

By the Committee on Health Policy; and Senator Osgood

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A bill to be entitled

An act relating to the Doula Support for Healthy Births pilot program; creating s. 383.295, F.S.; defining terms; establishing the pilot program in Broward, Miami-Dade, and Palm Beach Counties for a specified purpose, subject to a specific appropriation in the General Appropriations Act; providing the purpose of the pilot program; requiring the Department of Health, in collaboration with its maternal and child health section, to implement and oversee the pilot program; specifying the duration of the pilot program, based on appropriated funds; requiring the pilot program to target specified populations for enrollment; specifying services that must be provided under the pilot program; requiring the department to collaborate with specified entities to integrate doula services into existing maternal health programs and facilitate outreach and service delivery; authorizing the department to integrate doula services into existing maternal and child health programs as an expansion of the pilot program, subject to certain requirements; creating the Doula Certification Task Force within the department for a specified purpose; requiring the department to oversee and provide administrative support to the task force; providing for membership and meetings of the task force; specifying duties of the task force; requiring the task force to submit a final report of its findings and recommendations to the Governor and the

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30 Legislature by a specified date; providing for
31 expiration of the task force; providing an effective
32 date.

33

34 WHEREAS, preterm birth is defined as a live birth before 37
35 completed weeks of gestation and is associated with increased
36 morbidity or ailments, such as cerebral palsy, breathing
37 difficulties, feeding problems, developmental delay, and vision
38 and hearing problems, and

39 WHEREAS, preterm labor occurs when regular contractions
40 cause the cervix to open between 20 and 37 weeks of gestation,
41 which can result in a baby being born before 37 weeks of
42 gestation, and the earlier the delivery, the greater the health
43 risks for the baby, requiring special care in a neonatal
44 intensive care unit and potentially causing long-term mental and
45 physical health concerns, and

46 WHEREAS, Florida's preterm birth rate has risen annually
47 since 2014 to its current average rate of 10.9 percent, higher
48 than the national average of 10.5 percent, and

49 WHEREAS, Florida ranks among the highest in the nation for
50 infant mortality, with a rate of 5.9 deaths per 1,000 births,
51 higher than the national average of 5.4 deaths per 1,000 births,
52 and

53 WHEREAS, Florida also has one of the highest cesarean
54 delivery rates in the nation at 37.4 percent, compared to the
55 national average of 31.8 percent, with cesarean delivery being
56 associated with increased risks to infants, including
57 respiratory distress, infection, and long-term health
58 complications, and

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59 WHEREAS, maternal mortality is defined as the annual number
60 of female deaths from any cause related to or aggravated by
61 pregnancy or its management, excluding accidental or incidental
62 causes, during pregnancy and childbirth or within 42 days after
63 termination of a pregnancy, irrespective of the duration and
64 site of the pregnancy, and

65 WHEREAS, Florida ranks 17th in the nation with a maternal
66 mortality rate of 26.3 deaths per 100,000 births, compared to a
67 national rate of 23.2 deaths per 100,000 births, and

68 WHEREAS, Broward County has a maternal mortality rate of
69 24.8 deaths per 100,000 live births, and an infant mortality
70 rate of 5 deaths per 1,000 live births, and

71 WHEREAS, Miami-Dade County has a maternal mortality rate of
72 20.3 deaths per 100,000 live births, and an infant mortality
73 rate of 4.8 deaths per 1,000 live births, and

74 WHEREAS, Palm Beach County has a maternal mortality rate of
75 33.2 deaths per 100,000 live births, and an infant mortality
76 rate of 5.4 deaths per 1,000 live births, and

77 WHEREAS, continued perinatal support, including the
78 services provided by trained doulas, is associated with reduced
79 rates of cesarean delivery and improved birth outcomes, and

80 WHEREAS, Florida has ongoing challenges related to child
81 safety and welfare, with statistics showing disparities in
82 health and safety outcomes for children across racial and
83 socioeconomic groups, and

