



**JOSH GREEN, M.D.**  
GOVERNOR | KE KIA'ĀINA

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**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I**  
**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**KA 'OIHANA PILI KĀLEPA**  
335 MERCHANT STREET, ROOM 310  
P.O. BOX 541  
HONOLULU, HAWAII 96809  
Phone Number: (808) 586-2850  
Fax Number: (808) 586-2856  
cca.hawaii.gov

**NADINE Y. ANDO**  
DIRECTOR | KA LUNA HO'OKELE

**DEAN I. HAZAMA**  
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

## **Testimony of the Department of Commerce and Consumer Affairs**

**Before the**  
**House Committee on Health**  
**Wednesday, January 29, 2025**  
**10:00 a.m.**

**State Capitol, Conference Room 329 and via videoconference**

**On the following measure:**  
**H.B. 434, RELATING TO DOULAS**

Chair Takayama and Members of the Committee:

My name is Nadine Ando, and I am the Director of the Department of Commerce and Consumer Affairs (Department). The Department opposes this bill

The purposes of this bill are to (1) require any person providing “doula services” for compensation or who advertises or holds the person’s self out as a “certified doula” to register with the Director of Commerce and Consumer Affairs, (2) establish certain rights for certified doulas, including being present at all times during a client’s labor and childbirth, including in delivery and recovery rooms, if requested by the client, and (3) require the Director to take in application forms, collect applicable fees, maintain a registry and promulgate rules concerning the requirements needed to be included in the registry.

While we appreciate the intent of this measure, we regard the proposed addition of a new statutory chapter for registration of “doulas” or “certified doulas” as essentially seeking regulation for this category of birth attendants not currently regulated under the

Midwives statute, HRS Chapter 457J. The Department respectfully requests that prior to enactment of any regulatory scheme for doulas, that the Committee refer this matter to the State Auditor for a sunrise analysis pursuant to Hawaii Revised Statutes (HRS) section 26H-6. The statute requires that the sunrise analysis set forth the probable effects of regulation, assess whether its enactment is consistent with the legislative policies of the Hawaii Regulatory Licensing Reform act, and assess alternative forms of regulation. Further, the Department points out that any new regulatory scheme would require additional funding to administer the program, including IT upgrades and operational and personnel costs.

Therefore, the Department respectfully requests that this bill be deferred until a sunrise analysis on this measure is conducted by the Auditor.

. Thank you for the opportunity to testify on this bill.

## **HB-434**

Submitted on: 1/24/2025 11:38:52 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Katja Bajema	BEST Birth Hawaii LLC	Oppose	In Person

Comments:

To the Honorable Representatives on the Committee on Health,

My name is Katja Bajema and I own and operate BEST Birth Hawaii, LLC. We are a local doula agency on O’ahu and serve hundreds of local families every year. HB434 relating to doulas is scheduled to be heard in the Committee on Health on Wednesday, January 29th.

I strongly **oppose** HB434 as it will hinder families getting doula support:

- The bill is making it more difficult for anyone to offer doula support as it only talks about **certified** doulas and only those certified through an extremely limited few certifying organizations. Doulas cannot even become certified without attending births first. We already have an **extreme shortage of doulas in our state** as is, and this bill does not address this at all. In addition, the bill states there will be a fee for doulas to be registered with the state. Doulas do not make a living wage in HI at this time. How is making them pay more to become a ‘registered’ doula going to draw people into the profession or help doulas already in the profession? It will more likely **cause more doulas to leave the profession leaving even more local families wanting for doula support.**
- The bill also claims to give doulas ‘rights’, however the provisions make no sense. For example, the bill states that the certified doula’s presence:

“(4) Does not endanger the health or safety of the client, the client's child, any medical professionals providing health care services to the client, or any patients at the hospital, birthing center, or clinic where the client is undergoing labor and childbirth.”

Obviously, we do not endanger ANYONE’s life. We are **advocate for INFORMED CONSENT** which is required by law. Some medical care providers do not practice informed consent and consider a doula advocating for this to be an interference and could claim we ‘endanger’ the process. **Advocacy is the number one reason clients hire doulas.**

- The **purpose** of this bill is completely **unclear** and is creating an issue where there is none. The only issue is with another HI statute that aims to license midwives. The definition of midwife in HRS 457J is so broad it inadvertently affects doulas too. Even with this bill we would not be able to practice as it goes against an already existing

statute. All that needs to happen is for that definition to be corrected to actually describe midwives and us doulas will be able to continue supporting families in HI through their pregnancy, birth and postpartum periods as non-medical professionals. HB434 is unnecessary and should not be passed at all.

**Please oppose HB434 as it will hurt families and doulas alike.** Individually, I have been offering birth services to families for nearly 15 years. BEST Birth Hawaii, LLC has been around for over 12 years and we have served hundreds of families on O'ahu. I would be happy to offer my expertise if you want to learn more about how we support families safely.

Katja Bajema CD(DONA), ICCE

808-366-0230

[info@BestBirthHawaii.com](mailto:info@BestBirthHawaii.com)



aloha@pacificbirthcollective.org  
pacificbirthcollective.org

‘Aloha ‘Āina Center  
810 Kokomo Road # 240 & #170  
Ha‘ikū, Hawai‘i 96708

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January 24, 2025

Hawaii State Legislature

Bill scheduled to be heard by HLT on Wednesday, 01-29-25 10:00 AM.

RE: HB 434 Pertaining to Doula Certification

Aloha Representative Takayama and Committee members,

**PBC Executive Team**

Morea Mendoza  
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Becky Lind  
*Director of Finance*

Mariah Strong  
*Director of Programs & Communications*

Ki‘i Kaho‘ohanohano  
*Director of Advocacy & Cultural Programs*

As the Board of Directors of the Pacific Birth Collective (PBC), we are united in our commitment to supporting birthing families and the practitioners who serve them across Hawai‘i. For years, our work has centered on advocating for equity, access, and community-based care in maternal health. While we appreciate the intent behind House Bill 434 to regulate doula care, we strongly urge the committee to oppose this bill in its current form and begin the process of crafting new legislation that better aligns with the unique needs and values of Hawai‘i’s birthing community.

