

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 514

INTRODUCER: Senator Osgood

SUBJECT: Doula Support for Healthy Births Pilot Program

DATE: January 30, 2026 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Looke	Brown	HP	Pre-meeting
2.		AHS	
3.		FP	

I. Summary:

SB 514 creates s. 383.295, F.S., and one non-statutory section of Florida law to establish the Doula Support for Health Births pilot program (pilot program) serving Broward, Miami-Dade, and Palm Beach counties and a corresponding Doula Certification Task Force (task force), respectively. Both the pilot program and the task force are to be run by the Department of Health (DOH).

The bill provides that the purpose of the pilot program is to improve birth outcomes by decreasing preterm birth rates and cesarean deliveries; enhancing access to care; and supporting maternal wellbeing throughout the pregnancy, labor, and postpartum periods using evidence-based methods. The pilot program is authorized to operate for 12 to 24 months, subject to funding, and the bill specifies the types of support services that must be offered under the pilot program. The DOH is authorized to integrate doula services into existing maternal and child health programs as an expansion of the pilot program as long as any expansion includes specified annual reporting requirements.

The bill specifies that the pilot program must be funded using appropriations for the Closing the Gap grant program¹ and requires the DOH to coordinate with its Division of Community Health Promotion and Office of Minority Health and Health Equity to seek additional federal funds for the pilot program.

¹ See ss. 381.7351 through 381.7356, F.S. Section 381.7352, F.S., provides the following legislative intent: It is the intent of the Legislature to provide funds within Florida counties and Front Porch Florida Communities, in the form of Reducing Racial and Ethnic Health Disparities: Closing the Gap grants, to stimulate the development of community-based and neighborhood-based projects which will improve the health outcomes of racial and ethnic populations. Further, it is the intent of the Legislature that these programs foster the development of coordinated, collaborative, and broad-based participation by public and private entities, and faith-based organizations. Finally, it is the intent of the Legislature that the grant program function as a partnership between state and local governments, faith-based organizations, and private sector health care providers, including managed care, voluntary health care resources, social service providers, and nontraditional partners.

Set to run on a temporary basis in conjunction with the pilot program, the bill also creates the task force for the purpose of reviewing the scope of doula services and ensuring competency, quality, and consistency in the delivery of doula services to pregnant and postpartum women. The bill specifies the task force's membership and requires the task force to meet as often as necessary to complete its work, but at least quarterly. The bill also specifies the duties of the task force and requires the task force to submit a final report to the Governor and the Legislature by January 1, 2028. The statutory authority for the task force expires October 2, 2029.

The provisions of the bill take effect upon becoming law.

II. Present Situation:

Doulas

The word “doula” was coined in the 1960s and comes from the Greek word meaning “women who serve.” However, the role that doulas play—to provide company and support during pregnancy and birth—is one that has existed throughout American history, and in other cultures and traditions, for much longer.

Contemporary doulas are non-medical professionals who provide emotional, physical, and informational support and guidance in different aspects of reproductive health. Doulas can support someone through menstruation, fertility, pregnancy, abortion, miscarriage, labor and delivery, stillbirth, breastfeeding, postpartum care, and end of life care. Most doulas focus on prenatal care, labor and delivery, and postpartum care.

Doulas do not provide medical care and do not replace medical providers such as physicians, midwives, or nurses. Rather, doulas provide additional support in places and times where medical providers cannot or do not provide care, during the prenatal period, labor and delivery, and postpartum period. Community-based doulas typically come from the same community as the pregnant and postpartum people that they serve. This ensures cultural congruency, greater access to linguistic needs, and an understanding of the particular challenges faced by Black, Native American/ Indigenous, and other communities experiencing the highest burden of birth disparities.²

Currently, doula services can be covered as an optional expanded benefit under Florida's Medicaid managed care program. Many, but not all, Medicaid managed care plans offer coverage for doula services.³

Doula Training and Certification

While Florida does not require doulas to be licensed, one option for consumers who are looking to obtain doula services is to see if a doula is certified by one or more organizations. Organizations such as Lamaze, DONA, CAPPA, ToLABOR, and the Internation Childbirth

² What is a Doula?, National Health Law Program, available at https://healthlaw.org/wp-content/uploads/2020/04/WhatIsADoula_4.16.2020.pdf, (last visited Jan. 29, 2026).

³ Statewide Medicaid Managed Care Update, July 10, 2028, Agency for Health Care Administration, available at https://ahca.myflorida.com/content/download/8890/file/SMMC_Update_7-2018.pdf?version=1, (last visited Jan. 29, 2026).

Education Association (ICEA) provide training and certification to doulas. The types of certifications and training vary from organization to organization, but in general a doula can be certified to provide various types of childbirth education, labor and birthing services, postpartum care, and lactation services.

