

Pursuant to section 32-3105, Arizona Revised Statutes, we, The Arizona Birthworkers of Color and Penny Stansfield CD(DONA), and DONA doula trainer hereby submit the attached report requesting voluntary certification and standardization of practice for the profession of Birth Doula.

Birth Doulas build individual and community capacity by providing emotional, informational, and physical support to birthing women and their families through a range of activities and non-clinical support. The Birth Doula is an integral part of the birth team who assists in a prenatal capacity, during the birth itself, and the immediate postpartum period. Services such as supplemental prenatal education and preparation, peer support, non-clinical assistance during labor and delivery, postpartum support, and advocacy for the family throughout the perinatal period have been shown to improve both the clinical and social outcomes of the birth.

A Birth Doula typically provides:

- Prenatal appointments to establish rapport, determine needs, provide support and practice for the birth
- Support for the entire duration of the birth. The Birth Doula often meets the family in their home before they go to the hospital or birth center.
- Two optional postpartum visits in order to assess a healthy transition to parenthood, debrief the birth and provide support and encouragement, make sure breastfeeding is well established, and looking for signs of postpartum depression.

Women who have a birth doula have been shown to have shorter labors, have fewer cesarean sections, use pain relief less, have a higher rater of breastfeeding, and report a higher satisfaction rating of the overall experience. This can and will have far-reaching benefits for the community.

To date, AHCCCS has not been able to cover the services of a Birth Doula because there is no official state licensure or certification. Additionally, the American Medical Association cannot issue a Birth Doula specific CPT code for the same reason. This means that currently, only families of means and those in small grant programs have access to the services of a birth doula. With the State's cesarean section rate being around 30% (1 in 3 women), the financial benefit alone is worth moving forward with voluntary licensure of Birth Doulas.

More importantly, it is important to give families the best start possible and at-risk families could benefit from this service for many reasons. Breastfeeding is free for the family, and provides critical nutrients not found in commercial formulas. The support of a Birth Doula could be the difference between a mother making healthy choices or losing her baby to the system due to drug use. Certification of the Birth Doula workforce will assure both the quality of services and the availability of those services to those who need it the most.

This Proposal would request a modification to these statutes to:

- Establish voluntary certification among Birth Doulas to allow for a uniformly trained workforce to provide the public and other health care professionals with the confidence that the Certified Birth Doula possesses the professional capabilities to safely serve families in this State.
- Implement a Birth Doula certification board to review training program curricula that target Birth Doula core competencies, standards of practice and code of ethics.

This report is not requesting licensure of Birth Doulas as the scope of practices for Birth Doulas is non-clinical in nature and does not warrant a licensing process. We are continuing to collaborate with community and state health insurance stakeholders on this proposal with the intention of addressing questions, issues, and/or concerns prior to the introduction of legislation. We respectfully request a favorable review of this application.

Sincerely,

Applicant groups for regulation shall explain each of the following factors to the extent requested by the legislative committees of reference:

1. A definition of the problem and why regulation is necessary including:

At this time, the only certification process for Birth Doulas is through independent organizations like DONA International ICEA & CAPP. Although we feel this is sufficient to inform the public that privately certified doulas are competent as it relates to the Standards of Practice and Code of Ethics of these organizations, it is not enough to do what is necessary to achieve our mission, which is, "A Doula for every person that wants one."

In Arizona, for insurance to reimburse for the expense of a Birth Doula, there must be a legitimate CPT code. To date, none have been issued due to the lack of having a State license or certification. Thus, if a Birth Doula was to submit for reimbursement, they would have to use a midwifery code or other medical code, which of course is not legal.

Secondly, for at-risk and low-income mothers, Birth Doula services are not available through Medicaid in Arizona due to not having a State certification or licensure. This leaves the service available to only those who can afford it and out of reach of the most needy.

- (a) The nature of the potential harm to the public if the health profession is not regulated and the extent to which there is a threat to public health and safety.

A Birth Doula is a frontline maternity paraprofessional who is a trusted member of and/or has an in depth understanding of the community they serve. The Birth Doula assists the expecting mother during her most vulnerable time and has direct physical contact during the laboring period. Certification of Birth Doulas will only increase the public confidence, as well as other medical providers, that Certified Birth Doulas have met the minimum requirements for certification and are accountable to the State to maintain the Standards of Practice and Code of Ethics.

Certification will further ensure that Birth Doulas do not practice clinical measures, that they adhere to strict confidentiality and HIPAA regulations, and safeguard against inappropriate actions and/or behaviors.

