

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.

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

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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