration project Extends the Affordable Care Act's primary care bump to all primary care providers, including women's health providers Encourages increased access to doula care for pregnant women Researches telemedicine and its potential to help improve Medicaid enrollee access to maternity care
S.3363	Maternal CARE Act	Sen. Kamala Harris (D-CA)	2017-2018	Referred to Committee on Finance	<ul style="list-style-type: none"> Provides funding for evidence-based quality improvements that tackle racial disparities in maternal health statistics

					<ul style="list-style-type: none"> • Creates the Pregnancy Medical Home Demonstration Project, to deliver integrated health care services, including doula care, to pregnant women and new mothers • Directs the National Academy of Medicine to recommend how to incorporate implicit bias training into physician education
S. 3568	Rural MOMS Act	Sen. Heidi Heitkamp (D-ND)	2017-2018	Referred to the Committee on Health, Education, Labor, and Pensions	<ul style="list-style-type: none"> • Improves rural obstetric and maternal healthcare through data collection and grants for health interventions • Creates a training demonstration program which provides grants to improve rural maternal and obstetric care to individuals that provide these services such as doulas • Requires Comptroller General of the United States to submit reports to Congress identifying gaps in maternal and obstetric care provided by healthcare workers such as doulas, and an implementation plan addressing these gaps
S.3660	Health Equity and Accountability Act of 2018	Sen. Mazie Hirono (D-HI)	2017-2018	Referred to Committee on Finance	<ul style="list-style-type: none"> • Improves health outcomes for minorities through improved data collection, funding of innovative health interventions and improving access to healthcare services • Expands CDC research centers to include Centers on Optimal Maternity Outcomes which may include research on doula labor support • Encourages Center of Medicare and Medicaid to test evidence-based services associated with reduced maternal and infant mortality such as doulas or promotoras
S.3616	Pregnant Women in Custody Act	Sen. Rand Paul (R-KY)	2017-2018	Referred to Committee on the Judiciary	<ul style="list-style-type: none"> • Improves pregnancy experiences of incarcerated women through improved education, research, and accommodations during pregnancy • Requires data collection for the National Prisoner Statistics Program and Annual Survey

					<p>of Jails to include information on whether doulas or other birth support individuals were provided to incarcerated women</p> <ul style="list-style-type: none">• NOTE: Parallel Senate Bill is H.R.6805, the Pregnant Women in Custody Act, sponsored by Rep. Bass, Karen (D-CA)
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