- (b) The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners and indicating typical employers, if any, of practitioners in the health profession.

Birth Doulas have consistently been shown to benefit expectant families and fill an important gap in the maternity field. The reemergence of Birth Doulas in the 1990s brought a new member to the maternity team, that filled an empty role that was occupied in times passed before birth

happened in the hospital. Surprisingly, adding the support person who would remain throughout the entire birth process back into the picture has dramatically improved birth outcomes and satisfaction over the last decades. However, without certification, access to this service is still primarily reserved for those who can afford to pay for it.

Birth Doulas have historically worked autonomously, which is part of the model of success. Studies have indicated that a peer support person is more likely to produce the desired results seen when a Birth Doula is present, compared to similar support offered by nurses and midwives. Therefore, it is to be expected that Birth Doulas will continue to work independently, in a Birth Doula cooperative, or for a program specifically set up for Birth Doulas as a paraprofessional.

- (c) The extent of autonomy a practitioner has, as indicated by the following:
- (i) The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment.

As stated above, the Birth Doula is adept and fully capable of working independently apart from medical supervision. Because of the non-clinical nature of their work, they are able to make judgement calls regarding the application of their skills within the scope of their practice.

A strong knowledge of the normal birth process, along with specific skills that help the family achieve a rewarding birth experience help the Birth Doula to remain autonomous in the realm of their expertise.

Private certifying organizations have adopted minimum standards for certification that include points such as:

1. Basic childbirth education training
2. At least 16 hours of training in basic Birth Doula practices/skills
3. Basic breastfeeding training for Birth Doulas
4. Required reading of at least 7 books from 6 categories about maternal/child health
5. Attend at least 3 births as a primary support person, acting in the role as Birth Doula
 - a. Submit 2 good evaluations for each birth, 1 from the client, 1 from the attending birth professional
6. Watch an approved business webinar
7. Create a comprehensive resource list for clients
8. Write and submit an essay about the value of labor support
9. Collect and submit 2 written references from a client and perinatal health professional.

- (ii) The extent to which practitioners are supervised

Privately Certified Birth Doulas are currently bound to the Standards of Practice and Code of Ethics set forth by their organization. Most organizations have a grievance procedure for parents and Birth Doula students who had a substandard experience with one of the Doulas.

2. The efforts made to address the problem including:
(a) Voluntary efforts, if any, by members of the health profession to either:

i. Establish a code of ethics

Organizations like DONA International have long established Standards of Practice and a Code of Ethics that all certified Birth and Postpartum Doulas must adhere to.

ii. Help resolve disputes between health practitioners and consumers.

Organizations take extra care to ensure students know that the Birth Doula is not to play an adversarial role with the medical team, and to instead act as a liaison between the staff and the family in an effort to achieve the best outcomes possible.

(b) Recourse to and the extent of use of applicable law and whether it could be amended to control the problem.

No state law currently exists providing certification for Birth Doulas.

3. The alternatives considered including:

(a) Regulation of business employers or practitioners rather than employee practitioners.

The nature of work of the Birth Doula in the maternity field, with clients who deliver at home, at the birth center, or at the hospital, and with different care providers make it difficult to uniformly regulate the practices. Certification can address these issues by providing uniform training, fingerprinting, and a mechanism to more accurately account for Birth Doulas working in the state. Certification will also benefit third party insurance companies that seek to ensure the positive health outcomes based on the state standardization of Birth Doulas.

(b) Regulation of the program or service rather than individual practitioners

Due to the wide range of services provided by the Birth Doula, it will be difficult to regulate any one service. Modalities also vary among the various clients, depending on

the location of the birth, along with the level of involvement by the Birth Doula on a case-by-case basis, which will make it near impossible to have a model of which to adhere to.

(c) Registration of all practitioners.

Registration is favorable only in that it allows the State to keep track of all Birth Doulas who have been recognized as competent based on core competencies, standards of practice and code of ethics adherence. Certification is preferred.

(d) Certification of all practitioners

Volunteer certification of Birth Doulas is the best form of regulation requiring minimum resources from the State. If a Birth Doula is certified by a program that meets the requirements of the State, then that certification would suffice to fulfill the needs of voluntary certification by the State of Arizona, thus reducing the efforts of ADHS. However, it is not necessary for mandatory certification or licensure of all practitioners due to the non-clinical nature of the practice.

(e) Other alternatives.