HB 434’s proposed certification requirements and regulatory framework are deeply flawed. This bill fails to create an accessible and equitable pathway to certification for doulas, imposes unnecessary restrictions on family choice, and risks creating more barriers than benefits. Instead of fostering a system that uplifts doulas and families, it may inadvertently marginalize practitioners and limit the options available to birthing families.

We have looked to other states for examples of how to successfully implement doula care legislation. California’s approach, for instance, demonstrates how thoughtful policy can improve access while maintaining equity and cultural relevance. California doula advocates worked directly with the Department of Health Care Services (DHCS) to ensure that doulas were not unnecessarily burdened by requirements for clinical supervision, as doula care is non-medical in nature. Recognizing the urgent need for access to culturally attuned doula services, California’s DHCS Medical Director issued a statewide standing order to remove barriers to care. This allowed families to access full-spectrum doula services without undue delay and supported the principle that any family desiring the care of a culturally attuned doula should be able to receive it.



aloha@pacificbirthcollective.org  
pacificbirthcollective.org

‘Aloha ‘Āina Center  
810 Kokomo Road # 240 & #170  
Ha‘ikū, Hawai‘i 96708

By contrast, Texas’s House Bill 1575 has demonstrated how poor policy can discourage doula participation. By treating doulas as caseworkers and imposing requirements that do not align with their non-clinical role, Texas has seen low enrollment and interest from doulas. This is a clear example of what Hawai‘i should avoid. Conversely, states like New Jersey and Kansas have earned positive reputations for their doula-friendly legislation and streamlined credentialing processes. Their successes highlight the importance of working closely with doula advocates to ensure policies reflect the needs of practitioners and families alike.

Another concern with HB 434 is its potential to criminalize doula activity outside the narrow scope of state certification. This overly restrictive language could create barriers for families who prefer to work with uncertified or community-based doulas and infringes on their right to choose who supports them during birth. Families in Hawai‘i should retain the autonomy to invite trusted individuals into their birthing space, whether or not they are certified by the state or compensated for their services.

To create a system that truly supports doulas and birthing families, we recommend the following:

1. **Developing a Locally Relevant Certification Pathway:** Collaborate with Hawai‘i-based organizations, such as Pacific Birth Collective, to create training programs that are accessible, affordable, and culturally grounded. These programs should reflect the unique needs of Hawai‘i’s diverse communities and support practitioners from all islands.
2. **Making Medicaid Reimbursement Optional:** Offer Medicaid reimbursement as an option for certified doulas without making certification mandatory for all doulas. This approach allows Medicaid beneficiaries to access doula care while preserving a thriving private market for non certified practitioners.
3. **Protecting Family Choice:** Guarantee that families retain the right to choose their birth support team, regardless of certification or compensation. This is especially important in Hawai‘i, where traditional and community-based support systems are integral to many families’ birthing experiences.
4. **Addressing Administrative Burdens:** Design a Medicaid reimbursement process that is straightforward and guarantees fair and timely payments to participating



aloha@pacificbirthcollective.org  
pacificbirthcollective.org

‘Aloha ‘Āina Center  
810 Kokomo Road # 240 & #170  
Ha‘ikū, Hawai‘i 96708

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doulas, avoiding the pitfalls experienced in other states.

HB 434, as written, falls short of its potential to enhance doula care in Hawai‘i. By voting against this bill and starting fresh with new legislation, the committee can ensure a better outcome for families and practitioners alike. A well-crafted bill could make Hawai‘i a leader in equitable, inclusive, and community-centered maternal health care.

We appreciate the opportunity to provide testimony and offer our support in developing a thoughtful and effective policy framework. Our board members and organizational resources are at your disposal to assist in this vital work.

Mahalo nui loa for your time and consideration.

With respect and gratitude,

The Board of Directors Pacific Birth Collective



Written Testimony Presented Before the Committee on Health

January 27, 2025

By the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)

Re: HB 434 RELATING TO DOULAS

Chairperson Takayam and Vice Chairperson Keohokapu-Lee Loy,

Thank you for the opportunity to offer comment on HB 434. We provide testimony on behalf of our professional member organization, the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA), whose mission is to promote the health and well-being of women and newborns within their families and communities. Our purposes in relation to commenting on other professions outside of midwifery include serving as a source of information to the public and government agencies concerning women's health care practices and services. On this basis we introduce ourselves and offer testimony.

IN OPPOSITION TO HB 434

Our testimony is in opposition of HB 434 as introduction of this bill seems premature. The purpose of the bill has not been clearly stated nor has the service provided by doula adequately defined.

Members have expressed concern there has not been sufficient community assessment regarding a need for mandatory certification of doula in Hawai'i. It is unclear if this bill is for public protection through professional regulation or is it for the development of the profession? We urge any movement forward to regulate doula to be informed by clear indications of a need and stated purpose of regulation.

We do understand there can be benefits to the working doula, to be included as community health workers and health navigators under a shared regulatory umbrella of Traditional Health Workers. In some states, doula have lobbied to be included in other non-clinical health care providers to be associated under the same umbrellas for credentialing and oversight. If the purpose of this bill is to establish a profession, the voices of working doula should be considered. As a midwifery organization, we have not received solicitations from any Hawai'i-based doula organizations seeking endorsement of this bill. We do not know of any such doula organizations lobbying for these benefits.

Regarding the definition of doula, our members have encountered doula in prenatal, intrapartum, postpartum, abortion, and hospice care. The current language of this bill could effectively criminalize doula services outside a very narrowly prescribed category as described in HB 434. Furthermore, there are



only a few organizations noted in the bill given the authority to certify: Childbirth and Postpartum Professional Association (CAPP), Childbirth International, DONA International, and International Childbirth Education Association. It is unclear if they certify for all types of doulas.

Our members have also expressed concern regarding how mandatory certification and registration could adversely impact doula services on neighboring islands. As a midwifery organization, we are aware of the value doula services can bring to women, newborns, and families. What we hear from our members is there is currently a lack of doulas throughout the State.

Given all of these concerns, we feel this bill seems premature. Thank you for consideration of our testimony and we are available for comment via email.