84 WHEREAS, doula care is the continuous, one-to-one
85 emotional, informational, and physical support provided by a
86 trained nonmedical professional to pregnant women and their
87 families during pregnancy, labor, and the postpartum period, and

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88 WHEREAS, while doulas do not perform medical tasks, they
89 provide an array of educational and support services throughout
90 the birthing process to ensure that the mother has a positive
91 and empowering experience, including, but not limited to,
92 educational resources and information about pregnancy,
93 childbirth, and postpartum care; assistance in creating a birth
94 plan; continuous emotional support during labor and delivery;
95 assistance with breathing techniques, relaxation, and
96 positioning during labor; massage and counterpressure measures;
97 facilitation of communication with medical staff; advocacy in
98 and navigation of the medical setting; and postpartum support
99 with newborn care and feeding, and

100 WHEREAS, evidence-based support provided by trained doulas
101 has been shown to enhance birth experiences, reduce cesarean
102 deliveries, and improve overall health outcomes for mothers and
103 infants, and

104 WHEREAS, the state has a compelling interest in improving
105 maternal and infant outcomes through increased access to high-
106 quality doula services, NOW, THEREFORE,

107
108 Be It Enacted by the Legislature of the State of Florida:

109
110 Section 1. Section 383.295, Florida Statutes, is created to
111 read:

112 383.295 Doulas.—

113 (1) DEFINITIONS.—As used in this section, the term:

114 (a) “Department” means the Department of Health.

115 (b) “Doula” means a nonmedical professional who provides
116 health education, advocacy, and physical, emotional, and

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117 nonmedical support for pregnant and postpartum women before,
118 during, and after childbirth, including support during
119 miscarriage and stillbirth. Doulas are not clinical providers
120 and are not licensed.

121 (c) "Doula services" means the provision of physical,
122 emotional, and informational support by a nonmedical
123 professional to a pregnant woman during the prenatal,
124 intrapartum, and postpartum periods. Activities may include
125 childbirth education, labor support, postpartum recovery
126 support, assistance with infant care, lactation support, and
127 connection to community resources.

128 (d) "Evidence-based" means a process in which decisions are
129 made and actions or activities are carried out, based on the
130 best evidence available, with the goal of removing subjective
131 opinion, unfounded beliefs, or bias from decisions and actions.
132 Such evidence may include practitioner experience and expertise
133 as well as feedback from other practitioners and beneficiaries.

134 (2) PILOT PROGRAM ESTABLISHED.—

135 (a) Subject to a specific appropriation of funds in the
136 General Appropriations Act, the Doula Support for Healthy Births
137 pilot program is established in Broward, Miami-Dade, and Palm
138 Beach Counties to integrate doula services into existing
139 maternal health initiatives, targeting pregnant and postpartum
140 women who have overcome or are overcoming substance use
141 disorders.

142 (b) The purpose of the pilot program is to improve birth
143 outcomes by decreasing preterm birth rates and cesarean
144 deliveries, enhancing access to care, and supporting maternal
145 well-being throughout the pregnancy, labor, and postpartum

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146 periods using evidence-based methods.

147 (c) The department, through its maternal and child health
148 section, shall implement and oversee the pilot program.

149 (3) PROGRAM STRUCTURE.—

150 (a) The pilot program may operate for 12 to 24 months,
151 based on appropriated funds.

152 (b) The pilot program shall target the enrollment of
153 pregnant and postpartum women who have overcome or are
154 overcoming substance use disorders.

155 (c) The following support services must be offered under
156 the pilot program:

157 1. Prenatal support, such as educational resources,
158 personalized birth plans, and emotional support.

159 2. Labor support, such as continuous emotional support,
160 comfort measures, and communication facilitation.

161 3. Postpartum support, such as assistance with newborn
162 care, postpartum resources, and household tasks.

163 4. Advocacy support, such as assistance with preferences
164 and needs within medical settings and health care navigation.

165 5. Comprehensive emotional support during the pregnancy and
166 postpartum periods.

