

# HOUSE BILL REPORT

## HB 1881

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to creating a new health profession for birth doulas.

**Brief Description:** Creating a new health profession for birth doulas.

**Sponsors:** Representatives Harris-Talley, Entenman, Berry, Johnson, J., Ortiz-Self, Ryu, Simmons, Stonier, Wicks, Senn, Peterson, Chopp, Ormsby, Goodman, Berg, Ramel, Chase, Taylor, Frame, Davis, Macri and Pollet.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/27/22, 1/31/22 [DPS].

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| <p><b>Brief Summary of Substitute Bill</b></p> <ul style="list-style-type: none"><li>• Establishes a voluntary certification process for birth doulas.</li></ul> |
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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Bronoske, Davis, Harris, Macri, Riccelli, Simmons, Stonier and Tharinger.

**Minority Report:** Without recommendation. Signed by 4 members: Representatives Caldier, Assistant Ranking Minority Member; Maycumber, Rude and Ybarra.

**Staff:** Kim Weidenaar (786-7120).

**Background:**

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

### Doulas.

A doula is a person who provides support before, during, and after childbirth. Doulas are not a licensed health profession and are therefore not subject to professional discipline under the Uniform Disciplinary Act.

In the 2020 Supplemental Operating Budget, the Health Care Authority (HCA) was directed to reimburse for maternity support services provided by doulas. The HCA and the Department of Health (DOH) were also directed to consult with stakeholders to develop methods to secure approval from the Centers for Medicare and Medicaid Services for reimbursement for doulas and provide recommendations to the Legislature. The HCA issued a report in December 2020 outlining their recommendation to create a credential for doulas, which would allow for Medicaid reimbursement.

### Uniform Disciplinary Act.

The Uniform Disciplinary Act (UDA) governs credentialed health professionals credentialed by the DOH or one of the health professions' boards or commissions. Depending on the profession, the disciplining authority may be the Secretary of Health or a board or commission. Under the UDA, a disciplining authority may take action against a license holder for a variety of reasons, including misrepresentation or fraud, unlicensed practice, and the mental or physical inability to practice skillfully or safely. A disciplining authority may initiate a disciplinary action after receiving a complaint or if the disciplining authority has reason to believe that the licensee engaged in unprofessional conduct.

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### **Summary of Substitute Bill:**

A new credentialed health profession is created for birth doulas. A birth doula may voluntarily apply for certification from the Department of Health (DOH). The DOH must issue certification to any application that:

- submits a completed application as required by the DOH;
- satisfactorily completes competencies that meet the requirements established by the Secretary of Health (Secretary);
- has not engaged in unprofessional conduct;
- is not currently subject to any disciplinary proceedings; and
- pays a certification fee established by the Secretary in rule.

The Secretary must, in collaboration with community partners who advance equitable access to improve perinatal outcomes and care through holistic services for Black and Brown Communities, adopt rules establishing the competency-based requirements that a birth doula must meet to obtain certification through the following pathways:

- successful completion of training and education programs approved by the Secretary; and
- submission of proof of successful completion of culturally congruent ancestral practices, training, and education that the Secretary must review and determine

whether the training and education meet the competency-based requirements.

The Secretary must establish certification and renewal fees, administrative procedures, continuing education and administrative requirements; maintain a record of all applicants and certifications; and hire clerical, administrative, and investigative staff as needed to implement and administer the new chapter created in Title 18 for birth doulas. The Secretary is authorized to adopt rules.

The Uniform Disciplinary Act (UDA) governs the issuance and denial of certifications and the discipline of certified birth doulas. The DOH is designated as the disciplining authority for certified doulas under the UDA. No person may use the title "state-certified birth doula" or indicate or imply that the person is a state-certified birth doula without obtaining certification.

For these purposes, a "birth doula" is a person that is a nonmedical birth coach or support person trained to provide physical, emotional, and informational support to birthing persons during pregnancy, antepartum, labor, birth, and the postpartum period. Birth doulas advocate for and support birthing people and families to self-advocate by helping them to know their rights and make informed decisions. Birth doulas do not provide medical care. "Postpartum period" is the 12-month period beginning on the last day of the pregnancy.

**Substitute Bill Compared to Original Bill:**

The substitute bill adds "pregnancy" and "antepartum" to the stages in which a birth doula may provide physical, emotional, and informational support to birthing persons.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for sections 1 through 5, relating to the certification process for birth doulas, which take effect on October 1, 2023.