Sincerely,

The Hawai'i Affiliate of ACNM Board

Annette Manant, PhD, ARPN, CNM President

Connie Conover, CNM, MSN Vice President & Treasurer

Margaret Ragen, CM, LM, MS Secretary & Affiliate Legislative Contact

acnmhawaiiaffiliate@gmail.com

<https://hawaiimidwives.org/>



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**General Counsel**  
**Marc Fleischaker**  
Arent Fox, LLP

January 28, 2025

Hawaii State Legislature  
House Committee on Health

**RE: HB434**

To House Committee on Health:

We appreciate the opportunity to provide comments on HB434, a bill relating to doulas. Racial disparities in maternal health continue to be of great concern, and doula care has emerged as one of key intervention that can help to address these disparities in care. We know that expanding access to doula care is a tremendous opportunity to save the lives and improve the health of countless mothers and infants.

The National Health Law Program (<https://healthlaw.org>) has spent the past fifty years working to improve access to and quality of health care for low-income and underserved individuals. Since 2018, NHeLP's Doula Medicaid Project (<https://healthlaw.org/doulamedicaidproject>) worked to support doulas, advocates, legislators, state agencies, and other stakeholders to develop and implement programs to expand access to doula care. Our priority is to support states in implementation of sustainable, equitable, and inclusive programs for Medicaid and private coverage of doula care, which take into account both the health consumers receiving this life-changing and life-saving services, as well as the doulas themselves providing the care.

As part of this work, we have for several years been tracking state implementation of Medicaid coverage for doula care, and have provided extensive technical assistance to doulas and state advocates in their implementation processes.

HB434 seems well intentioned as a bill seemingly aimed at helping to expand access to doula care. However, the way it is written has the potential to do a great deal of harm.

Hawaii does not yet cover doula care in its Medicaid program, and nor does it have a requirement for private health plan coverage of doula care. As such, it is somewhat premature at this point to create a mechanism for state certification of doulas, in the absence of any sort of existing statewide program for such coverage. Other states that have chosen to first implement a mechanism for state certification of doulas, have done so explicitly as a stepping stone to statewide Medicaid coverage of doula care.

More importantly, any state certification of doula care should not either penalize or impede doulas who may not choose to become certified by the state, from continuing to practice as doulas. Many, perhaps even most, doulas who practice on their own as solo entrepreneurs, will for a variety of reasons, not choose to become Medicaid providers even if their state begins Medicaid reimbursement for doula care. There is nothing wrong with this choice. These doulas must be allowed to continue their practice of doula care outside of state certification.

HB 434 on the other hand, puts forth a very narrow range of doulas that are exempt from the requirement to obtain state certification. The only people who can continue to provide what appears to be viewed as doula adjacent care, is those doing so for their “spouse, domestic partner, parent, sibling, or child.” There are some doulas who provide this type of service to such family members. However, the vast majority of work that doulas take on is not with family members. The other category of people who can continue to provide this doula adjacent care is those who are providing doula care to “an unrelated pregnant individual” but only in an “uncompensated” relationship. This effectively means that doulas can only practice outside of the state certified context if they are doing so for a family member, or doing so for free. The result of this bill would be to effectively criminalize any doulas who seek to provide care who do not certify with the state.

Instead, that section of HB 434 should be written to specifically state that the bill does not prohibit doulas from continuing to practice as doulas, and obtain reimbursement for their services, even if they do not choose to become state certified doulas, so long as they do not specifically hold themselves out as being “state certified doulas.”

Additionally, the mechanism for state certification in HB 434 is very limited. We suggest that the legislation instead have a mechanism for state certification that takes into account core competencies rather than specific doula training or certification organizations, and additionally that the legislation include an experience or legacy pathway for doula certification. You can read more about these options at <https://healthlaw.org/doula-medicaid-training-and-certification-requirements-summary-of-current-state-approaches-and-recommendations-for-improvement>.

We are excited to see the interest in Hawaii in expanding access to doula care, and hope that the bill author and legislature will do the right thing in working to truly expand access to doula care rather than penalize and impede doula access. On behalf of the National Health Law Program and the Doula Medicaid Project, we thank you for the opportunity to provide input on this legislation. If you have any questions please feel free to contact Amy Chen at [chen@healthlaw.org](mailto:chen@healthlaw.org).

Sincerely,



Amy Chen  
Senior Attorney



**HB-434**

Submitted on: 1/28/2025 9:28:42 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Camille Shelton	More Than Maternity LLC	Oppose	Written Testimony Only

Comments:

I oppose this bill.

**HB-434**

Submitted on: 1/25/2025 12:28:22 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nora	Individual	Oppose	Written Testimony Only

## Comments:

My name is Nora Moran and I work as a postpartum doula through Best Birth Hawaii and individually. I strongly oppose HB434 as it will make it harder for families to receive the doula support they need.

The bill talks about certified doulas but only mentions a few certification organizations which is extremely concerning. There are some amazing doulas on Oahu that are certified through different organizations and have the ability to help so many families in need. While I am certified through DONA, I could see how these other certifying organizations also create amazing doulas. My training had to be done all online because there are no in person classes for DONA in Hawaii. I could see why many doulas would rather pick a different certification program that is local and in person. Not addressing these other certified doulas is going to worsen the doula shortage we already have when families are greatly in need of doula services.

The purpose of this bill is unclear and will make it harder for families to receive doula services and harder for doulas to continue working.

**HB-434**

Submitted on: 1/24/2025 12:06:18 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kristina Statler	Individual	Oppose	Written Testimony Only

Comments:

**Dear Representatives ILAGAN, KAHALOA, LAMOSAO, LEE, M., MATSUMOTO, MIYAKE, SAYAMA, SOUZA,**

**My name is Kris Statler, and I have dedicated over 25 years to serving Maui families as a doula, monitrice, and home birth assistant. As a co-founder and board member of the Pacific Birth Collective, I am deeply committed to ensuring that birthing options in Hawai'i remain inclusive, respectful, and supportive of our diverse communities. I am writing to testify in strong opposition to House Bill 434 as it currently stands and to urge the legislature to reconsider this bill in its entirety.**

**While I appreciate the intent behind HB 434—to establish a registry for certified doulas and provide them certain rights within birthing spaces—this bill is fundamentally flawed. It fails to address key issues that could hinder its implementation and risks creating unnecessary barriers for both doulas and the families they serve. I believe Hawai'i can and must do better by starting over with a new bill that draws on lessons from other states and prioritizes accessibility, equity, and family choice.**

