

**HOUSE . . . . . No. 1139**

---

**The Commonwealth of Massachusetts**

PRESENTED BY:

***Lindsay N. Sabadosa and 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:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/19/2023</i>
<i>Liz Miranda</i>	<i>Second Suffolk</i>	<i>1/19/2023</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>1/20/2023</i>
<i>Bud L. Williams</i>	<i>11th Hampden</i>	<i>1/20/2023</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>	<i>1/27/2023</i>
<i>Andres X. Vargas</i>	<i>3rd Essex</i>	<i>2/2/2023</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>	<i>2/7/2023</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/9/2023</i>

**HOUSE . . . . . No. 1139**

By Representative Sabadosa of Northampton and Senator Miranda, a joint petition (accompanied by bill, House, No. 1139) of Lindsay N. Sabadosa, Liz Miranda and others relative to insurance coverage for doula services. Financial Services.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Third General Court  
(2023-2024)**

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 118E of the General Laws is hereby amended by inserting after  
2 section 10N the following section:-

3 Section 10-O: Medicaid Coverage for Doula Services.

4 (A) For purposes of this section, the term “doula services” shall have the following  
5 meaning:

6 “Doula Services” are physical, emotional, and informational support, but not medical  
7 care, provided by trained doulas to individuals and families during and after pregnancy, labor,  
8 childbirth, miscarriage, stillbirth or pregnancy loss. Doula services include but are not limited to:

9 (1) continuous labor support;

10 (2) prenatal, postpartum, and bereavement home or in-person visits throughout the  
11 perinatal period, lasting until 1 year after birth, pregnancy loss, stillbirth, or miscarriage;

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

13 (4) providing support to individuals for loss of pregnancy or infant from conception  
14 through one year postpartum;

15 (5) connecting individuals to community-based and state- and federally-funded  
16 resources, including those which address social determinants of health;

17 (6) making oneself available (being on-call) around the time of birth or loss as well as  
18 providing support for any concerns of pregnant individuals throughout pregnancy and until one  
19 year after birth, pregnancy loss, stillbirth, or miscarriage.

20 (7) providing support for other individuals providing care for a birthing parent,  
21 including a birthing parent's partner and family members.

22 (B) Coverage of Doula Services:

23 (1) The Division shall provide coverage of doula services to pregnant individuals and  
24 postpartum individuals up to 12 months following the end of the pregnancy who are eligible for  
25 medical assistance under this chapter and/or through Title XIX or Title XXI of the Social  
26 Security Act. The Division shall provide the same coverage of doula services to pregnant and  
27 postpartum individuals who are not otherwise eligible for medical assistance under this chapter  
28 or Titles XIX or XXI of the Social Security Act solely because of their immigration status.

29 (2) The Division must cover continuous support through labor and childbirth, and at least  
30 up to six doula visits across the prenatal and one year postpartum period, including at least two  
31 postpartum visits, without the need for prior authorization. The Division must also establish a  
32 procedure to cover additional doula visits as needed.

33 (C) Creation of Doula Advisory Committee: There is hereby created a Doula Advisory  
34 Committee.

35 (1) The committee shall consist of 10-12 members to be appointed by the commissioner  
36 of public health, or designee.

37 (a) All but 2 of the members must be practicing doulas from the community; the  
38 remaining 2 members must be individuals from the community who have experienced pregnancy  
39 as a MassHealth member and are not practicing doulas.

40 (b) Among the members described in (a) above:

41 (i) at least 1 member must be a person who identifies as belonging to the LGBTQIA+  
42 community;

43 (iii) at least 1 member must be a person who has experienced a severe maternal  
44 morbidity, a perinatal mental health or mood disorder, or a near-death experience while pregnant  
45 or in maternity care;

46 (iv) at least 1 member must be a person who identifies as a person with disabilities or  
47 disabled person;

48 (c) The members of the committee shall represent a diverse range of experience levels-  
49 from doulas new to the practice to more experienced doulas.

50 (d) The members of the committee shall be from areas within the Commonwealth where  
51 maternal and infant outcomes are worse than the state average, as evidenced by the MA  
52 Department of Public Health's most current perinatal data available at the time the member is  
53 appointed.

54 (e) The members of the committee shall represent an equitable geographic distribution  
55 from across the Commonwealth.

56 (2) The committee must be convened within six months of passage of this law.

57 (3) Of the initial appointments to the Doula Advisory Committee, half shall be appointed  
58 to a term of 2 years and half shall be appointed to a term of 18 months. Thereafter, all terms shall  
59 be 2 years. The commissioner of public health, or designee, shall fill vacancies as soon as  
60 practicable.