At this time, there are no available alternatives that fulfill the requirement of AHCCCS for third party reimbursement or to qualify the profession to be eligible to receive a CPT code in order to bill insurance.

(f) Why the use of the alternatives specified in this paragraph would not be adequate to protect the public interest.

Certification is the best regulatory mechanism because it allows for government oversight, professional standardization, and assurance of practice with the least demand on government resources.

(g) Why licensing would serve to protect the public interest.

Licensing is not in the best interest of the Birth Doula profession or the community they serve. Additionally, Birth Doulas do not provide clinical services that would warrant licensure. The role of a Birth Doula is to provide emotional, informational, and physical support to a laboring mother during childbirth. Any tasks that may border on provisions of health care are tasks that a patient or consumer of care could reasonably perform themselves. These tasks may include massage, encouragement, offer suggestions that may produce a clinical outcome such as position change to assist in fetal heart tone improvement, offer ideas that might speed labor along, provide comfort measures that involve optimal positioning of the mother for birth, physical support of the mother during contractions, or employing hydrotherapy. These activities have a direct impact on the course of labor, but are not considered clinical.

4. The benefit to the public if regulation is granted including:
- (a) The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation.

The specific issues currently present in the unregulated Birth Doula workforce that are addressed through this regulation include: ensuring public safety, uniform training standards, framework for certification. Voluntary certification of Birth Doulas will:

- provide identification of those Birth Doulas who have completed core competencies in the profession, and who are accountable to the State to ensure best practices for the sake of the community
- adequately inform the community and maternity health care workers of the professional status and skill set. Will reassure practitioners that the Birth Doula will perform their duties with the upmost professionalism and respect. Any Birth Doula who departs from this model will be subject to ADHS, further increasing confidence in competency and expectations being met.
- Issues seen in the past with Birth Doulas performing clinical tasks outside their scope of practice, or with midwifery students promoting themselves as birth doulas would be addressed by the state certified Birth Doula.

(b) Whether the public can identify qualified practitioners.

Without State certification of Birth Doulas, it is up to the consumer to research each certifying body in order to know what is required for initial certification and ongoing continuing education. With certification through the state, the consumer will be able to have a uniform base of information from which to make their care decisions.

(c) The extent to which the public can be confident that qualified practitioners are competent including:

i. Whether the proposed regulatory entity would be a board composed of members of the profession and public members or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification or licensure, including the composition of the board and the number of public members, if any, the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension and nonrenewal of registrations, certificates or licenses, the adoption of rules and canons of ethics, the conduct of inspections, the receipt of complaints and disciplinary action taken against practitioners and how fees would be levied and collected to pay for the expenses of administering and operating the regulatory system.

The Department of Health would regulate the conduct of all certified Birth Doulas. It is recommended that they be placed in the special licensing board, and possibly incorporated in the the midwifery licensing section.

ii. If there is a grandfather clause, whether grandfathered practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date.

All Birth Doulas who are certified by an organization which meets the criteria of the Arizona Revised Statutes, as well as the Department of Health will be eligible for certification via a grandfather clause.

iii. The nature of the standards proposed for registration, certification or licensure as compared with the standards of other jurisdictions.

This proposed Birth Doula certification effort is in concert with other State's efforts to bring the Birth Doula profession to the next stage of recognition and regulation for the benefit of the community through uniform practices and availability of a CPT code and Medicaid reimbursement.

iv. Whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions.

At this time, there are no other jurisdictions where reciprocity would be viable due to the unique nature of Arizona's Medicaid requirements. That does not prevent future efforts of reciprocity among other states, and that is a desired goal.

v. The nature and duration of any training including whether the training includes a substantial amount of supervised field experience, whether training programs exist in this state, if there will be an experience requirement, whether the experience must be acquired under a registered, certified or licensed practitioner, whether there are alternative routes of entry or methods of meeting the prerequisite qualifications, whether all applicants will be required to pass an examination, and if an examination is required, by whom it will be developed and how the costs of development will be met.

The nature and duration of the Birth Doula trainings will be determined by the Department of Health Services and will be based on national core competencies and stakeholder group input.