**One critical concern is the lack of an accessible pathway to certification for doulas in Hawai'i. The current proposal requires certification through specific organizations, many of which are located on the continent and involve significant costs for training and continuing education. These financial and logistical barriers disproportionately affect local practitioners, particularly those from underserved or Indigenous communities who provide culturally relevant care. Without addressing this inequity, HB 434 risks marginalizing the very doulas who are best equipped to serve our diverse population.**

**Another issue is the bill's reliance on Medicaid reimbursement without addressing the administrative and financial challenges that have arisen in other states. Oregon, for example, implemented Medicaid coverage for doula services but faced numerous hurdles, including delayed payments, low reimbursement rates, and complex administrative requirements. Many doulas in Oregon have chosen to work outside the Medicaid system, citing these challenges, which has limited the program's effectiveness. Hawai'i should learn from Oregon's experience and design a system that ensures fair and timely reimbursement while minimizing administrative burdens on doulas.**

**Additionally, HB 434 infringes on the rights of birthing families to choose who supports them during their births. Families should have the freedom to invite anyone they trust into their birthing space, whether that person is a certified doula, an uncertified companion, or a loved one. This freedom is particularly important in Hawai'i, where traditional and community-based support systems play a vital role in the birthing process. Restricting compensation for uncertified doulas or limiting their ability to work undermines family autonomy and could have unintended consequences for birthing outcomes.**

**In reviewing legislation from other states, I have examined Oregon's model, which provides a more balanced approach. Oregon's system includes the creation of a Traditional Health Worker (THW) status for doulas, offering an accessible certification pathway and Medicaid reimbursement opportunities while allowing uncertified doulas to continue working in the private market. Oregon's more flexible approach allows for a thriving private market alongside its Medicaid program, offering families a broader range of choices. Hawai'i could benefit greatly from adopting a similar structure.**

**For these reasons, I respectfully recommend that the committee vote to kill HB 434 and instead begin work on a new bill that incorporates the following principles:**

- 1. Develop an Accessible Certification Pathway: Collaborate with local organizations, such as Pacific Birth Collective, to create affordable, culturally relevant training programs for doulas in Hawai'i. Ensure these programs reflect the unique needs of our communities and are accessible to practitioners across all islands.**
- 2. Ensure Fair and Timely Reimbursement: Establish provisions for a minimum reimbursement rate that reflects the comprehensive care doulas provide. Streamline the administrative process for Medicaid billing to encourage participation from doulas.**
- 3. Protect Family Choice: Guarantee that families retain the right to choose their birth support team, regardless of certification or compensation.**
- 4. Consider a Flexible Model: Explore the creation of a Traditional Health Worker status for doulas, similar to Oregon's system, to balance the benefits of certification and Medicaid reimbursement with the preservation of a vibrant private market for uncertified practitioners.**

**HB 434, in its current form, is not the solution that Hawai'i's birthing community needs. By starting over with a new bill that prioritizes equity, accessibility, and family choice, the legislature can create a framework that truly supports doulas and the families they serve while improving maternal and infant health outcomes across our islands.**

**Thank you for the opportunity to provide testimony. I am happy to answer any questions or collaborate further on crafting legislation that reflects the values and needs of Hawai'i's birthing community.**



**Mahalo nui loa for your time and consideration.**

**Warm regards,**

**Kris Statler Co-Founder and Board Member, Pacific Birth Collective**

**Doula, Monitrice, and Home Birth Assistant (retired)**

**HB-434**

Submitted on: 1/26/2025 8:16:23 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jaymie Lewis	Individual	Oppose	Written Testimony Only

Comments: Aloha Committee Chairs I vote in opposition to HB434. This bill is not about supporting the birthing person's needs or freedom of choice. Doulas can already be in the birthing space with a laboring person throughout the process. Doulas are even welcomed into the operating room depending on the staff, circumstances, or hospital policy, so this bill promises nothing that is already happening other than collecting fees and favoring certain certifications over others. The state of Hawaii needs to stop trying to regulate a family's choice when it comes to birth. If anything has been learned over the past 5 years from the overregulation of private midwives, it is that the families of Hawaii want CHOICE. They do not want the state deciding who is good enough to serve them. In fact it is an erroneous act of disrespect that the state feels people cannot be trusted to make a decision based on their own research and vetting when it comes to such private matters as giving birth. Imposing unnecessary regulation is overstepping the freedoms of private contracts and entrepreneurship. Thank you for accepting my testimony in opposition to HB434. Sincerely, Jaymie Lewis Mother, Childbirth Advocate

## Testimony in Opposition to HB434

House Committee on Health

Aloha e Chair Takayama, Vice Chair Lee Loy, and esteemed members of the House Committee on Health,

Mahalo for the opportunity to testify on HB434, which proposes to mandate certification and registration for doulas in Hawai'i. As a former State Senator for District 1 and a committed community birth support professional, **I strongly oppose this measure. It threatens to increase barriers to essential maternal and perinatal support while failing to address the systemic inequities in our healthcare system.**

First of all, under the current Hawai'i Revised Statutes 457J, doula practice in Hawai'i is illegal, leaving practitioners in an untenable position and forcing families to navigate their care without the full benefit of trusted, professional support. HB434 not only fails to remedy this situation but introduces new layers of bureaucracy that will further restrict access to doula care, especially for underserved populations.

Hawai'i is experiencing a rural healthcare crisis, with many communities effectively living in healthcare "deserts" where access to maternal health services is severely limited. Families in rural areas already face numerous barriers to care, including geographic isolation, shortages of maternity care providers, and systemic inequities. Adding burdensome certification and registration requirements for doulas will further reduce access to vital support for families in these underserved areas.

Doula care has been consistently shown to improve birth outcomes across all demographics, including reduced cesarean rates, fewer preterm births, and lower incidences of postpartum depression. These benefits are not tied to certification but rather to the trust, relationship-building, and culturally attuned (non-clinical) care doulas provide.

HB434 would impose certification and registration requirements that are costly, restrictive, and unnecessary. These mandates disproportionately affect grassroots and cultural practitioners—many of whom are trusted community members serving our families for many years. Forcing doulas to obtain certification from programs that are often mainland-based and expensive creates barriers that exclude the very people best equipped to provide this care.

