



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

**TESTIMONY IN SUPPORT OF H.1312/S.789  
AN ACT RELATIVE TO INSURANCE COVERAGE FOR DOULA SERVICES  
BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES**

**April 29, 2025**

**The Massachusetts Medical Society (MMS) wishes to be recorded in support of  
H.1312/S.789, *An Act relative to insurance coverage for doula services.***

The Massachusetts Medical Society is a professional association of over 24,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them a better health care system, and on behalf of physicians, to help them to provide the best care possible. In pursuing those ends, we strive to achieve health equity and advocate for vulnerable populations, particularly during critical periods such as pregnancy and childbirth. Accordingly, the MMS urges a favorable report on this legislation, which represents a step toward reducing maternal health disparities, improving perinatal outcomes, and ensuring that all pregnant individuals have access to the compassionate, continuous support they deserve.

Doulas do not provide medical care, but their role in the maternal health care system is vital. They are particularly valuable in addressing the complex psychosocial and emotional needs of birthing individuals—needs that often fall outside the traditional scope of clinical care. This legislation not only mandates insurance coverage for essential doula services, but also removes key access barriers by eliminating cost-sharing, deductibles, and referral requirements. These reforms are especially significant for low-income families and communities of color who are disproportionately affected by maternal morbidity and mortality. By establishing a minimum of 20 reimbursed hours of prenatal and postnatal care, in addition to continuous labor support, this bill ensures a robust standard of care throughout the perinatal journey.

Importantly, this legislation would also establish a Doula Advisory Committee composed of experienced community doulas and individuals who have given birth under MassHealth. This inclusive model reflects best practices in public health by centering the voices of those most impacted, and it will play an

important role in shaping sustainable, culturally responsive care delivery. Furthermore, H.1312/S.789 rightly affirms that doulas must be permitted to remain present throughout labor and delivery without undue restrictions—an essential patient right. In many cases, doulas are the only continuous support person present during a birth, providing reassurance and advocacy in moments of high vulnerability. At a time when our state faces a rising prevalence of severe maternal morbidity, especially among patients of color, we cannot afford to delay systemic solutions.<sup>1</sup>

Research consistently supports the benefits of doula care. A landmark 1991 *Journal of the American Medical Association* study first demonstrated their positive impact. A 2017 Cochrane Review confirmed that continuous labor support from a doula significantly reduces cesarean deliveries, operative vaginal births, and low five-minute APGAR scores.<sup>2</sup> Patients also reported more positive birth experiences.<sup>3</sup> The review concluded that doula care is not only effective but likely cost-efficient due to reductions in unnecessary interventions.<sup>4</sup> The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine have both endorsed doula support, noting it is “probably underutilized.”<sup>5</sup> This legislation offers an evidence-based opportunity to improve outcomes, reduce disparities, and deliver care that aligns with both medical science and human dignity.

While we applaud MassHealth’s leadership in covering doula services for its members beginning in 2024,<sup>6</sup> commercial insurance coverage remains a critical gap in accessibility. Out-of-pocket costs for doula care in Massachusetts can exceed \$2,000, creating significant access barriers and further exacerbating disparities. Only the passage of H.1312/S.789 can provide the structural support needed to fully integrate doulas into our care system, foster workforce development, and ensure equitable access through both public and commercial insurance.

Several Massachusetts institutions—including Cambridge Health Alliance, UMass Medical Center, Boston Medical Center, Baystate Medical Center, and Mass General Brigham—have implemented programs to provide doula support. These services should be available to all pregnant individuals, regardless of where they give birth. To spread these best practices, sustain existing programs, and advance racial equity in maternity care, we must ensure robust insurance coverage in the commercial market.

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<sup>1</sup> MA Department of Public Health. Data Brief. An Assessment of Severe Maternal Morbidity in Massachusetts: 2011-2020. July 2023. <https://www.mass.gov/doc/an-assessment-of-severe-maternal-morbidity-in-massachusetts-2011-2020/download>

<sup>2</sup> Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database Syst Rev*. 2017 Jul 6;7(7):CD003766. doi: 10.1002/14651858.CD003766.pub6. PMID: 28681500; PMCID: PMC6483123.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Committee on Obstetric Practice. "Committee opinion no. 687: approaches to limit intervention during labor and birth." *Obstetrics and gynecology* 129.2 (2017): e20-e28.

<sup>6</sup> Mass.gov. "[MassHealth Announces Coverage of Doula Services](#)." December 8, 2023.

For these reasons, the MMS urges a favorable report on H.1312/S.789. Thank you for your consideration of our comments.