

119TH CONGRESS
2D SESSION

H. R. 9712

To amend title XIX of the Social Security Act to provide coverage under the Medicaid program for services provided by doulas, midwives, and lactation support providers, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 15, 2026

Ms. MOORE of Wisconsin (for herself, Mrs. DINGELL, Ms. PRESSLEY, Ms. ADAMS, Ms. UNDERWOOD, Ms. NORTON, Mr. GREEN of Texas, Mrs. GRIJALVA, Mr. LIEU, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide coverage under the Medicaid program for services provided by doulas, midwives, and lactation support providers, and for other purposes.

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 “Mamas First Act”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

1 (1) According to the Centers for Disease Con-
2 trol and Prevention, the maternal mortality rate var-
3 ies drastically for women by race and ethnicity. On
4 average, there are 13.6 deaths per 100,000 live
5 births for White women, 45 deaths per 100,000 live
6 births for Black women, and 13.9 deaths per
7 100,000 live births for Hispanic women. For Amer-
8 ican Indian and Alaskan Native women, the Na-
9 tional Council of Urban Indian Health estimates
10 there are 54.6 deaths per 100,000 live births. While
11 maternal mortality most disparately impacts Black
12 women and Indigenous women, this urgent public
13 health crisis traverses race, ethnicity, socioeconomic
14 status, educational background, and geography.

15 (2) United States maternal mortality rates are
16 the highest among similarly economically situated
17 countries and continue to increase.

18 (3) Four out of 5 of these maternal deaths are
19 likely preventable.

20 (4) According to the National Institutes of
21 Health, individuals who have doula support during
22 their pregnancy are 4 times less likely to have a low-
23 birth-weight baby, 2 times less likely to experience a
24 birth complication involving themselves or their

1 baby, and significantly more likely to initiate
2 breastfeeding.

3 (5) Midwifery-led care is associated with cost
4 savings, decreased rates of intervention, lower rates
5 of cesarean birth, lower preterm birth rates, and
6 healthier outcomes for mothers and babies.

7 (6) Midwives may practice in any setting, in-
8 cluding the home, community, hospitals, birth cen-
9 ters, clinics, or health units.

10 **SEC. 3. MEDICAID COVERAGE OF SERVICES PROVIDED BY**
11 **DOULAS, MIDWIVES, AND LACTATION SUP-**
12 **PORT PROVIDERS.**

13 (a) IN GENERAL.—Section 1905 of the Social Secu-
14 rity Act (42 U.S.C. 1396d) is amended—

15 (1) in subsection (a)—

16 (A) in paragraph (31), by striking “and”
17 at the end;

18 (B) by redesignating paragraph (32) as
19 paragraph (33); and

20 (C) by inserting after paragraph (31) the
21 following new paragraph:

22 “(32) services and care, including prenatal,
23 labor, and postpartum care, that is provided in a
24 culturally congruent manner by doulas, midwives,
25 tribal midwives, and lactation support providers (as

1 those terms are defined in subsection (ll)), that is
 2 provided in the home, community, a hospital, birth
 3 center, clinic, or health unit, or is furnished via tele-
 4 health to the extent authorized under State law;
 5 and”; and

6 (2) by adding at the end the following:

7 “(ll) DOULAS, MIDWIVES, TRIBAL MIDWIVES, AND
 8 LACTATION SUPPORT PROVIDERS DEFINED.—For pur-
 9 poses of subsection (a)(32):

10 “(1) DOULA DEFINED.—The term ‘doula’
 11 means an individual who—

12 “(A)(i) is certified by an organization
 13 which requires the completion of continuing
 14 education to maintain such certification, to pro-
 15 vide non-medical advice, information, emotional
 16 support, and physical comfort to an individual
 17 during such individual’s pregnancy, childbirth,
 18 and postpartum period; and

19 “(ii) maintains such certification by com-
 20 pleting such required continuing education;

21 “(B) can provide a recommendation from
 22 at least—

23 “(i) three different former clients for
 24 whom the prospective doula provided doula

1 services (either paid or volunteer) within
2 the last 5 years; or

3 “(ii) two different licensed health care
4 providers (including physicians, midwives,
5 social workers, or nurses) who observed the
6 prospective doula providing doula services
7 within the last 5 years; or

8 “(C) is authorized to serve as a Medicaid
9 provider of doula services under the State plan
10 under this title (or a waiver of such plan) of the
11 individual’s State.

