
Good morning, Chairman Ruby and members of the House Human Services Committee. My name is Sandy Tibke, and I'm the director of Foundation for a Healthy North Dakota.

I am providing testimony in support of HB 1464. More specifically, to the benefit this bill would have on women during the perinatal period and the return on investment that it would have in allowing for Medicaid reimbursement of postnatal doula services.

Depression during the perinatal period — the time from pregnancy until one year after giving birth — is the most common complication of pregnancy and childbirth. It affects 1 in 8 women in the United States, and women who live in rural areas are disproportionately more likely to experience it. And as rates of maternal morbidity and mortality continue to rise, they are disproportionately impacting pregnant people from marginalized and low-income communities — including individuals enrolled in Medicaid. **[2]**

Improving access to doula services is an evidence-based approach that addresses this crisis and improves maternal health equity. Research has shown that women who receive doula care are more likely than women without doula care to attend their postpartum medical appointments, **[1]** which means they are screened for postpartum mood disorders at a higher rate and get connected with support services more efficiently than women navigating the system without a doula.

This early intervention when it comes to mental illness and mood disorders comes with considerable cost savings. **[3]** Studies indicate a return on investment of at least two dollars — and even up to ten dollars — for every dollar invested in these early interventions. **[4]** This is especially true when considering the long-term trajectory of untreated postnatal mood disorders. One study demonstrated that, without treatment, 25% of mothers experienced elevated depressive symptoms even three years after labor and delivery. **[5]** And we already know that treatment for mood disorders like postpartum depression enhances workplace productivity and related cost savings, since untreated depression costs the U.S. economy more than \$51 billion in absenteeism and lost productivity. **[6]**

In 2023 and 2024, significant progress was made in expanding access to doula care, not only within Medicaid but also through private insurance. A total of 43 states and

Washington, D.C., have implemented or are in the process of implementing Medicaid coverage for doula care or have taken related actions.

Here in North Dakota, focusing on doulas during the postnatal period aligns with and supports various ongoing initiatives. These include Medicaid programming, such as value-based payment arrangements prioritizing quality care for pregnant women, the Medicaid postpartum extension approved during the 2022 Special Legislative Session, and Maternal Child Health priorities within the Department of Health and Human Services. These priorities include improving postpartum depression screening, increasing the number of women returning for follow-up obstetric care after childbirth, and ensuring they receive their annual preventive health exam.

Improving access to doula services here in North Dakota by allowing for Medicaid reimbursement of postnatal doula services is not just the right thing to do to improve maternal health equity in our state — it's also a solid return on investment. For all of these reasons, I support HB 1464.

Thank you for your time.

References

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