

2019 FEDERAL BILLS RELATED TO DOULA SERVICES					
BILL NUMBER	TITLE OF BILL	AUTHOR or PRIMARY SPONSOR	DESCRIPTION	STATUS	LAST DATE UPDATED
HR 2602	Healthy MOMMIES Act	Rep. Ayanna Pressley (D-MA)	<p>This bill amends titles XIX and XXI of the Social Security Act to improve Medicaid and the Children's Health Insurance Program for low-income mothers.</p> <p>It provides for a MACPAC report and CMS guidance on increasing access to doula care for Medicaid beneficiaries.</p> <p>It includes a maternity care home demonstration project that integrates perinatal support services including community health workers, doulas, social workers, public health nurses, peer lactation counselors, childbirth educators, and others, into health care entities and organizations. The bill provides financial incentives and adequate training for healthcare professionals, including community health workers and community-based doulas who participate in the the State's maternity care home model. The training may include training for cultural competency, racial bias, health equity, reproductive and birth justice, home visiting skills, and respectful communication and listening skills, particularly in regards to maternal health.</p>	Introduced in House, referred to the Energy and Commerce subcommittee on health	5-9-2019
S 1343	MOMMIES Act	Sen. Cory Booker (D-NJ)	<p>This is the Senate companion bill to HR 2602, amending titles XIX and XXI of the Social Security Act to improve Medicaid and the Children's Health Insurance Program for low-income mothers.</p> <p>It provides for a MACPAC report and CMS guidance on increasing access to doula care for Medicaid beneficiaries.</p> <p>It includes a maternity care home demonstration project that integrates perinatal support services including community health workers, doulas, social workers, public health nurses, peer lactation counselors, childbirth educators, and others, into health care entities and organizations. The bill provides financial incentives and adequate training for healthcare professionals, including community health workers and community-based doulas who participate in the the State's maternity care home model. The training may include training for cultural competency, racial bias, health equity, reproductive and birth justice, home visiting skills, and respectful communication and listening skills, particularly in regards to maternal health.</p>	Introduced in Senate	5-7-2019
HR 2751	Mamas First Act	Rep. Gwen Moore (D-WI)	<p>This bill amends title XIX of the Social Security Act to require state Medicaid coverage of doula and midwife services, including prenatal, delivery, and postpartum services.</p> <p>The bill defines a doula as an individual certified by an established organization and who provides non-medical advice, information, emotional support, and physical comfort during such individual's pregnancy, childbirth, and postpartum period. Doulas also must maintain certification by completing require continuing education.</p>	Introduced in House, referred to the Energy and Commerce subcommittee on health	5-16-2019
HR 3344	Opportunities to Support Mothers and Deliver Children Act	Rep. Gwen Moore (D-WI)	<p>This bill provides funding for, and requires the Department of Health and Human Services to award, grants for demonstration projects to train low-income individuals to work in the field of pregnancy or childbirth. Grantees must be located in a state that recognizes doulas or midwives as health care providers and that allows payment for their services in the Medicaid program.</p> <p>The bill does not separately define 'doula.'</p>	Referred to House Committee on Ways and Means	6/19/2019
HR 2902	Maternal CARE Act	Rep. Alma Adams (D-NC)	<p>This bill requires HHS to award grants for implicit bias training for health care providers in the field of obstetrics and gynecology. The bill specifies that the Secretary must collaborate with many stakeholders, including doulas.</p> <p>The bill also provides for a Pregnancy Medical Home Demonstration Project, which includes doulas as relevant stakeholders.</p>	Introduced in House, referred to the Energy and Commerce subcommittee on health	5/23/2019
HR 4243	Rural MOMS Act	Rep. Xochitl Torres Small (D-NM)	<p>This bill amends the Public Health Service Act to improve obstetric care in rural areas.</p> <p>The bill provides for the establishment of a rural maternal and obstetric training demonstration program, which awards grants to eligible entities to support training for those that work in maternal health in rural community-based settings, including for doulas.</p> <p>The bill also requires a GAO report on the maternal care in rural areas, including the location of gaps in maternal clinicians and health professionals, including non-clinical professors such as doulas.</p>	Introduced in House, referred to the Energy and Commerce subcommittee on health	09/10/2019

