

Dear Peers and Legislators,

I am here speaking as a doula. I have 12 years working in the field and have spend 8 of these years in Ohio. I was originally trained as a lay doula where I had an apprenticeship and that helped me understand the need for this work. It wasn't until recently that I re-certified under an agency. I became a doula originally to help teen mothers who were birthing along in Philadelphia. I reside in the Mahoning Valley where I work diligently to help decrease infant and maternal mortality rates at Mercy Health's CenteringPregnancy program , as a Member or the My Baby's First Birthday Coalition, partner with the Mahoning County Public Health district , Owner of Sacred Calling Birth and Postpartum Services. and soon to be student midwife. I am passionate about improving birth outcomes and decreasing risk to birthing people in this beautiful state of Ohio that I now call home.

There is no question in my mind that Doula care services are needed and should be covered by Ohio Medicaid, but this bill has some questionable language that may create greater barriers to their work, placing birthing families at risk and disproportionately impacts those already facing greater risk, primarily black mothers who are dying at alarming rates. Below are some of our concerns with this bill. Any one of them should make it obvious that the bill in its current form should not be signed. It's lack of clarity will lead to negative unintended consequences.

Doulas are overwhelmingly a population that identifies as female. This means that the vast majority of doulas are already facing societal barriers to career advancement and are experiencing wage disparity. Representation matters. More than 50% of BEST certified doulas(the doula organization I represent) are members of marginalized and minority groups - the very groups that Ohio's Maternal and Infant Mortality Task Force stated are most at risk in our maternal health crisis. We understand that this bill was passed quickly and with excitement, in hopes it would be a positive response to our nation's maternal health crisis. If you sign this bill, it will make it harder for doulas to serve disadvantaged and marginalized communities and harder for doulas from disadvantaged and marginalized communities to work.

The Term "certified doula"?

I would like to respectfully request the language describing a doula who has registered with the state be changed. The term "certified doula" is a term used by doulas nationally and globally to describe a doula who has completed one of many certification programs. Doula certification programs vary in content but may include hands on experiences, mentorship, online/virtual education experiences, classroom education, and more. While each organization has a slightly different path to certification, the final result is that the doula is a "certified doula" and those certified have completed a significant amount of work and investment to do so. It is vital that Ohio doulas who have completed this process continue to carry this professional qualification - a qualification that they invested both substantial time and money to earn without risk from the state. Ohio does not own the term "certified doula" and should not legislate common usage. Doing so creates not only economic harm, but limits care.

Professional Liability

There are other concerns that stem from details omitted from the bill. Once approved by the state, can doula have their status revoked and what terms are in place to revoke state approval of an applicant doula? What is the renewal process and is there an ongoing financial commitment? If so this will create a financial hardship on an already under earning profession. Will doula trained by organizations offering lifetime certification be treated differently than those with regular recertification periods? Will doula need CEUS to remain state certified? How does a doula remain in good standing with the state?

Perhaps most importantly, what opportunity will the doula have to defend themselves in case of accusation or complaint? Doula often work in difficult environments and many healthcare providers do not like expecting families asking the questions and seeking a greater standard of health care that that doula encourage, including advocating for any individual's legal right to informed consent and refusal. Should a complaint be filed against a doula by a health care provider annoyed that a doula affirmed a client seeking a second opinion, for example, will the doula have the opportunity to defend themselves to a board of their peers - meaning people who understand the scope and practice of doula work? Will a doula accepting Medicaid in Ohio make a livable wage in order to pay legal fees in the event this happens. Should this doula need to retain an attorney at their own expense to defend themselves against a well funded physician, midwife, or hospital system to keep the ability to work, or perhaps even stay out of jail depending on the accusation at hand and existing Ohio laws that may apply, they will find great financial hardship and likely the inability to retain counsel.

While we may be in the hospital or birthing space, few healthcare providers understand the unique role we play. If a board exists for either approving doula applicants for consideration to a state program or for any review process in the case of grievances, it MUST be comprised entirely of doula, reflect the diversity of Ohio doula, and include black doula and other doula of color, and doula members of the LGBTQI community. A board consisting of obstetricians and health care providers is inappropriate and will lead to the persecution of doula. In its existing form this legislation sets doula up to be potentially criminalized for doing their job and creates a conflict of interest between two parties with massive power and money imbalances. To be honest a doctor, social worker or nurse regulating doula services is the equivalent to having a chef, chiropractor and plumber overseeing airline regulations. If a nurse, medical provider or social work is a member or the board, they need to have doula experience or be certified as Doula's themselves.

While not addressed in this bill, in a closely related subject, BEST wants to further add that Ohio should consider that the proposed payment for doula accepting Medicaid coverage is not listed. This payment should reflect a living wage, or it will perpetuate a cycle of poverty in vulnerable and at risk populations. Additionally postpartum services should be billed separately. Not doing so would cause financial stress on doula who normally bill for postpartum care separately (night and day rates) in 4 hour blocks.

In Conclusion

Without more access to training and the ability to make a living wage, doula cannot improve maternal health outcomes within marginalized, underrepresented, and underprivileged communities. Thus, while the sponsors of this bill hoped to benefit and protect the health of an at risk population, this bill will serve only to make that goal more difficult to achieve. Fewer

doulas will be able to practice, fewer families will be served, and more women will suffer trauma and more women will die.

Not many states have legislated doulas and few who have legislation have gotten it right. Please do not echo the mistakes of other states that have implemented Doula and Midwifery legislation. Ohio has a unique opportunity here to be a standard bearer, to truly listen to and hear women and birthing people and honor our choices and reproductive rights. The whole of these United States, women, birthing people, and their care providers, minority communities that rely on this advocacy and support, we are all watching to see what precedent is set by Ohio in this matter. Our ability to have agency in our births and prenatal and postpartum care hangs in the balance. This legislation will impact the rights of women, doulas, and birthing people in ways that extend beyond your state borders. We trust that you will not consider this bill lightly but that you will see this for what it is - a matter of life and death.

We once again implore you not to sign this bill. We ask that you assemble a panel of representatives of the doula community in New Ohio, being mindful of diversity and intersectionality, and including black, LGBTQI, and other minority doulas, before signing or rewriting this bill.

Sincerely,

April Young
Doula, Owner