Additionally, the bill's provision allowing certified doulas to attend births only within the constraints of facility regulations undermines the purpose of doula care, which is to provide continuous support and advocacy for clients throughout the birthing process.

This hospital-to-home bridge, or continuity of care, is critical to maternal and infant wellness outcomes. These restrictions risk diminishing the effectiveness of doula care, further marginalizing those who rely on it most.

Rather than introducing restrictive certification requirements, I urge this committee to focus on removing barriers to doula care by amending or repealing HRS 457J. This would allow for the full integration of doula care into Hawai'i's maternal health framework and support pathways for Medicaid reimbursement, community-based training, and culturally appropriate care. **Expanding access to doula services, rather than restricting it, will strengthen maternal and perinatal health outcomes for all Hawai'i families.**

**HB434 does not address the systemic causes of poor maternal outcomes and, instead, creates unnecessary barriers that disproportionately harm vulnerable communities.** For these reasons, I respectfully urge you to oppose this bill and to work towards policies that truly enhance access to care and equity in maternal health.

Mahalo nui loa for your time and consideration. I thank you for your service.

Me ka ha'aha'a,  
Laura Acasio  
Former State Senator, District 1  
Community Birth Support Professional (Doula)

**HB-434**

Submitted on: 1/27/2025 5:48:22 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Rashia Bell	Individual	Oppose	Written Testimony Only

Comments:

To the Honorable Representatives Gregg Takayama and Sue L. Keohokapu-Lee Loy

and

To the Esteemed Members of the Hawaii State Legislature,

My name is Rashia Bell, and I feel most urgently compelled to speak out in regard to HB434, relating to doulas, which is scheduled to be heard in the Committee on Health on Wednesday, January 29th.

As a doula on the island of O’ahu, I am deeply concerned about HB434 and its potential negative impact on families seeking doula support in Hawaii and stand in **Opposition** to HB434.

Bill HB434 imposes regulations that could have unintended detrimental impacts on local communities and families and the unique environment of Hawaii. The proposed measures do not align with the values and needs of our diverse population, particularly affecting those who are already marginalized or struggling. It is crucial to ensure that any legislative action supports and uplifts all residents and families promoting equity and accessibility rather than exacerbating existing challenges.

Firstly, HB434 restricts the availability of doula services by insisting on certification from a limited number of organizations. This requirement is particularly problematic because doulas typically need to attend several births before they can obtain certification. Given the existing shortage of doulas in our state, this bill could further limit access to vital support services, negatively impacting families. By mandating governance by particular organizations, will drastically affect the number of doulas in the state as many cannot afford the costly fees associated with some of the proposed approved programs. Additionally, imposing registration and or dues fees for doulas is counterproductive. Doulas in Hawaii and throughout the country already struggle to earn a living wage, and additional fee requirements will be likely to deter new entrants into the profession and drive current doulas away, resulting in reduced support options for local families in need.

Furthermore, the bill claims to grant doulas certain "rights," yet it includes provisions that are both unnecessary and potentially harmful. The language suggesting that a doula’s presence "does not endanger" health or safety is misleading and problematic. As advocates for informed consent,

doulas play a crucial role in supporting clients to make empowered choices. This advocacy is sometimes misunderstood by medical providers, who may see it as interference. Are we to now ask that parental birth partners have the same fee requirements for their care and attention during birth? Advocacy, however, is a primary reason families choose to hire doulas to act as their support system, this is not to create a barrier to the medical community, it instead encourages both positive relationships and interactions and does not cause detriment to any parties involved.

The intentions behind HB434 only further exacerbate and create unnecessary challenges and barriers to entry where none previously existed. The confusion likely arises from another statute (HRS 457J) concerning midwife licensing, which inadvertently affects doulas. It is proposed that rather than introducing new legislation, the solution lies in amending this definition to accurately delineate between midwives and doulas, allowing us to continue our crucial non-medical support and care.

In conclusion, I urge you to **Oppose** HB434. This bill will adversely affect both families and doulas and the futures of families to come. By doing so, we can ensure that any new policies will better serve the public interest and preserve the unique essence of our beloved state and it's families.

I appreciate your consideration in kind.

With sincere regards,

Rashia Bell

**HB-434**

Submitted on: 1/27/2025 7:03:06 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Melisa D. Haile	Individual	Comments	Written Testimony Only

Comments:

Aloha e Chair and Members of the Committee,

I am submitting comments to express my concerns regarding HB 434. While I recognize the intent to establish standards for doula services in Hawai‘i, I believe this bill raises significant questions and unintended consequences that must be addressed before moving forward.

**1. Lack of Clarity on Registration Requirements**

The bill does not specify whether non-certified doulas will also be required to register or whether they would be prohibited from advertising their services. Additionally, it is unclear what penalties, if any, would apply to unregistered doulas who advertise or provide services. This ambiguity risks creating confusion and potential barriers for doulas who serve diverse populations across the state.

**2. Absence of an Independent Certifying Body in Hawai‘i**

Hawai‘i currently lacks an independent certifying body for doulas. This raises concerns about which certification standards will be recognized and how they will be applied. Requiring registration without a clear and inclusive process for certification may unfairly exclude experienced doulas who do not meet narrowly defined criteria.

**3. Questionable Necessity and Rationale for the Bill**

The bill does not outline the specific issues it seeks to address or why it was proposed at this time. Without a clear justification, it is difficult to assess whether this legislation is necessary or whether existing systems adequately serve birthing individuals and their families.

**4. Impact on Doula-Client Advocacy**

The language in the bill regarding non-interference with a provider’s care could unintentionally harm the doula-client relationship. A doula’s role often involves empowering clients to advocate for their rights and preferences during the birthing process. This provision risks creating conflict if medical providers perceive advocacy as interference, potentially leading to doulas being barred from hospitals or medical offices. Such a scenario would undermine the essential support doulas provide and harm those who rely on them.

**5. Fiscal and Administrative Concerns**

The bill does not explain how the Department of Commerce and Consumer Affairs (DCCA) will fund the creation and maintenance of the registry. Without fees or other revenue sources identified, this could place an additional administrative burden on the department, diverting resources from other priorities.

Given these unresolved issues, I respectfully urge the committee to defer this measure until these concerns can be addressed. Supporting birthing individuals and their families requires thoughtful, inclusive, and transparent policymaking. HB 434, in its current form, does not meet these standards and could inadvertently harm the very people it seeks to help.

