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May 7, 2025

**To: Hon. Alyssa Black, Chair
House Committee on Health Care**

**From: S. Lauren Hibbert, Deputy Secretary of State
Jennifer Colin, General Counsel, Office of Professional Regulation**

Re: S.53, An act relating to certification of community-based perinatal doulas and Medicaid coverage for doula services

Dear Committee Members:

Thank you for the opportunity to testify about S.53 regarding certification of Community-Based Perinatal Doulas.

As you know, the General Assembly determined in Act 97 of 2024 that it is necessary for public protection for the State to regulate doulas. Act 97 required OPR to conduct a sunrise review of the profession in accordance with 26 V.S.A. §3105(b) to determine the appropriate form of regulation necessary to protect the public. OPR recently completed that review and submitted a [legislative report](#) that is available on the General Assembly's website. In OPR's sunrise review, we recommended certification of community-based perinatal doulas as the appropriate form of regulation.

OPR fully supports S.53, as the proposed bill implements the certification program for community-based doulas and allows for Medicaid coverage of the critical support services that they provide within their own marginalized and under-resourced communities.

In our testimony today, first we will provide an overview of OPR's recommendations. Then we will briefly review the research, testimony, and information that led to those recommendations. Finally, we will discuss what the next steps for OPR would be upon the passage of the legislation.

Overview of Recommendations

The Office of Professional Regulation regulates over 50 diverse professions and over 84,000 individual and business licensees. OPR offers three forms of occupational regulation: registration, certification, and licensure.

- Registration is the least restrictive form of regulation and requires that all practitioners in the profession register with OPR by filing an application and paying a fee prior to rendering services. Registration does not require education, experience, or examination. Licensure is the most restrictive form of professional regulation.
- Licensure is mandatory for all practitioners within a profession and requires achievement of specified qualifications, such as education from an approved educational or training program, experience and examination.
- Certification is a voluntary credential that a practitioner may obtain upon meeting certain prerequisite qualifications, such as approved training or educational programs. Certification is not required of all practitioners and those who obtain the credential are legally entitled to use the term “certified” in conjunction with the title.

1. OPR recommends regulation of a subset of perinatal doulas – community-based perinatal doulas - and not the entire doula profession. OPR found no data, information, or support that indicated any public protection need for regulation of all doulas. OPR recommends regulation of community-based perinatal doulas, who provide support services within their own marginalized and/or under-resourced communities, often through community-based agencies.

2. OPR recommends certification as the appropriate form of regulation. Consumers of community-based perinatal doula services may have substantial interest in relying on the qualifications and training of doula practitioners. Therefore, a voluntary credential that signifies the practitioner has achieved the required competencies through training, experience, and/or education is the least restrictive form of regulation necessary to protect the public.

Overview of Bases for Recommendations

Perinatal Doulas are trained, non-clinical, non-medical support people who provide emotional, physical, educational, and informational services to birthing individuals before, during, and after childbirth. Doula services have traditionally been private pay. Thus, the services have primarily been limited to birthing individuals of financial means. Community-based doulas provide these support service often in their own under-resourced and marginalized populations at low- or no-cost, most often through community-based agencies.

Maternal Mortality Crisis in the U.S.

In recent years, the United States has had an alarmingly high maternal mortality rate, higher than in other developed countries. In 2021, the maternal mortality rate in the U.S. was 32.2 deaths per 100,000 live births.

There are significant disparities in the maternal death rates depending upon race and economic status. For example, the maternal death rate for non-Hispanic Black people was nearly three times the rate for non-Hispanic white people. Rural populations have significantly increased rates of maternal mortality due to pregnancy-related complications. Medicaid recipients are 80% more likely than privately insured individuals to experience Severe Maternal Morbidity, which the Centers for Disease Control and Prevention defines as including “unexpected outcomes of labor and delivery that can result in significant

short-or long-term health consequences.”¹ Severe Maternal Morbidity has serious impacts on women’s health and also increases costs of medical care. In Vermont, approximately 38% of all births are covered by Medicaid. Between 2021 and 2023, eight perinatal maternal deaths occurred in Vermont, and all were individuals receiving Medicaid.

Doula Support Reduces Poor Outcomes and Improves Patients’ Experiences

In 2024, this body heard testimony that over 60% of maternal deaths were preventable according to the CDC. Studies and data have shown that perinatal doula support substantially reduces c-section deliveries, low birth weight rates, preterm birth, epidural use, birth complications, and postpartum depression and anxiety rates. Doula support provides better birth experiences for patients, improved maternal outcomes, and better breastfeeding outcomes.

Based on the legislative record, the intended regulatory purpose of the doula profession is to ensure equitable access to doula care for birthing persons in under-resourced and marginalized communities to improve health outcomes. Community-based doulas serve Vermont’s most vulnerable birthing population. They are a subset of the profession for which specialized training and experience will demonstrate they have the necessary competencies to serve communities experiencing disparate health outcomes resulting from: systemic biases, structural racism, poverty, substance use disorder, mental health disorders, housing insecurity, trauma histories, developmental disabilities, and the like.

Certification of Community-Based Doulas Ensures Public Protection Where Needed

A tenet of community doulas is providing culturally congruent and competent services to birthing persons of shared cultural communities and languages. Community doulas are part of an “asset-based approach” to support underserved communities, meaning community strengths and assets are used to give community members more control over their health; whereas in a deficit-based approach, solutions for identified problems or deficiencies are often developed outside of a community. Voluntary Certification of community-based doulas will be a valuable market indicator of competency for Medicaid to cover these crucial services for communities experiencing disparate rates of poor maternal outcomes.

Stakeholders and Participating Members of the Public Overwhelmingly Supported Certification of Community-Based Doulas

In its sunrise review process, OPR engaged with many stakeholders throughout the State through public hearings and written public comment. OPR worked with doulas, community-based doulas, state agencies, designated agencies, and advocacy organizations, as well as received public comment through two public hearings and through OPR’s public comment email address. The primary concerns of stakeholders were:

- Ensuring that certification pathways are flexible to recognize competencies achieved through experience, as well as formal education, which can be an expensive and insurmountable barrier;

¹[https://www.cdc.gov/maternal-infant-health/php/severe-maternal-morbidity/index.html#:~:text=Severe%20maternal%20morbidity%20\(SMM\)%20includes,steadily%20increasing%20in%20recent%20years](https://www.cdc.gov/maternal-infant-health/php/severe-maternal-morbidity/index.html#:~:text=Severe%20maternal%20morbidity%20(SMM)%20includes,steadily%20increasing%20in%20recent%20years). Accessed December 15, 2024.

- Resisting restrictive regulations that discourage doulas from marginalized communities and communities of varied racial, ethnic, and linguistic backgrounds from seeking the credential;
- Implementing appropriate regulation to help build a workforce with culturally congruent and competent professionals who have lived experience in the communities they are trained to serve; and
- Supporting community-based doulas so that all birthing families can benefit from the improved birth outcomes and experiences, and be connected to important community resources, such as housing and food supports.

Implementation

Upon passage of S.53, OPR will need to set up the infrastructure to regulate this profession. OPR's cost estimate is \$25,000 to establish the profession within the Agency's structure, including staff time, technology costs, stakeholder outreach, and rulemaking. OPR will immediately begin the rulemaking process by engaging with stakeholders and drafting administrative rules to ensure we can make the July 1, 2026 effective date.