SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 3768

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DATE	D-PG	OFFICIAL STATUS
02/23/2026	6366	Introduction and first reading Referred to Commerce and Consumer Protection

A bill for an act

relating to health insurance; requiring health plans to cover doula services; requiring the commissioner of commerce to defray the cost of coverage of doula services; modifying language relating to doula services coverage in the medical assistance program; appropriating money; amending Minnesota Statutes 2024, section 256B.0625, subdivision 28b; proposing coding for new law in Minnesota Statutes, chapter 62Q.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[62Q.5205] COVERAGE OF DOULA SERVICES.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Certified doula" means a certified doula, as defined in section 148.995, of the mother's choice.

(c) "Childbirth education and support services" means emotional and physical support provided during pregnancy, labor, birth, and the postpartum period.

(d) "Doula services" means childbirth education and support services provided by a certified doula.

Subd. 2. **Required coverage.** All health plans must cover doula services.

Subd. 3. **Cost-sharing requirements.** A health plan must not impose any cost-sharing requirement on the coverage under this section, including but not limited to the following requirements:

(1) deductible;

(2) co-payment; or

(3) coinsurance.

Subd. 4. **Review and referral limitations.** A health plan must not impose any review or referral limitation on the coverage under this section, including but not limited to the following limitations:

(1) utilization review, as defined in section 62M.02;

(2) referral requirement; or

(3) delay period.

Subd. 5. **Quantity limitations.** A health plan must not impose any quantity limitation on the coverage under this section.

Subd. 6. **Application.** If the application of subdivision 3 before an enrollee has met their health plan's deductible would result in: (1) health savings account ineligibility under United States Code, title 26, section 223; or (2) catastrophic health plan ineligibility under United States Code, title 42, section 18022(e), then subdivision 3 applies to coverage under this section only after the enrollee has met the enrollee's health plan's deductible.

Subd. 7. **Reimbursement.** (a) The commissioner of commerce must reimburse health plan companies for coverage under this section, as required by Code of Federal Regulations, title 45, section 155.170. Reimbursement is available only for coverage that would not have been provided by the health plan without the requirements of this section. Treatments, services, supplies, and equipment covered by the health plan as of January 1, 2026, are ineligible for payments under this subdivision by the commissioner of commerce.

(b) Health plan companies must report to the commissioner of commerce quantified costs attributable to the additional benefit under this section in a format developed by the commissioner. A health plan's coverage as of January 1, 2026, must be used by the health plan company as the basis for determining whether coverage would not have been provided by the health plan for purposes of this subdivision.

(c) The commissioner of commerce must evaluate submissions and make payments to health plan companies as provided in Code of Federal Regulations, title 45, section 155.170.

Subd. 8. **Appropriation.** Beginning in fiscal year 2028, an amount necessary to make payments to health plan companies to defray the cost of providing coverage under this section is annually appropriated from the general fund to the commissioner of commerce.

The amount appropriated under this subdivision must include the administrative costs incurred by the commissioner to make the defrayal payments.

EFFECTIVE DATE. This section is effective January 1, 2027, and applies to all health plans offered, issued, or sold on or after that date.

Sec. 2. Minnesota Statutes 2024, section 256B.0625, subdivision 28b, is amended to read:

Subd. 28b. **Doula services.** (a) Medical assistance covers doula services provided by a certified doula as defined in section 148.995, subdivision 2, of the mother's choice.

(b) Medical assistance must meet the requirements that would otherwise apply to a health plan under section 62Q.5205, except that medical assistance is not required to comply with any provision of section 62Q.5205, if compliance with the provision would:

(1) prevent the state from receiving federal financial participation for the coverage under this subdivision; or

(2) result in a lower level of coverage or reduced access to coverage for medical assistance enrollees.

(c) For purposes of this section, "doula services" means childbirth education and support services, including emotional and physical support provided during pregnancy, labor, birth, and postpartum. The commissioner shall enroll doula agencies and individual treating doulas to provide direct reimbursement.

EFFECTIVE DATE. This section is effective January 1, 2027.