**Staff Summary of Public Testimony:**

(In support) This bill has been a long time coming. Thanks to the advocates who have led four years of work to bring us here. In Washington, 52 percent of births are covered under Medicaid. A doula provides assurance in that moment of giving birth and helps a birthing person move through one of the most challenging experiences. There are also real reductions in cost and trauma when a birthing person has a birth advocate. Even for those having a Cesarean section (C-section) or belly birth, having the support before, during, and after birth is critical. There is appreciation to all the agencies for their assistance with the

bill. Adding this certification standard will be transformative in this state.

Granny midwives and Black community midwives were the first baby catchers in this country and were persecuted and stripped of their right to serve the Black community or any community. Access to doula support is crucial to the survival of birthing persons and to allow a birthing person to feel safe. Not feeling safe causes delayed labor, which leads to interventions like inductions, C-sections, and the use of vacuum suction. At a hospital without a person that looks like you, the fear grows. A doula relaxes a birthing person and empowers them to make the right choices for themselves and their baby.

This bill saves lives and helps the birthing person have a healthy baby. The doula's knowledge during labor helps reduce interventions. Having a birth doula is invaluable and lifesaving, and doulas need to be recognized as professionals. Every family deserves a doula, but without Medicaid reimbursement, not every family will have access. Establishing birth doula certification is important because it is critical for Medicaid reimbursement. The ability to use a doula should not just be a privilege to those with the financial resources. Doulas provide assurance and help birthing persons listen to their bodies. Doulas help ensure that patients receive quality care. This bill allows doulas to become more accessible to the QTBIPOC community, which has a much higher mortality rate.

Doulas provide women and families with the tools they need to have an empowering and optimal birthing experience. The main responsibilities of a birth doula are to provide emotional and spiritual support, reassurance, education, and advocacy. Medical providers can focus on the physical and clinical aspects of birth, while doulas support the emotional and spiritual needs of the birthing person.

Birthing experiences with and without doulas are very different. Births without a doula allow the medical staff to take action without consent creating a traumatic experience. The Native maternal mortality rate is leaps and bounds higher than other populations. All Native deserve this gift of access to a doula.

This voluntary, competency-based certification system created by the QTBIPOC community is founded on inclusivity and equity. It solves problems of the past. Well-trained, competent doulas better serve families and save lives. By requiring narrow, expensive training and education programs, you create racist barriers and ignore ancestral practices and experience. This system is the right answer.

Many clients seek out doulas because they are afraid medical racism will result in their death or the death of their baby. Many individuals have been robbed of inter-generational birthing and ancestral practices due to medical racism. Doulas fill in for the place of family and kin. There needs to be an ancestral pathway to certification. Five other states have passed this process and four more are considering it.

Many are called into the profession through lived experience of medical racism. The difference of having a doula is having someone who supports the birthing person, fills in the gaps, and supports ancestral practices. Doulas help a birthing person have faith in their body and working with a doula can greatly reduce the anxiety that birthing people have before and during labor.

Birthing people have been having babies since the beginning of time and there have always been supports in place. Before the end of the 1930s, people were born at home and exclusively around those who cared for them. When births moved to hospitals, it was treated as a medical event, rather than a family event, and deaths for birthing people and babies increased. Health care providers often do not listen to birthing people and intervene during the birthing process. Doulas can help birthing people advocate for themselves and are the missing puzzle piece.

This bill places families as the center of their birthing experience. Maternal mortality is significantly higher for Native women. Doulas have been shown to decrease the rates of C-sections and preterm birth, and provide better health outcomes for birthing people and babies. It is one of the few evidence-based practices we have. This bill will increase health equity and reduce costs, and allows for the continuance of ancestral practices.

This innovative system will transform credentialing in Washington and across the country. The white-led system has failed. The model has been pivoted to something that is competency-based and lowers barriers. This bill is critical.

The rates of maternal and infant mortality are much higher for Black individuals, and there is a perinatal health crisis in the BIPOC community. This bill makes sure that everyone has access to the birthing experience they need.

(Opposed) This bill is a great idea, but taxpayers already pay enough. Accreditation can be done more affordably and sensibly, and still provide the ability to be paid. There is a general fund and a windfall from the federal government, and that money should be applied instead. The taxpayers should come first.

**Persons Testifying:** (In support) Representative Kirsten Harris-Talley, prime sponsor; Aijanae Young, Kim James, and Dur'Shrika Moore, Doulas for All Coalition; Jasmyne Bryant, Senait Brown, and Jackie Vaughn, Surge Reproductive Justice; Jazmin Williams; Madeline Rider; Sarah Ruebel; Makeda Robinson; Tiara Calahan; Kristin Reichl, Washington State Department of Health; Gwen Kiehne, NAPS Doulas; and Socia Love-Thurman, Seattle Indian Health Board.

(Opposed) Laurie Layne.

**Persons Signed In To Testify But Not Testifying:** None.