61 (4) At least once every 8 weeks, the Division must meet with the Doula Advisory  
62 Committee to consult about at least the following:

63 (a) the scope of doula services covered by MassHealth;

64 (b) doula competencies required for reimbursement by MassHealth, and standards of  
65 proof or demonstration of those competencies;

66 (c) the recruitment of a diverse workforce of doulas to provide services to MassHealth  
67 members;

68 (d) the development of comprehensive and high quality continuing education and  
69 training that is free or low-cost to doulas committed to providing services to MassHealth  
70 members, as well as the development of mentorship and career growth opportunities for doulas  
71 providing services to MassHealth members;

72 (e) the performance of any third party administrators of MassHealth's doula coverage  
73 program, and standards and processes around billing for and prompt reimbursement of doula  
74 services;

75 (f) establishing grievance procedures for doulas, MassHealth members, and health care  
76 providers about MassHealth’s coverage of doula services and/or the provision of doula services  
77 to MassHealth members;

78 (g) outreach to the public and stakeholders about how to access doula care for  
79 MassHealth members, and about the availability of and advantages of doula care;

80 (h) the evaluation and collection of data on the provision of, outcomes of, access to, and  
81 satisfaction with doula care services provided to MassHealth members;

82 (i) maintaining a reimbursement rate for doula services that incentivizes and supports a  
83 diverse workforce representative of the communities served, and establishing a recurring  
84 timeframe to review that rate in light of inflation and changing costs of living in the  
85 commonwealth;

86 (j) how to ensure that MassHealth’s doula reimbursement program is directed towards  
87 the goal of reducing inequities in maternal and birth outcomes among racial, ethnic, and cultural  
88 populations who reside in all areas within the commonwealth, as evidenced by the most current  
89 perinatal data supplied by the department of public health.

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

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

95 (7) The division and the Department of Public Health shall seek resources to offer  
96 reasonable compensation to members of the Doula Advisory Committee for fulfilling their  
97 duties, and must reimburse members for actual and necessary expenses incurred while fulfilling  
98 their duties.

99 (8) The division, in partnership with the Doula Advisory Committee, shall conduct at  
100 least 1 public hearing or forum each year until three years after passage of this law. The purposes  
101 of these hearings or forums shall be to gather feedback from the public and to inform the public  
102 about MassHealth's coverage of doula care.

103 SECTION 2. Chapter 32A of the General Laws, as appearing in the 2014 Official  
104 Edition, is hereby amended by inserting after section 27 the following section:

105 Section 28. (a) Any coverage offered by the commission to any active or retired  
106 employee of the commonwealth insured under the group insurance commission shall provide  
107 coverage for all doula services as defined in Section XX.

108 (b) Nothing in this section shall be construed to deny or restrict in any way the group  
109 insurance commission's authority to ensure plan compliance with this chapter.

110 SECTION 3. Chapter 118E of the General Laws, as so appearing, is hereby amended by  
111 inserting after section 10I the following section:

112 10J (a) The division and its contracted health insurers, health plans, health maintenance  
113 organizations, behavioral health management firms and third-party administrators under contract  
114 to a Medicaid managed care organization or primary care clinician plan shall provide coverage  
115 for all doula services as defined in Section XX.

116 (b) Nothing in this section shall be construed to deny or restrict in any way the group  
117 insurance commission's authority to ensure plan compliance with this chapter.

118 SECTION 4. Chapter 175 of the General Laws, as so appearing, is hereby amended by  
119 inserting after section 47W(c) the following:

120 (d) An individual policy of accident and sickness insurance issued pursuant to section  
121 108 that provides hospital expense and surgical expense and any group blanket policy of accident  
122 and sickness insurance issued pursuant to section 110 that provides hospital expense and surgical  
123 expense insurance, delivered, issued or renewed by agreement between the insurer and the  
124 policyholder, within or without the Commonwealth, (hereinafter "policy") shall provide benefits  
125 for residents of the Commonwealth and all group members having a principal place of  
126 employment within the Commonwealth coverage for all doula services as defined in Section XX.

127 (e) Nothing in this section shall be construed to deny or restrict in any way the division of  
128 insurance's authority to ensure compliance with this chapter.

129 SECTION 5. Chapter 176A of the General Laws, as so appearing, is hereby amended by  
130 inserting after section 8W(c) the following:

131 (d) Any contract between a subscriber and the corporation under an individual or group  
132 hospital service plan that is delivered, issued or renewed within or without the Commonwealth  
133 and that provides benefits for outpatient services shall provide to all individual subscribers and  
134 members within the Commonwealth and to all group members having a principal place of  
135 employment within the Commonwealth coverage for all doula services as defined in Section XX.