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S 2586	MOM Act	Sen. Martha McSally (R-AZ)	This bill awards grants for identifying, developing, or disseminating best practices to improve maternal health care quality and outcomes, eliminate preventable maternal mortality and severe maternal morbidity, and improve infant health outcomes. Though doulas are not specifically mentioned, this bill requires identifying, developing, and evaluating new models of care that improve maternal and infant health outcomes, which may include the integration of community-based services and clinical care. Community-based services could include doula services.	Senate Read twice and referred to the Committee on Health, Education, Labor, and Pensions	9/26/2019
HR 4768	Home Visiting to Reduce Maternal Mortality and Morbidity Act	Rep. Danny Davis (D-IL)	This bill amends section 511 of the Social Security Act to reduce maternal mortality by investing in evidence-based home visiting models that address the social determinants of maternal health and morbidity.	Introduced in House, referred to the Energy and Commerce subcommittee on health	10/22/2019
HR 3398	Pathways to Health Careers Act	Rep. Danny Davis (D-IL)	<p>This bill provides low-income individuals with opportunities to enter and follow a career pathway in the health professions and to extend and expand demonstration projects.</p> <p>The bill specifically notes that in applications for Health Profession Opportunity Grants demonstration projects, some can include training plans for doulas and other community health workers that are designed to support a career pathway in pregnancy, birth, or postpartum services, if the State recognizes doulas or midwives.</p> <p>The bill also allows for pregnancy and childbirth career pathway demonstrations, which shall be of a type designed to provide education and training for eligible individuals to enter and follow a career pathway in the field of pregnancy, childbirth, or postpartum, in a State that recognizes doulas or midwives and that provides payment for services provided by doulas or midwives, under private or public health insurance plans.</p> <p>A doula is defined as an individual who is certified by an established organization and provides non-medical advice, information, emotional support, and physical comfort to an individual during the individual's pregnancy, childbirth, and post-partum period, and who maintains the certification by completing the required continuing education.</p>	Placed on the Union Calendar	10/29/2019
HR 4996	Helping MOMs Act of 2019	Rep. Robin Kelly (D-IL)	<p>This bill amends title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend postpartum coverage. It also requires a MACPAC report on the coverage of doula care under State Medicaid programs, which includes:</p> <p>(1) Information about coverage for doula care under State Medicaid programs that currently provide coverage for such care, including the type of doula care offered (such as prenatal, labor and delivery, postpartum support, and also community-based and traditional doula care).</p> <p>(2) An analysis of barriers to covering doula care under State Medicaid programs.</p> <p>(3) An identification of effective strategies to increase the use of doula care in order to provide better care and achieve better maternal and infant health outcomes, including strategies that States may use to recruit, train, and certify a diverse doula workforce, particularly from underserved communities, communities of color, and communities facing linguistic or cultural barriers.</p> <p>(4) Recommendations for legislative and administrative actions to increase access to doula care in State Medicaid programs, including actions that ensure doulas may earn a living wage that accounts for their time and costs associated with providing care.</p> <p>In developing the report, MACPAC must consult with relevant stakeholders, including organizations and individuals representing doula care providers, including community-based doula programs and those who serve underserved communities, including communities of color, and communities facing linguistic or cultural barriers.</p>	Energy and Commerce Ordered to be Reported (Amended) by Voice Vote	11/20/2019
HR 4995	Maternal Health Quality Improvement Act of 2019	Rep. Eliot Engel (D-NY)	This bill amends the Public Health Service Act to improve obstetric care and maternal health outcomes. It was eventually passed as the Excellence in Maternal Health Act of 2020. See 2020 chart for more information.	Passed as the Excellence in Maternal Health Act of 2020	9/21/2020

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H Res 735	Recognizing the maternal health crisis among indigenous women in the United States, which includes American Indian, Alaska Native, and Native Hawaiian women, recognizing the importance of reducing mortality and morbidity among indigenous women, and calling for urgent Federal funding changes to ensure comprehensive, high-quality, and culturally competent maternal health and family planning services are available.	Rep. Debra Haaland (D-NM)	<p>This resolution acknowledges the maternal health crisis disproportionately affecting American Indian, Alaska Native, and Native Hawaiian women that has led to high rates of maternal mortality and morbidity. It calls for urgent funding increases for the Indian Health Service, Tribally Operated Health Centers, Urban Indian Organizations, and Native Hawaiian health care programs to improve access to high-quality maternal health, prenatal care, and family planning services. Additionally, the resolution recognizes the federal government's failure to uphold tribal treaty rights pertaining to the provision of adequate health care services to American Indians and Alaska Natives. Finally, the resolution calls for the prioritization of policy for American Indian, Alaska Native, and Native Hawaiian women to reduce long-standing barriers to maternal health and family planning services.</p> <p>It specifically mentions that indigenous women benefit from increased resources and access to community-based health care facilities, including indigenous midwives, doulas, and birth centers.</p>	Referred to the Subcommittee for Indigenous Peoples of the United States	12/02/2019
S 3363	Maternal CARE Act	Sen. Kamala Harris (D-CA)	<p>This bill supports States in their work to end preventable morbidity and mortality in maternity care by using evidence-based quality improvement to protect the health of mothers during pregnancy, childbirth, and in the postpartum period and to reduce neonatal and infant mortality, and to eliminate racial disparities in maternal health outcomes.</p> <p>It provides for implicit bias training grants, particularly focused on obstetrics and gynecology.</p> <p>The bill also establishes a demonstration project to assist 10 states in implementing and sustaining a pregnancy medical home (PMH) program. This is to incentivize providers to deliver integrated health care services to pregnant and postpartum women. This includes doulas, other community health workers, and community organizations.</p> <p>Finally, it requires a National Academy of Medicine study and recommendations for incorporating bias recognition in clinical skills testing in U.S. medical schools.</p>	Introduced in Senate; Read twice and referred to the Committee on Finance	8-22-2018