By Senator Osgood

32-00380C-26 2026514__

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; 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, subject to funding; 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; providing for funding of the pilot program; 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 Legislature by a specified date;

providing for expiration of the task force; providing an effective date.

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

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

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

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

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

WHEREAS, maternal mortality is defined as the annual number

of female deaths from any cause related to or aggravated by pregnancy or its management, excluding accidental or incidental causes, during pregnancy and childbirth or within 42 days after termination of a pregnancy, irrespective of the duration and site of the pregnancy, and

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

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

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

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

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

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

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

WHEREAS, while doulas do not perform medical tasks, they

provide an array of educational and support services throughout the birthing process to ensure that the mother has a positive and empowering experience, including, but not limited to, educational resources and information about pregnancy, childbirth, and postpartum care; assistance in creating a birth plan; continuous emotional support during labor and delivery; assistance with breathing techniques, relaxation, and positioning during labor; massage and counterpressure measures; facilitation of communication with medical staff; advocacy in and navigation of the medical setting; and postpartum support with newborn care and feeding, and

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

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

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

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

383.295 Doulas.—

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

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

(b) "Doula" means 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.

(c) "Doula services" means 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.

(d) "Evidence-based" means 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.

(2) PILOT PROGRAM ESTABLISHED.—

(a) The Doula Support for Healthy Births pilot program is established in 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.

(b) 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.

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

program.

(3) PROGRAM STRUCTURE.—

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

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

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

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

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

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

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

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

(4) COLLABORATION; INTEGRATION.—

(a) The department shall collaborate with:

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

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

b. Are proficient in hands-on techniques, such as massage,

counterpressure, breathing exercises, and nonmedicated pain management.

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

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

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

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

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

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

(b) The department may 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 department to evaluate effectiveness, equity, and quality of integrating doula services into the existing maternal and child health programs.

(5) FUNDING.—The pilot program shall be funded using appropriations for the Closing the Gap grant program established under ss. 381.7351-381.7356. The department shall 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. Doula Certification Task Force.—

(1) ESTABLISHMENT.—There is created within the Department of Health the Doula Certification Task Force, a task force as defined in s. 20.03(5), Florida Statutes, 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.

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

(3) MEMBERSHIP; MEETINGS.—

(a) The task force shall be composed of nine members. Three members shall be appointed by the Governor, three members shall be appointed by the Senate President, and three members shall be 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, Florida Statutes, 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. A vacancy on the task force must be filled in the same manner as the original appointment. The task force shall elect a chair from among its members.

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

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

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

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

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

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

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

3. A minimum number of supervised practice hours.

4. Completion of a background screening.

5. Education in professional ethics.

(5) REPORT.—By January 1, 2028, the task force shall 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.

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

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