

119TH CONGRESS  
1ST SESSION

# H. R. 2469

To direct the Secretary of Health and Human Services to evaluate the benefits of abortion doula care and coverage.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 27, 2025

Ms. STRICKLAND (for herself and Ms. MOORE of Wisconsin) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To direct the Secretary of Health and Human Services to evaluate the benefits of abortion doula care and coverage.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Abortion Data and  
5 Outreach to Unlock and Leverage Abortion Support Act”  
6 or the “Abortion DOULAS Act”.

7 **SEC. 2. DEFINITIONS.**

8 In this Act:

9 (1) ABORTION DOULA CARE.—The term “abor-  
10 tion doula care” means the provision of emotional,

1 social, informational, and physical support by non-  
2 clinical, trained professionals (commonly known as  
3 “abortion doulas”) to individuals before, during, and  
4 after medication and procedural abortions, including  
5 such provision of practical support, patient naviga-  
6 tion support, patient advocacy, and postabortion  
7 care.

8 (2) SECRETARY.—The term “Secretary” means  
9 the Secretary of Health and Human Services.

10 **SEC. 3. FINDINGS.**

11 Congress finds the following:

12 (1) Abortion doulas provide critical support to  
13 patients and families before, during, and after medi-  
14 cation and procedural abortions. Abortion doula care  
15 can encompass physical, social, and emotional sup-  
16 port; information sharing, advocacy, and education;  
17 and personal care, such as planning meals or pro-  
18 viding childcare. Abortion doula care may be individ-  
19 ualized, culturally and linguistically congruent, and  
20 trauma-informed.

21 (2) Abortion doulas work in a variety of envi-  
22 ronments, including hospitals, clinics, clients’ homes,  
23 and community spaces, and in both telehealth and  
24 in-person care settings. They may work independ-  
25 ently, through a collective or community-based orga-

1 nization, as part of a local health department, or  
2 through or in close partnership with a health care  
3 system or health plan.

4 (3) While research has shown that doula sup-  
5 port to parents during labor, birth, and the  
6 postpartum period is associated with better birthing  
7 experiences and healthier outcomes for both parents  
8 and infants, existing evidence on doula support dur-  
9 ing other reproductive health care events, such as  
10 abortion, miscarriage, or stillbirth, is more limited.

11 (4) A 2015 National Institutes of Health study  
12 found that nearly all the women who had doulas  
13 present during first-trimester procedural abortions  
14 reported satisfaction with the doula care they re-  
15 ceived, with many expressing support for greater in-  
16 volvement of abortion doulas in abortion care.

17 (5) In a randomized controlled trial of doula  
18 support during first-trimester procedural abortions,  
19 96 percent of women who received doula support  
20 recommended that it be incorporated into routine  
21 abortion care, and 72 percent of women who had not  
22 received doula support wished they had received it.

23 (6) The Supreme Court's decision in *Dobbs v.*  
24 *Jackson Women's Health Organization* and its im-  
25 pact on communities across our nation have made

1 access to abortion doula care more important than  
2 ever.

3 (7) The Dobbs decision has had an outsized im-  
4 pact on people who already face barriers to health  
5 care access, particularly Black people, Indigenous  
6 people, people of color, disabled people, undocu-  
7 mented immigrants, low-income individuals and fam-  
8 ilies, young people, people in rural communities, and  
9 people with limited English proficiency. The care  
10 that doulas provide, which often includes culturally  
11 competent patient advocacy and coordination with  
12 health care providers, can help medically  
13 marginalized patients confront heightened challenges  
14 to accessing appropriate medical care. Abortion  
15 doulas with a lived understanding of the commu-  
16 nities in which they work can leverage local social  
17 support and connect clients and their families with  
18 community resources that best meet their needs.

19 (8) Additionally, in the confusing legal land-  
20 scape of abortion access after the Dobbs decision,  
21 abortion doulas help people navigate misinformation  
22 and combat the shame and stigma around abortion  
23 that restrictions may have exacerbated.

24 (9) There are several barriers to accessing  
25 doula care.

1           (10) Barriers include limited awareness of  
2           doula services among pregnant patients and their  
3           families, members of the perinatal care workforce,  
4           and other health care professionals.

5           (11) The cost of doula care is another barrier  
6           to access, particularly for Black people, Indigenous  
7           people, people of color, people in rural communities,  
8           and low-income individuals and families.