167 (4) COLLABORATION; INTEGRATION.—

168 (a) The department shall collaborate with:

169 1. Health care providers, community organizations,
170 community coalitions, and advocacy groups to integrate doulas
171 and doula services into existing maternal health programs,
172 ensuring that such doulas are trained and meet all of the
173 following criteria:

174 a. Demonstrate a strong understanding of the reproductive

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175 system, labor process, and postpartum recovery.

176 b. Are proficient in hands-on techniques, such as massage,
177 counterpressure, breathing exercises, and nonmedicated pain
178 management.

179 c. Support a client's birth plan, communicate effectively
180 with medical staff, and advocate for informed consent.

181 d. Provide guidance on breastfeeding, basic newborn care,
182 and both the physical and emotional aspects of postpartum
183 recovery.

184 e. Use active listening, clear communication, and conflict
185 resolution skills in interactions with clients and health care
186 providers.

187 f. Understand common medical complications and provide
188 emotional and physical support to clients in challenging
189 situations.

190 g. Uphold professionalism, ethical decisionmaking, and
191 legal responsibilities in doula practice.

192 2. Local WIC programs, hospitals, birth centers, and
193 community health centers to facilitate outreach and service
194 delivery.

195 (b) If appropriated funding is sufficient, the department
196 may integrate doula services into existing maternal and child
197 health programs as an expansion of the pilot program, focusing
198 on pregnant and postpartum women who have overcome or are
199 overcoming substance use disorders. Any such expansion of the
200 pilot program must include annual reporting requirements for the
201 department to evaluate effectiveness, equity, and quality of
202 integrating doula services into the existing maternal and child
203 health programs.

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204 Section 2. Doula Certification Task Force.—

205 (1) ESTABLISHMENT.—There is created within the Department
206 of Health the Doula Certification Task Force, a task force as
207 defined in s. 20.03(5), Florida Statutes, for the purpose of
208 reviewing the scope of doula services and ensuring competency,
209 quality, and consistency in the delivery of doula services to
210 pregnant and postpartum women.

211 (2) OVERSIGHT.—The Department of Health shall oversee and
212 provide administrative support to the task force.

213 (3) MEMBERSHIP; MEETINGS.—

214 (a) The task force shall be composed of nine members. Three
215 members shall be appointed by the Governor, three members shall
216 be appointed by the Senate President, and three members shall be
217 appointed by the Speaker of the House of Representatives. Of the
218 nine members, two members must be health care practitioners as
219 defined in s. 456.001, Florida Statutes, experienced in caring
220 for pregnant or postpartum women, and at least one member must
221 be a doula or otherwise have experience providing nonmedical
222 support services to pregnant or postpartum women. A vacancy on
223 the task force must be filled in the same manner as the original
224 appointment. The task force shall elect a chair from among its
225 members.

226 (b) The task force shall meet as often as necessary to
227 complete its work, but at least quarterly, at the call of the
228 chair. The task force may conduct its meetings through
229 teleconference or other similar electronic means.

230 (4) DUTIES.—The task force shall do all of the following:

231 (a) Review the scope of practice for doulas in this state,
232 as well as in other states.

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233 (b) Establish core competencies for the provision of doula
234 services.

235 (c) Recommend minimum certification standards for doulas,
236 which must include, but need not be limited to, all of the
237 following:

238 1. Possession of a high school diploma or its equivalent.
239 2. Completion of a department-approved, evidence-based
240 training program.
241 3. A minimum number of supervised practice hours.
242 4. Completion of a background screening.
243 5. Education in professional ethics.

244 (5) REPORT.—By January 1, 2028, the task force shall submit
245 a final report of its findings and recommendations to the
246 Governor, the President of the Senate, and the Speaker of the
247 House of Representatives.

248 (6) SUNSET.—The task force shall operate on a temporary
249 basis in conjunction with the Doula Support for Healthy Births
250 pilot program established under s. 383.295, Florida Statutes, as
251 created by this act, and shall expire on October 2, 2029, in
252 accordance with s. 20.052(8), Florida Statutes.

253 Section 3. This act shall take effect upon becoming a law.