Mahalo for your consideration.

Melissa D. Haile



**HB-434**

Submitted on: 1/27/2025 3:48:50 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Franklin Caranguian	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

**HB-434**

Submitted on: 1/27/2025 5:37:01 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Davina Murphy	Individual	Oppose	Written Testimony Only

## Comments:

Considering the fact that there's currently no credentialing division or board governed by one or more Birth Work professionals the idea that now is the time to make this a requirement is the definition of putting the proverbial cart before the proverbial horse. While I agree that there needs to be a governing body of professionals who's purpose it is to advocate for the growth and recognition of Doulas in the birthwprk space to ensure growth, access, and continuing education requirements to shape the profession not just now but for future professionals putting a panel of entitled individuals who have not now or ever worked in the profession in the position to make decisions about the Doulas and or the families they're meant to serve would not jusy do a disservice for the Doulas fighting hard to educate and advocate for their families and other Doulas but also ensures that the beauty of profession itself will suffer at the hands of individuals who can't do or teach but desire to control!! I refuse to sit by and watch this field of advocacy and care fall victim to yet more governmental red tape and frivolous policies that provide for no one but the governmental body looking to cash in on an investment they understand nothing about!!

**HB-434**

Submitted on: 1/27/2025 7:54:37 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Heather Milovina	Individual	Oppose	Written Testimony Only

## Comments:

Doula services meet an important need for families in Hawaii. As birth has become more medicalized and nurses have less time to provide continuous bedside labor support, doulas are able to provide continuity of care for families throughout the entire labor process. Doulas provide emotional support, labor support and advocacy work. They are not medical professionals. Families have the right to choose doula support. There are many doulas who live and work on the island that I live on. Only a few of them are certified. In being sensitive to the broad nature of doula work and having cultural sensitivity to the ways in which a doula chooses to provide care, registration is not appropriate and may be harmful. By the nature of the work, doulas are present in delivery and recovery rooms. That beings said, there are medical complications and situations that at times limit who can be present in the delivery room (i.e. an emergency cesarean, a hemorrhaging birthing person who needs to be taken to the OR). Having a legal mandate rather than a medical professional's judgment or a hospital or birth center's right to decide what is safe in an emergent situation actually creates an unsafe situation. At this time I would stronlgy recommmend avoiding registering and regulating doulas. Individual doulas can always choose to get certified.

Heather Milovina, Certified Nurse Midwife

**HB-434**

Submitted on: 1/27/2025 7:59:46 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Charlotte Leger	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I oppose HB434.

Doulas should have a wider scope of practice that does not necessarily include certain types of accreditation. This bill impacts those who need culturally-appropriate, and/or seeking non-clinical births.

Thank you

**HB-434**

Submitted on: 1/28/2025 8:57:54 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Courtney Caranguian	Individual	Oppose	Written Testimony Only

Comments:

Dear Chairperson and Members of the Committee,

My name is Courtney Caranguian, and I am submitting testimony in opposition to HB434. As a Community-Based Doula, CAPPA Certified Doula (CLD) and Lamaze Certified Childbirth Educator (LCCE), and someone deeply committed to improving maternal and infant health outcomes in Hawaii, I believe this bill fails to take into account the complexities of the doula profession, the training and certification process, and the financial realities faced by doulas.

Doulas are trained professionals who provide critical physical, emotional, and informational support to birthing people before, during, and after childbirth. Becoming a doula requires substantial investment in training, certification, continuing education, and maintaining professional skills. However, this bill overlooks the depth of this preparation, implying a lack of understanding of the role and its demands.

Additionally, the bill fails to address the economic challenges faced by doulas. While many assume the cost of doula services translates directly into profit, the reality is that doulas often work long, unpredictable hours for minimal compensation. Attending a single birth can last upwards of 12–24 hours, not including prenatal visits, postpartum support, and on-call availability 24/7 leading up to the birth. After accounting for travel, childcare, supplies, and other costs, doulas often take home a fraction of what they charge, particularly in underserved or rural areas where access to services is limited.

This bill risks devaluing the profession by failing to consider these factors.

I urge the Committee to reconsider HB434.

Thank you for the opportunity to submit testimony. I am available to provide additional information or engage in further dialogue and I can be reached at [wearingandcaring@gmail.com](mailto:wearingandcaring@gmail.com).

Sincerely,  
Courtney Caranguian, CLD, LCCE

**HB-434**

Submitted on: 1/28/2025 11:18:38 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Danielle Pacific	Individual	Oppose	Written Testimony Only

Comments:

Aloha

It is with great concern that I write in opposition to HB434. It appears that those who have introduced this Bill are not aware of what Doulas do, not aware that doulas currently do not have a unified licensing or certifying body, nor that the previous midwifery bills banning any version of birth advice includes doulas. As you have already written a vague midwifery bill that leaves doulas (and grandmothers alike) in illegal territory for being present during childbirth, I would suggest you do further actual research to support your proposed bill HB434. You are blocking access to birth support with this bill and your previous one pertaining to midwifery, preventing humans from receiving community support from their 'ohana, friends and other knowledgeable birthing individuals by putting barriers to who may speak about birth. You must be able to speak to the emotional and physical support that doulas provide, particularly where nurses and doctors are unwilling to spend the time to offer this to birthing people. This is a poorly devised and disrespectful plan to all birthing people and until you have valid research to support why doulas need to have 'certification' and from whom they would receive this 'certification', You should definitely not be presenting this bill.

Mahalo,

Danielle Pacific

Moku o Keawe

**HB-434**

Submitted on: 1/28/2025 8:06:10 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Bryon Lee	Individual	Oppose	Written Testimony Only

Comments:

I oppose bill HB434.

**HB-434**

Submitted on: 1/28/2025 9:17:29 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Allison Shiozaki	Individual	Oppose	Remotely Via Zoom

Comments:

Aloha e Representative Takayama and Committee members,

My name is Allison Nemenyi Shiozaki and I live in the Puna district of the Island of Hawai‘i. I completed my training as Full Spectrum Birth Worker and am an active member of the Birth Workers of Color Collective. I strongly oppose HB434. The way the law is written will create more barriers to a population that deeply needs access to more birth work support, is inaccessible to practioners, and currently, given the current federal administration’s deeply anti-reproductive rights stance, feels dangerous and unnecessary.