III. Effect of Proposed Changes:

Section 1 creates s. 383.295, F.S., to establish the Doula Support for Healthy Births pilot program. The bill defines the terms:

- “Department” to mean the DOH.
- “Doula” to mean a nonmedical professional who provides health education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum women before, during, and after childbirth, including support during miscarriage and stillbirth. Doulas are not clinical providers and are not licensed.
- “Doula services” to mean the provision of physical, emotional, and informational support by a nonmedical professional to a pregnant woman during the prenatal, intrapartum, and postpartum periods. Activities may include childbirth education, labor support, postpartum recovery support, assistance with infant care, lactation support, and connection to community resources.
- “Evidence-based” to mean a process in which decisions are made and actions or activities are carried out, based on the best evidence available, with the goal of removing subjective opinion, unfounded beliefs, or bias from decisions and actions. Such evidence may include practitioner experience and expertise as well as feedback from other practitioners and beneficiaries.

The bill creates the pilot program to serve Broward, Miami-Dade, and Palm Beach counties to integrate doula services into existing maternal health initiatives, targeting pregnant and postpartum women who have overcome or are overcoming substance use disorders. The purpose of the pilot program is to improve birth outcomes by decreasing preterm birth rates and cesarean deliveries, enhancing access to care, and supporting maternal well-being throughout the pregnancy, labor, and postpartum periods using evidence-based methods.

The bill requires the DOH, through its maternal and child health section, to implement and oversee the pilot program and specifies that the pilot program may operate for 12 to 24 months, subject to funding. The pilot program must offer the following services:

- Prenatal support, such as educational resources, personalized birth plans, and emotional support.
- Labor support, such as continuous emotional support, comfort measures, and communication facilitation.
- Postpartum support, such as assistance with newborn care, postpartum resources, and household tasks.
- Advocacy support, such as assistance with preferences and needs within medical settings and health care navigation.
- Comprehensive emotional support during the pregnancy and postpartum periods.

The bill requires the DOH to collaborate with health care providers, community organizations, community coalitions, and advocacy groups to integrate doulas and doula services into existing maternal health programs. Such doulas must be trained and:

- Demonstrate a strong understanding of the reproductive system, labor process, and postpartum recovery.
- Be proficient in hands-on techniques, such as massage, counterpressure, breathing exercises, and nonmedicated pain management.
- Support a client's birth plan, communicate effectively with medical staff, and advocate for informed consent.
- Provide guidance on breastfeeding, basic newborn care, and both the physical and emotional aspects of postpartum recovery.
- Use active listening, clear communication, and conflict resolution skills in interactions with clients and health care providers.
- Understand common medical complications and provide emotional and physical support to clients in challenging situations.
- Uphold professionalism, ethical decision making, and legal responsibilities in doula practice.

Additionally, the DOH must coordinate with local Women, Infants, and Children programs; hospitals; birth centers; and community health centers to facilitate outreach and service delivery.

The bill authorizes the DOH to integrate doula services into existing maternal and child health programs as an expansion of the pilot program, focusing on pregnant and postpartum women who have overcome or are overcoming substance use disorders. Any such expansion of the pilot program must include annual reporting requirements for the DOH to evaluate effectiveness, equity, and quality of integrating doula services into the existing maternal and child health programs.

The bill specifies that the pilot program will be funded using appropriations for the Closing the Gap grant program. The DOH is required to coordinate with its Division of Community Health Promotion and Office of Minority Health and Health Equity to seek additional federal funds to support implementation.

Section 2 creates a new non-statutory section of law to establish the Doula Certification Task Force for the purpose of reviewing the scope of doula services and ensuring competency, quality, can consistency in the delivery of doula services to pregnant and postpartum women. The task force is created within the DOH and must be composed of nine members as follows:

- Three members appointed by the Governor;
- Three members appointed by the Senate President; and
- Three members appointed by the Speaker of the House of Representatives.

Of the nine members:

- Two members must be health care practitioners as defined in s. 456.001, F.S., experienced in caring for pregnant or postpartum women; and
- At least one member must be a doula or otherwise have experience providing nonmedical support services to pregnant or postpartum women.

The task force must elect a chair from among its members, and any vacancies must be filled in the same manner as the original appointment.

The task force is required to meet as often as necessary to complete its work, but at least quarterly, at the call of the chair and may conduct its meetings electronically. The task force is required to:

- Review the scope of practice for doulas in Florida, as well as in other states.
- Establish core competencies for the provision of doula services.
- Recommend minimum certification standards for doulas, which must include, but need not be limited to, all of the following:
 - Possession of a high school diploma or its equivalent.
 - Completion of a DOH-approved, evidence-based training program.
 - A minimum number of supervised practice hours.
 - Completion of a background screening.
 - Education in professional ethics.
- By January 1, 2028, submit a final report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The bill specifies that the task force operates on a temporary basis in conjunction with the pilot program and expires on October 2, 2029.

Section 3 provides that the bill takes effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill may have an indeterminate negative fiscal impact on the DOH related to operating the pilot project and the task force.

VI. Technical Deficiencies:

None.

VII. Related Issues:

On lines 201-203, the bill provides that the pilot program created by the bill shall be funded using appropriations for the Closing the Gap grant program established under ss. 381.7351-381.7356, F.S. Since funds appropriated in the General Appropriations Act for the Closing the Gap program are specified to be spent on the grant program, it is unclear whether the DOH will be able to fund the pilot program as directed by the bill. And, the bill does not indicate the amount of the funding that is appropriated for Closing the Gap should be directed to the pilot program. An amendment should be considered to clarify this funding provision in the bill.

VIII. Statutes Affected:

This bill creates section 383.295 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.