

June 21, 2019

The Honorable Andrew M. Cuomo  
Governor of New York State  
NYS Capitol Building  
Albany, NY 12224



Dear Governor Cuomo:  
An Open Letter to Address Assembly Bill A364B and Senate Bill S3344B,

The Long Island Doula Association writes to you in opposition to Bills A00364B/S03344B (the Doula Bill), “an act to amend the public health law to provide the requirements for professional certification for certified doulas.” As both bills have passed the NYS Assembly and Senate, they will be coming across your desk for you to sign them into law. As the one of the largest, most active and organized doula groups on Long Island, we urge that the NYS Assembly revise this bill and seek input from the many doulas and doula organizations that exist in NYS.

The Long Island Doula Association (LIDA) is a not-for-profit organization that has operated effectively for 13 years in its mission to serve birthing women and families across the Long Island region. Its membership is comprised of birth and postpartum doulas, childbirth educators, lactation specialists as well as many other professionals who work with women throughout their birth and postpartum journey. Since its inception, LIDA has been a) training and certifying its own doulas, according to best practices; b) holding its doulas accountable according to scope of practice and ethical practice; c) making inroads to the medical community (with the intention of improving birth outcomes for women) by establishing The Birth Doula Project at both NYU-Winthrop University Hospital and Stony Brook University Hospital. LIDA operates with an elected leadership, a council and an active membership. It has a clear and wide-ranging presence on Long Island. However, not once was LIDA approached by any sponsors of this doula bill or asked for any input. We know that LIDA was not alone in being overlooked as a stakeholder during the drafting of this bill. We view this fact to be the major reason the doula bill will fail to reach its intended outcome and will, in fact, cause innumerable unintended consequences that will have adverse effects on birthing people and the doula community that has been faithfully serving them.

At this writing, LIDA’s concerns about the Doula bill are as follows:

1. The language of the Doula Bill that states “only those certified may provide doula services defined as continuous emotional and physical support provided by a certified doula throughout labor and birth, and intermittently during the prenatal and postpartum periods.” In LIDA’s view this will serve to exclude any and all doulas who are not certified by New York State and who have been certified by other agencies and/or practiced as doulas from continuing to do their life’s work. This language will limit effective outreach to birthing women, especially in marginalized communities. Such a result is clearly antithetical to the goal of the state to reduce the maternal mortality and morbidity rate within these vulnerable populations.

2. In the birthing community at large, this certification language will negatively affect birth outcomes, if only state-certified doulas can provide doula birth services.
3. Further, as DONA has outlined, LIDA, too, is concerned that this language: "Use of title. Only a person certified under this section shall be authorized to use the title 'Certified Doula,'" will serve to pave the way for the criminalization of doulas who practice as doulas but are not certified through the state. As noted above, LIDA trains and certifies its own doulas and has been doing so effectively since its inception. LIDA recommends that the title be changed from 'Certified Doula' to 'State Certified Doula'. LIDA further recommends that obtaining the state certification be entirely optional and that doulas who choose to be certified by other doula certification agencies be permitted to call themselves 'certified' and to practice as such. Alternatively, LIDA would like to recommend that the State denote various doula organizations, such as LIDA, to independently certify doulas allowing such doulas to use the term "Certified Doula" without the need to comply with the independent requirements of § 2509 (4) (a)-(f).
4. LIDA is also greatly concerned with the following; "Character. Be of good moral character as determined by the department." Within the department responsible for deeming an individual of such good moral character there could be many biases, prejudices and general misinformation about what a doula is and that is unacceptable. We cannot allow racism, classism, and any other discriminations to affect the ability of doulas to reach families in need. Especially when claiming that the program is trying to "target maternal mortality and reduce racial disparities in health outcomes."
5. LIDA would also like clarification in the bill that stipulates hospitals cannot discriminate against doulas who choose against state certification.
6. LIDA recommends that the bill not conflate requirements of medical personnel titles with that of the doula. Doulas, by definition, are not medical personnel, and have always operated outside the medical model. This is by design and aligns with doula scope of practice. Doulas do not perform, in fact are prohibited from performing, any medical or clinical tasks or assessments. Thus, any regulating language that is used for medical/healthcare personnel is inappropriately and unfairly applied to doulas.
7. For this same reason, LIDA does not feel that the NYS DOH should be the entity regulating the doula certification process for the state. NYS should look to the numerous doula organizations that already exist that have been successfully training and certifying doulas for decades for input and guidance on certification as well as any testing requirements.
8. LIDA is concerned with the NYS Doula Pilot Program. There is much involved in the costs of being a doula that you might not be aware about. Training courses, continuing education courses, certifications, books and materials, insurances, marketing, on-call time, babysitter fees, travel costs and other business expenses weigh in heavily when determining cost of doula services and reimbursements. Something that also needs to be taken into consideration is the high cost of living on Long Island. Again, while the intent is good, the Medicaid reimbursement proposed falls far short of a reasonable fee for doulas who are serving birthing women and spending countless hours in that effort. To put it bluntly, the majority of doulas simply will not, and simply cannot participate.

LIDA is grateful to the state of New York for the work it is trying to do for birthing women. However, it is vital that any legislation that seeks to regulate and/or certify the doula community first and foremost seek input from a broad coalition of members of that community, if the mission is to honestly help rather than to hinder birthing women and the doulas who have been faithfully serving them.

We hope that you can recognize the major shortcomings in this proposed legislation, and that you can see and feel the unity within the birthing community in New York. We urge you to consider the suggestions of modifying this bill.

We look forward to discussing this with you.

Sincerely,  
Laura Siddons, Co-President  
Stephanie Gunderson, Co-President  
Sarah Hartmann, Vice President

On behalf of LIDA Council & Membership  
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Cc: Assemblywoman Amy Paulin, Sponsor; Senator Jessica Ramos, Sponsor; Assemblyman Richard Gottfried, Co-Sponsor; Assemblywoman Galef, Co-Sponsor; Assemblywoman Jaffee, Co-Sponsor; Assemblywoman Rosenthal, Co-Sponsor; Assemblywoman Cook, Co-Sponsor; Assemblywoman Seawright, Co-Sponsor; Assemblywoman Arroyo, Co-Sponsor; Assemblyman Blake, Co-Sponsor; Assemblywoman Dickens, Co-Sponsor; Assemblywoman Pichardo, Co-Sponsor; Assemblywoman Thiele, Co-Sponsor; Assemblywoman Solages, Co-Sponsor; Senator Biaggi, Co-Sponsor; Senator Kaplan, Co-Sponsor; Senator Gaughran, Co-Sponsor; Senator Krueger, Co-Sponsor; Senator Rivera