9           (12) Doulas themselves face challenges such as  
10          barriers to entering the field, insufficient support  
11          during the Medicaid credentialing process, and low  
12          Medicaid reimbursement rates. As a result, abortion  
13          doulas are often unpaid and operate within a volun-  
14          teer infrastructure.

15          (13) Many State Medicaid programs still do not  
16          cover doula services despite growing interest in ex-  
17          panding State Medicaid coverage to include doula  
18          care. Private insurance coverage of doula care is  
19          more limited. State Medicaid and private insurance  
20          plans that do include doula care often do not include  
21          support for abortion doula care.

22 **SEC. 4. STUDY ON THE BENEFITS OF ABORTION DOULA**  
23 **CARE AND COVERAGE.**

24          (a) STUDY.—The Secretary of Health and Human  
25          Services, in coordination, as appropriate, with the Director

1 of the Office of Minority Health and the Director of the  
2 Office on Women’s Health, shall conduct and complete a  
3 study on the benefits of abortion doula care and coverage.

4 Such study shall include an assessment of the following:

5 (1) The impact of abortion doula care on the  
6 well-being of individuals seeking abortions, including  
7 patient experience before, during, and after seeking  
8 care.

9 (2) The potential of abortion doula care to en-  
10 hance the quality of care provided before, during,  
11 and after abortions.

12 (3) The role of abortion doulas in providing in-  
13 formational, logistical, and practical support to indi-  
14 viduals in the process of seeking abortion care.

15 (4) The availability and accessibility of abortion  
16 doula care in all States of the United States.

17 (b) DATA COLLECTION.—The Secretary shall collect  
18 data from a representative sample of individuals who have  
19 received abortion doula care, including the following:

20 (1) Surveys of and interviews with individuals  
21 and their family members who have utilized abortion  
22 doula care, including those in States in which doula  
23 care for all pregnancy outcomes, including abortion,  
24 is covered under State plans (or waivers of such

1 plans) under title XIX of the Social Security Act (42  
2 U.S.C. 1396 et seq.).

3 (2) Surveys of and interviews with practicing  
4 abortion doulas and health care providers who work  
5 with abortion doulas, including those in States in  
6 which doula care for all pregnancy outcomes, includ-  
7 ing abortion, is covered under such plans or waivers.

8 (3) Review of academic literature on the subject  
9 of abortion doula care.

10 (c) EXPERT INPUT.—The Secretary shall consult  
11 with experts in the fields of reproductive health, maternal  
12 health, mental health, and social work. The Secretary shall  
13 also consult with community-based doulas and organiza-  
14 tions that provide abortion doula care to individuals in un-  
15 derserved or rural communities.

16 (d) PATIENT PRIVACY PROTECTIONS.—The data col-  
17 lected under subsection (b) shall be anonymized to prevent  
18 the release and misuse of sensitive personal information.

19 **SEC. 5. REPORT ON STATE MEDICAID APPROACHES TO**  
20 **ABORTION DOULA CARE BENEFITS AND AC-**  
21 **CESS.**

22 (a) REPORT.—Not later than 18 months after the  
23 date of enactment of this Act, the Secretary shall complete  
24 the study under section 4 and submit to the Committee  
25 on Energy and Commerce of the House of Representatives

1 and the Committee on Health, Education, Labor, and  
2 Pensions of the Senate a report on the results of such  
3 study.

4 (b) TOPICS.—The report under subsection (a) shall  
5 include the following:

6 (1) An assessment of the potential benefits and  
7 challenges of integrating abortion doula care into  
8 abortion care and services.

9 (2) Suggestions on how to increase access to  
10 abortion doula care, especially in underserved or  
11 rural areas where access to comprehensive health  
12 care may be limited.

13 (3) Policy considerations and recommendations  
14 to States regarding the incorporation of abortion  
15 doula care into State plans (or waivers of such  
16 plans) under title XIX of the Social Security Act (42  
17 U.S.C. 1396 et seq.), with attention to Federal and  
18 State regulations, eligibility criteria for program  
19 participation, covered services, payment models and  
20 levels, and other programs features, through changes  
21 to such plans or waivers.

22 (b) PUBLIC ACCESSIBILITY.—The report under sub-  
23 section (a) shall be made publicly available on the website  
24 of the Department of Health and Human Services.

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