While I appreciate the intension of this bill, myself and other birthworkers find it to be inherently flawed. By forcing doulas/birthworkers who are not a part of the medical field into narrow definitions of "legitimization" and "legalization," there will be default decrease accessibilty to those who are certified to practice. Certification in and of itself has it’s own flaws and limitations. When I decided to pursue my calling as a birthworkers, I thought very carefully and researched a lot with whom I wanted to do my training. Given the lack of trainings offered on island, I found deep resonance with the Full Spectrum Birth Work training offered by the Birth Workers of Color Collective (BWOC). The program, which offers intensive training on the diverse aspects involved in being a supportive birth worker (or doula), pays special mind to BIPOC communities and is also led by an ED who is Pacific Islander (CHamorro) and Latine. Their program has consciously chosen to not offer "certification" but instead "certificate of completion" because of the inherent political issues within the idea of who is "certified" and who is not, the delegitimizing effect on traditional and community-based birth work, and false sense of security that "certification" creates without community accountability and practice. Through their program, however, I do have access to full membership to the collective, valuable resources and support, including a mentorship program, and on going education, which includes monthly workshops and online zoom meetings where I can connect with other birthworkers and stay up to date on all things related to this work. I also care deeply about being a part of my local community of birthworkers and to birthing people, as I also am an early childhood educator and connect with local people growing their families. The current law set to expire and this proposed bill do not recognize any of thousands of dollars and nearly year of intensive study I have devoted to achieving my certificate of completion. I currently therefore cannot legally be of service to this community. The entire Island of Hawai‘i is considered 100% rural, where with only 3 main hospitals, many birthing people live far from access to medical facilities and those facilities are limited and overburdened. Across the Pae Aina of Hawai‘i, "23.4 percent of women had no birthing hospital within 30 minutes compared to 9.7 percent in the



U.S." <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Hawaii.pdf> Please explore this link further to understand how the greater distance to care negatively effects birth outcomes. Many people on island may live more than 30 minutes away from medical care, which given traffic, weather conditions and how far some people live, can also be quite bit longer than that. The community I live in, in Puna definitely falls under this category.

It's also poignant to note how Native Hawaiian and Pacific Islander birthing people have both 4x less access to prenatal care (more likely to receive prenatal in the third trimester or none at all) compared to white people and nearly 5x higher pregnancy-related deaths than white people. [https://www.kff.org/racial-equity-and-health-policy/issue-brief/key-data-health-and-health-care-for-native-hawaiian-pacific-islander-people/#:~:text=Pregnancy%2DRelated%20Outcomes%20and%20Infant%20Mortality&text=NHPI%20women%20have%20higher%20shares,1%2C000\)%20\(Figure%2014\).](https://www.kff.org/racial-equity-and-health-policy/issue-brief/key-data-health-and-health-care-for-native-hawaiian-pacific-islander-people/#:~:text=Pregnancy%2DRelated%20Outcomes%20and%20Infant%20Mortality&text=NHPI%20women%20have%20higher%20shares,1%2C000)%20(Figure%2014).)

Access to quality birth support creates better outcomes for birthing parents and infants. Doulas are in fact not medical professionals and creating legislation like this does not improve birthing people's human rights to receive support during births, but lessens choice.

Mahalo for your time to listen and for the time you take to reflect on the words of the community here.

‘O au iho nō me ka ha‘aha‘a,

Allison Nemenyi Shiozaki

**HB-434**

Submitted on: 1/28/2025 10:11:51 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lindsay Simmons	Individual	Oppose	Written Testimony Only

Comments:

Good morning, Chair Takayama and Committee Members,

I am a DONA (Doula of North America) Certified Birth Doula working on Oahu. I'm writing today with concerns about HB434, namely that key stakeholders such as working doulas and doula agency owners were not consulted for input on statewide registration policy. I am hopeful the impetus behind this legislation is to establish a first step in insurance reimbursement/living wages for birth doulas, but absent more detailed history and reasoning, I'd like to see it stalled until the community knows more about its purpose. As things stand, requiring even more fees could be cost prohibitive, making an already small pool of doulas even smaller.

Thank you for your consideration.

HB434 Testimony

Brittany Ward CD(DONA)  
Owner & CEO  
Empower Birthing LLC

Doula Testimony Opposing HB434

Dear Hawaii House Legislators,

I hope this testimony finds you all well. As a certified doula with DONA International and an independent contractor with Best Birth Hawaii, I can attest that there are many families on island that have benefitted from the presence of a birth and/or postpartum doula. We are there to help advocate and bridge any gaps in education, when asked to clarify things for our clients by our clients. We do not presume to have the same credentials nor education/expertise as medically licensed Obstetricians/Midwives nor do we conduct ourselves as such.

Many of us are doulas for the love of birth and a desire to help people. This is the case for myself, I first wanted to assist in pregnancy, labor and delivery as a child when my mother miscarried what would be her last pregnancy. I have a passion for my clients', their partners and family's peace of mind and safety. We ultimately help clients ask the questions they may be afraid to ask, and regret not asking sooner if a situation presents itself where an immediate decision is needed. We are trained to advocate for the client and their safety first. The philosophy we are educated to follow, is work with the Labor and Delivery staff, Midwives, Anesthesiologists and any other birth professional employed at the hospital, birth center or chosen by the client to support in their birth journey, with the safest delivery for the client and baby based on their guidance and expertise.

I say all of this to say, we truly care about our client, past present and potential clients to come. We are just as much a part of their family as they are ours. This bill may impose on our ability to serve the communities who need us the most. The cost of living is a bit high, and we doulas are not in this profession for the pay, we are here for the love and care we can offer to another person in what may be their greatest time of need. Adding the cost to register with the State of Hawaii may limit our ability to support clients and may also impact the willingness of aspiring doulas to continue in completing their journey to becoming a certified and registered doula in the State of Hawaii. In addition, we support their families emotionally, with articles and helpful tips to provide information and generally research for unbiased resources to share with them.

Please let me know if you have any questions or concerns. We would love to work with you all, we just would like to be included in the overall conversation that will impact not only us but also the communities we serve. Thank you for your time and consideration. Have a wonderfully blessed week and take great care!

Mahalo!