136 (e) Nothing in this section shall be construed to deny or restrict in any way the division of  
137 insurance's authority to ensure compliance with this chapter.

138 SECTION 6. Chapter 176B of the General Laws, as so appearing, is hereby amended by  
139 inserting after section 4W(c) the following:

140 (d) Any subscription certificate under an individual or group medical service agreement  
141 that is delivered, issued or renewed within or without the Commonwealth and that provides  
142 benefits for outpatient services shall provide to all individual subscribers and members within the  
143 Commonwealth and to all group members having a principal place of employment within the  
144 Commonwealth coverage for all doula services as defined in Section XX.

145 (e) Nothing in this subsection shall be construed to deny or restrict in any way the  
146 division of insurance's authority to ensure medical service agreement compliance with this  
147 chapter.

148 SECTION 7. Chapter 176G of the General Laws, as so appearing, is hereby amended by  
149 inserting after section 4O(c) the following:

150 (d) Any individual or group health maintenance contract that is issued, renewed or  
151 delivered within or without the Commonwealth and that provides benefits for outpatient  
152 prescription drugs or devices shall provide to residents of the Commonwealth and to persons  
153 having a principal place of employment within the Commonwealth coverage for all doula  
154 services as defined in Section XX.

155 (e) Nothing in this subsection shall be construed to deny or restrict in any way the  
156 division of insurance's authority to ensure health maintenance contract compliance with this  
157 chapter.

158 SECTION 8. Sections 1 through 6 of this act shall apply to all policies, contracts and  
159 certificates of health insurance subject to chapters 32A, chapter 118E, chapter 175, chapter  
160 176A, chapter 176B, and chapter 176G which are delivered, issued or renewed on or after  
161 September 1, 2024.

162 SECTION 9. Chapter 29 of the Massachusetts General Laws is hereby amended by  
163 inserting after section 2QQQQQ the following section:-

164 Section 2RRRRR. (a) There shall be established and set up on the books of the  
165 commonwealth a separate fund known as the Doula Workforce Development Trust Fund,  
166 hereinafter called the fund. The fund shall be administered by the department of career services  
167 which shall contract with the Commonwealth Corporation to administer the fund. The fund shall  
168 be credited with: (i) revenue from appropriations or other money authorized by the general court  
169 and specifically designated to be credited to the fund; (ii) interest earned on such revenues; and  
170 (iii) funds from public and private sources; and other gifts, grants and donations for the growth,  
171 training and continuous support of the doula workforce. Amounts credited to the fund shall not  
172 be subject to further appropriation and any money remaining in the fund at the end of a fiscal  
173 year shall not revert to the General Fund.

174 (b) The Commonwealth Corporation shall make expenditures from the fund for the  
175 purposes of:

176 (i) the development and expansion of comprehensive doula training available across the  
177 commonwealth, including the development of doula training focused on meeting the needs of  
178 MassHealth members;

179 (ii) ensuring that doulas committed to serving MassHealth members have access to high  
180 quality doula training at no- or low-cost to them;

181 (iii) the recruitment and retention of doulas from communities with high concentrations  
182 of MassHealth members, as well as areas within the commonwealth where maternal and infant  
183 outcomes are worse than the state average, as evidenced by the MA Department of Public  
184 Health's perinatal data.

185 (iv) expanding doula mentoring opportunities across the state, which provide new doulas  
186 the opportunity to attend births and incentivize experienced practicing doulas to take on mentees.

187 (v) leveraging funds to secure future federal funding to support doula workforce  
188 development in the commonwealth.

189 (c) The director of career services shall annually, not later than December 31, report to  
190 the secretary of administration and finance, the house and senate committees on ways and means  
191 and the joint committee on labor and workforce development on the efforts undertaken in  
192 support of section (b) above; the number of doulas recruited and trained as a result of activities  
193 taken in support of (b) above, including but not limited to sex, gender identity, race, and ethnicity  
194 of such doulas; the amount of grants and identities of grantees awarded in support of section (b)  
195 above; and the availability of doula training at no- or low-cost to doulas committed to serving  
196 MassHealth members.

197 SECTION 10: Chapter 111 of the General Laws is hereby amended by inserting in  
198 section 70E after “Every patient or resident of a facility shall have the right:”:

199 (p) to have their birth doula’s continuous presence during labor and delivery.  
200 Facilities shall not place an undue burden on a patient’s doula’s access to clinical labor and  
201 delivery settings, and shall not arbitrarily exclude a patient’s doula from such settings.