12 “(2) MIDWIFE DEFINED.—The term ‘midwife’
13 means a midwife who—

14 “(A) is authorized to serve as a Medicaid
15 provider of midwife services under the State
16 plan under this title (or a waiver of such plan)
17 of the individual’s State; or

18 “(B) meets at a minimum the inter-
19 national definition of the midwife and global
20 standards for midwifery education as estab-
21 lished by the International Confederation of
22 Midwives.

23 “(3) TRIBAL MIDWIFE DEFINED.—The term
24 ‘tribal midwife’ means an individual who—

1 “(A) is authorized to serve as a Medicaid
2 provider of tribal midwife services under the
3 State plan under this title (or a waiver of such
4 plan) of the individual’s State; or

5 “(B) is recognized by an Indian tribe (as
6 defined in section 4 of the Indian Health Care
7 Improvement Act (25 U.S.C. 1603)) to practice
8 midwifery for such tribe.

9 “(4) LACTATION SUPPORT PROVIDER DE-
10 FINED.—The term ‘lactation support provider’
11 means an individual who—

12 “(A) is authorized to serve as a Medicaid
13 provider of lactation support services under the
14 State plan under this title (or a waiver of such
15 plan) of the individual’s State;

16 “(B) has completed at least 20 hours of
17 foundational training based on the World
18 Health Organization/United Nations Children’s
19 Fund lactation counseling training blueprint, or
20 an equivalent training; or

21 “(C) is recognized within any category on
22 the Lactation Support Provider Descriptor
23 chart published by the U.S. Breastfeeding Com-
24 mittee-affiliated Lactation Support Provider
25 Constellation.”.

1 (b) REQUIRING MANDATORY COVERAGE UNDER
 2 STATE PLAN.—Section 1902(a)(10)(A) of the Social Se-
 3 curity Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the
 4 matter preceding clause (i), by striking “and (30)” and
 5 inserting “(30), and (32)”.

6 (c) COST SHARING PROHIBITION.—Title XIX of the
 7 Social Security Act (42 U.S.C. 1396 et seq.) is amended—

8 (1) in subsections (a)(2)(B) and (b)(2)(B) of
 9 section 1916 (42 U.S.C. 1396o(a)(2)(B), (b)(2)(B)),
 10 by inserting after the comma at the end “and serv-
 11 ices and care (including prenatal, labor, and
 12 postpartum care) provided by a doula, midwife, trib-
 13 al midwife, or lactation support provider (as those
 14 terms are defined in section 1905(l)),”; and

15 (2) in section 1916A(b)(3)(B)(iii) (42 U.S.C.
 16 1396o–1(b)(3)(B)(iii)), by inserting before the pe-
 17 riod at the end “, and services and care (including
 18 prenatal, labor, and postpartum care) provided by a
 19 doula, midwife, tribal midwife, or lactation support
 20 provider (as those terms are defined in section
 21 1905(l))”.

22 (d) EFFECTIVE DATE.—

23 (1) IN GENERAL.—Subject to paragraph (2),
 24 the amendments made by this section shall apply

1 with respect to medical assistance furnished on or
2 after January 1, 2027.

3 (2) EXCEPTION FOR STATE LEGISLATION.—In
4 the case of a State plan under title XIX of the So-
5 cial Security Act (42 U.S.C. 1396 et seq.) that the
6 Secretary of Health and Human Services determines
7 requires State legislation in order for the respective
8 plan to meet any requirement imposed by amend-
9 ments made by this section, the respective plan shall
10 not be regarded as failing to comply with the re-
11 quirements of such title solely on the basis of its
12 failure to meet such an additional requirement be-
13 fore the first day of the first calendar quarter begin-
14 ning after the close of the first regular session of the
15 State legislature that begins after the date of the en-
16 actment of this Act. For purposes of the previous
17 sentence, in the case of a State that has a 2-year
18 legislative session, each year of the session shall be
19 considered to be a separate regular session of the
20 State legislature.

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