In order to meet the eligibility requirements, the applicant must meet the following criteria:

- Attend a Birth Doula workshop taught by an approved organization and includes at least 16 hours of in-person instruction

- Observe comprehensive in-person childbirth education series OR attend an Introduction to Childbirth for Birth Doula. Alternatives to this requirement are training as a midwife or childbirth educator or recent work experience as a nurse in Labor and delivery.
- Attend a Basics of Breastfeeding workshop/class or complete approved online course OR hold specific breastfeeding credentials.
- Required reading as set forth by ADHS
- Read and sign the state-approved Standards of Practice and Code of Ethics
- After completing the aforementioned requirements, provide Birth Doula support to three qualifying clients. The ADHS will outline what criteria qualifies.
- Submit proper documentation of the qualifying birth experiences to include a Birth Doula support record sheet.
- Submit two good evaluations for each birth. One evaluation will come from the patient and the other from the attending birth professional (physician, midwife, or nurse).
- Additional educational activities to include webinars, essays, creating a resource list
- Provide two written references, 1 from a client and 1 from a perinatal health professional

Assurance of the public that practitioners have maintained their competence including:

vi. Whether the registration, certification or licensure will carry an expiration date.

Certification with ADHS should remain valid for three years, which is the industry standard.

vii. Whether renewal will be based only on payment of a fee or whether renewal will involve reexamination, peer review or other enforcement.

The Department of Health Services may adopt a certification fee to cover the costs of administering the Birth Doula certification program. Applicants seeking certification renewal will be required to disclose any new convictions. Certification renewal will require evidence of 18 continued education hours, approved education to determined by the Department of Health Services.

5. The extent to which regulation might harm the public including:
 (a) The extent to which regulation will restrict entry into the health profession including:
 i. Whether the proposed standards are more restrictive than necessary to ensure safe and effective performance.

The regulations proposed in this application will not impact the entrance into the profession because it will voluntary and equivalent to industry standards regarding core-competencies and standards of practice. There will be no new requirements for practitioners in this field. Additionally, the requirements for certification in this proposal are such that it is equivalent to industry standards. Nothing in these standards would prohibit a Birth Doula from safely performing their duties.

ii. Whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other

jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.

Any Birth Doula who migrates to this state will have been practicing under the same industry standards that will be proposed in this certification program. Any individual wishing to become certified as a Birth Doula in the State of Arizona must have the minimum requirements as determined by the Department of Health Services.

(b) Whether there are professions similar to that of the applicant group which should be included in, or portions of the applicant group which should be excluded from, the proposed legislation

No other professions should be included in this proposed legislation. Medical professions requiring licensure will not be influenced by this legislation.

6. The maintenance of standard including:
(a) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or enforce standards or a code of ethics.

At this time, there are industry standards that have been well established in the private sector. However, there are no governmental quality assurance standards for Birth Doulas.

(b) How the proposed legislation will assure quality including:
i. The extent to which a code of ethics, if any, will be adopted.

It will be a requirement for certification that the Birth Doula read, sign, and adhere to the Code of Ethics. The ADHS will develop disciplinary methods for dealing with a Certified Birth Doula who violates the Code of Ethics.

ii. The grounds for suspension or revocation of registration, certification or licensure.

Grounds for suspension or revocation of certification may include:

- Performing a direct clinical task that requires licensure to perform
- Unprofessional behavior
- Criminal activity or conviction
- Excessive complaints by clients

7. A description of the group proposed for regulation, including a list of associations, organizations and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group and whether the groups represent different levels of practice.

The proposed certification will impact those who practice labor support and operate using the name, Birth Doula. Organizations that currently certify Birth Doulas include, but are not limited to, the following:

- Doula Organization of North America International (DONA)
- Childbirth and Postpartum Professional Association (CAPPA)
- International Childbirth Education Association (ICEA)
- PALS Doulas
- Pro Doula
- Birth Arts International

The estimated number of practitioners in Arizona is difficult to determine due to the many different doula groups, certifying bodies, and direct entry birth doula practitioners. However, one of the premier doula organizations, DONA International, estimates to have at least 51 active certified birth doulas in Arizona. The Birth Doula search engine called DoulaMatch lists 241 doulas offering services in Arizona.

The Birth Doulas mentioned are of varying skill level, training, and experience.

8. The expected costs of regulation including:
(a) The impact registration, certification or licensure will have on the costs of the services to the public.

The Department of Health Services may adopt a fee to cover the cost of offering certification. The cost of certification will be budget neutral for the state and will not increase the cost of medical services provided to the public.

(b)The cost to this state and to the general public of implementing the proposed legislation.

It is estimated that the cost of developing and maintaining a Birth Doula certification program is equivalent to a .25 FTE at the Department of Health Services.