Sincerely,

Brittany Ward CD(DONA)

Owner & CEO

Empower Birthing LLC

**HB-434**

Submitted on: 1/29/2025 6:22:35 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Rachel Ebert	Individual	Oppose	Written Testimony Only

Comments:

I am an LCSW, Certified Perinatal Mental Health professional. I have been serving local families as a Social Worker in HI for 15 years. I am writing with concern regarding HB434 relating to doulas. This bill is scheduled to be heard in the Committee on Health on Wednesday, January 29th.

I strongly oppose HB434 as it will hinder families access todoula support:

- The bill is making it more difficult for people to offer doula support as it only refers to doulas certified through an extremely limited few organizations. These certified organizations, deemed acceptable by the westernized medical system, typically do not include indigenous, religious, and spiritual birthing practices, which may be important components to birthing people in Hawaii.

-Doulas cannot become certified without attending births first and now if they are unable to attend a birth as a doula it will become especially difficult to become certified. This bill does not consider the fact that Hawaii has a limited amount of available doulas as is. In addition, the bill states there will be a fee for doulas to be registered with the state. Doulas do not make a living wage in HI at this time. How is making them pay more to become a 'registered' doula going to draw people into the profession or help doulas already in the profession? It would be tragic to see doulas forced to leave this profession due to financial hardship, and even worse to restrict our birthing people's access to a doula .

-The bill also claims to give doulas 'rights', however the provisions make no sense. For example, the bill states that the certified doula's presence:

“(4) Does not endanger the health or safety of the client, the client's child, any medical professionals providing health care services to the client, or any patients at the hospital, birthing center, or clinic where the client is undergoing labor and childbirth.” Obviously, doulas do not endanger life. We are advocates for INFORMED CONSENT which is required by law. Some medical care providers do not practice informed consent and/or follow standard procedures even if those processes go against the individual wants and needs of the autonomous patient. Advocacy is the number one reason clients hire doulas. Informed consent, giving the mother choices, and the presence of someone who can explain what is happening during the birth are preventatives to birth trauma.

Many of the women I see in therapy have experienced birth trauma which often leads to a perinatal mood disorder. We know that having a doula decreases the chance that a woman will experience birth trauma and unwanted medical interventions. One of the leading causes of death postpartum is suicide. Our mothers need and deserve ongoing emotional and physical support through pregnancy, birth, and postpartum. A doula meets this need.

Please oppose HB434 as it will hurt families and doulas alike.

**HB-434**

Submitted on: 1/29/2025 7:50:45 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lana Rose Olson	Individual	Oppose	Written Testimony Only

Comments:

HB434: Doulas

Aloha e chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the Committee on Health.

As a doula with 20 years of experience attending births, I OPPOSE, this bill HB 434. This bill will further hinder support for birthing women and families.

A doula is a support person for the birthing individual. This support can come in many forms and is very much dependent on the individual needs of the birthing person and the doula's skillset. My experience is with birthing women, and will heretofor refer to the birther in the female as this is the most common. Doula work is non medical and it does not interfere with other professional birthing professionals. It can be simply holding the hand of the mother to be, stroking her hair, rocking with her, dancing, singing, praying, and/or otherwise encouraging her. The doula may offer aromatherapy or stretching positions. The doula's role may involve helping her to reflect on her choices during the labor but the doula never makes a choice for the mother/baby or family. In the event there is not other family present, the doula may help with communication to the birthing professionals present as the mother may be in a state where verbal communication is difficult for her. Ideally, the doula tracks the mother's nonverbal cues and body language to determine her needs and support her in her choices to facilitate her birthing process.

The scope of a doula's work is limited to this peer support. Since the scope is limited and the methods used can vary greatly, there are also a great number of training programs that address these different modalities and aspects. This bill is limiting the choices of training, it doesn't take into account any religiously affiliated programs, and it assumes accessibility of these programs statewide.

It also does not take into account, the many doulas that have decades of hands on experience and continuing education that falls outside of the narrow list of programs indicated in the bill. Doulas cannot always operate consistently, as it is a very demanding role that can span multiple days. Usually doulas have their own families and other jobs. They put these on hold to serve mothers and will operate periodically. Some may work as a doula for a few years, pause, and come back a few years later. Some will only work when someone approaches them directly. Many doulas come and go from the island. Many doulas only operate within their cultural community and

based on training from their ancestors. Therefore, we already have a limited number of doulas for the community.

This bill takes none of that into account and will unduly hinder the availability of labor support persons (doulas) in this State.

A quick Google search yields the following benefits of doulas and outlines some of the barriers:

#### Benefits of Doula Support:

- Studies have shown that doula support can lead to:
  - Improved maternal and infant health outcomes
  - Reduced risk of cesarean delivery
  - Shorter labor duration
  - Increased breastfeeding rates
  - Lower rates of postpartum depression

#### Cost-Effectiveness:

- Studies have estimated that doula care can save healthcare costs by reducing the need for cesarean deliveries and other interventions.
- One study found that doula support could save an average of \$1,360 per birth.

#### Disparities in Access:

- Women of color, low-income women, and women in rural areas are less likely to have access to doula services.
- This disparity is due to factors such as cost, cultural barriers, and lack of awareness.

Please do not hurt the women and families of Hawaii by cutting their choices so severely. Please oppose HB 434.

Mahalo,

Lana Rose Olson

**HB-434**

Submitted on: 1/29/2025 8:13:02 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
pahnelopi mckenzie	Individual	Oppose	Remotely Via Zoom

Comments:

I oppose HB434 . The maternal health crisis impacts all of us. Doulas are finally making head way to support and care for the birthing person in clinical spaces and slowly being supported by the medical community . This bill will further narrow the care provision for the birthing person. The certifying bodies you include are dominated by white, American ideology and limit the scope of all the other of culturally competent, supremely brilliant, and care based doula programs. If this bill passes it will limit the care that people can give and erases and others Doula's into an us and them box. As a doula this bill has not been thought out and is clearly written and supported without a pulse on what is a Doula, what certification looks like, and creates a more narrow margin supporting white run organizations furthering the monopoly on birthing people and who can care for them. Please get rid of this bill and stop encouraging this Maternal health crisis as bill like this uphold. I oppose HB434

Thank you, Pahnelopi McKenzie