

1 A bill to be entitled
2 An act relating to the Doula Support for Healthy
3 Births pilot program; creating s. 383.295, F.S.;
4 defining terms; establishing the pilot program in
5 Broward, Miami-Dade, and Palm Beach Counties for a
6 specified purpose; providing the purpose of the pilot
7 program; requiring the Department of Health, in
8 collaboration with its maternal and child health
9 section, to implement and oversee the pilot program;
10 specifying the duration of the pilot program, subject
11 to funding; requiring the pilot program to target
12 specified populations for enrollment; specifying
13 services that must be provided under the pilot
14 program; requiring the department to collaborate with
15 specified entities to integrate doula services into
16 existing maternal health programs and facilitate
17 outreach and service delivery; authorizing the
18 department to integrate doula services into existing
19 maternal and child health programs as an expansion of
20 the pilot program, subject to certain requirements;
21 providing for funding of the pilot program; creating
22 the Doula Certification Task Force within the
23 department for a specified purpose; requiring the
24 department to oversee and provide administrative
25 support to the task force; providing for membership

26 | and meetings of the task force; specifying duties of
27 | the task force; requiring the task force to submit a
28 | final report of its findings and recommendations to
29 | the Governor and the Legislature by a specified date;
30 | providing for expiration of the task force; providing
31 | an effective date.

32 |
33 | WHEREAS, preterm birth is defined as a live birth before 37
34 | completed weeks of gestation and is associated with increased
35 | morbidities or ailments, such as cerebral palsy, breathing
36 | difficulties, feeding problems, developmental delay, and vision
37 | and hearing problems, and

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

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

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

51 and

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

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

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

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

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

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

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

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

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

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

99 WHEREAS, evidence-based support provided by trained doulas
100 has been shown to enhance birth experiences, reduce cesarean

101 deliveries, and improve overall health outcomes for mothers and
 102 infants, and

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

106
 107 Be It Enacted by the Legislature of the State of Florida:

108
 109 **Section 1. Section 383.295, Florida Statutes, is created**
 110 **to read:**

111 383.295 Doulas.—

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

113 (a) "Department" means the Department of Health.

114 (b) "Doula" means a nonmedical professional who provides
 115 health education, advocacy, and physical, emotional, and
 116 nonmedical support for pregnant and postpartum women before,
 117 during, and after childbirth, including support during
 118 miscarriage and stillbirth. Doulas are not clinical providers
 119 and are not licensed.

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

126 connection to community resources.

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

133 (2) PILOT PROGRAM ESTABLISHED.—

134 (a) The Doula Support for Healthy Births pilot program is
135 established in Broward, Miami-Dade, and Palm Beach Counties to
136 integrate doula services into existing maternal health
137 initiatives, targeting pregnant and postpartum women who have
138 overcome or are overcoming substance use disorders.

139 (b) The purpose of the pilot program is to improve birth
140 outcomes by decreasing preterm birth rates and cesarean
141 deliveries, enhancing access to care, and supporting maternal
142 well-being throughout the pregnancy, labor, and postpartum
143 periods using evidence-based methods.

144 (c) The Department of Health, through its maternal and
145 child health section, shall implement and oversee the pilot
146 program.

147 (3) PROGRAM STRUCTURE.—

148 (a) The pilot program may operate for 12 to 24 months,
149 subject to funding.

150 (b) The pilot program shall target the enrollment of

151 pregnant and postpartum women who have overcome or are
152 overcoming substance use disorders.

153 (c) The following support services must be offered under
154 the pilot program:

155 1. Prenatal support, such as educational resources,
156 personalized birth plans, and emotional support.

157 2. Labor support, such as continuous emotional support,
158 comfort measures, and communication facilitation.

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

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

163 5. Comprehensive emotional support during the pregnancy
164 and postpartum periods.

165 (4) COLLABORATION; INTEGRATION.—

166 (a) The department shall collaborate with:

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

172 a. Demonstrate a strong understanding of the reproductive
173 system, labor process, and postpartum recovery.

174 b. Are proficient in hands-on techniques, such as massage,
175 counterpressure, breathing exercises, and nonmedicated pain

176 management.

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

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

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

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

188 g. Uphold professionalism, ethical decisionmaking, and
189 legal responsibilities in doula practice.

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

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

201 (5) FUNDING.—The pilot program shall be funded using
202 appropriations for the Closing the Gap grant program established
203 under ss. 381.7351-381.7356. The department shall coordinate
204 with its Division of Community Health Promotion and Office of
205 Minority Health and Health Equity to seek additional federal
206 funds to support implementation.

207 **Section 2.** Doula Certification Task Force.—

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

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

216 (3) MEMBERSHIP; MEETINGS.—

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

226 women. A vacancy on the task force must be filled in the same
227 manner as the original appointment. The task force shall elect a
228 chair from among its members.

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

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

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

236 (b) Establish core competencies for the provision of doula
237 services.

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

241 1. Possession of a high school diploma or its equivalent.

242 2. Completion of a department-approved, evidence-based
243 training program.

244 3. A minimum number of supervised practice hours.

245 4. Completion of a background screening.

246 5. Education in professional ethics.

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

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

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