

Hello, Chair Lee and members of the Senate Human Services Committee. My name is Shelly Davis, and I serve as a Coalition Health Director for the Foundation for a Healthy North Dakota.

I am testifying in support of HB 1464.

From October 2023 to June 2024, my organization convened a workgroup, which I co-facilitated with my colleague Elizabeth, to explore policy strategies, from best practices to innovative approaches, to improve access to doula care for rural pregnant and postpartum women, particularly low-income women enrolled in Medicaid.

Our goal was to build upon existing efforts in North Dakota to expand access to doula care and behavioral health support for pregnant and postpartum women. The workgroup included doulas from across the state, representatives from key state agencies such as the Medicaid office and the Community Engagement Unit of the Department of Health and Human Services, as well as professionals from home visiting programs, healthcare providers—including an OB-GYN—statewide, tribal, and urban Indigenous community-based organizations, and legislators.

Over nine months, our workgroup identified viable pathways to further integrate doula services into maternal care, aiming to improve outcomes for mothers and babies statewide. Our primary policy priority sought to explore Medicaid reimbursement for doula services, with a particular focus on postpartum care. This aligns with key state agencies and partner goals, including Medicaid initiatives such as value-based payment arrangements that prioritize quality maternal care, the Medicaid postpartum extension approved during the 2022 Special Legislative Session, and Maternal and Child Health priorities within the Department of Health and Human Services. These priorities include increasing postpartum depression screenings, improving follow-up obstetric care after childbirth, and ensuring women receive their annual preventive health exams.

Depression during the perinatal period—the time from pregnancy through the first year postpartum—is the most common complication of pregnancy and childbirth. According to data from the North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS) collected between 2017 and 2021, postpartum depression was most prevalent among individuals with lower household incomes and whose prenatal care was covered by Medicaid, among other characteristics.

Additionally, research shows that postpartum depression can negatively impact child development, leading to lower breastfeeding initiation and duration rates, difficulties with mother-child bonding, increased infant agitation or crying, and developmental disorders. Doulas can play a crucial role in mitigating postpartum depression and other perinatal mood and anxiety disorders by providing essential support during the perinatal period, particularly in the postpartum phase.

Although I'm in support of this bill, I do urge that Medicaid reimbursement for services provided through this pilot program be ensured as initially stated in the first version of this bill. Restoring this provision in the bill and enacting it into law will further strengthen North Dakota's existing policy foundation to better support maternal and infant well-being. Furthermore, I ask that the bill explicitly state that this provision applies only to doulas seeking Medicaid reimbursement in the next biennium.

By investing in doula care, North Dakota can take a vital step toward ensuring that every mother and baby receives the support they need for a healthier future.

Thank you for your time. I am happy to answer any questions.