

Senator Lee and Members of the Senate Human Services Committee,

My name is Willow Toroitich, and I am here today to express my opposition to HB1464. I have been a Certified Birth and Postpartum Doula, as well as a Certified Childbirth Educator since 2016.

Throughout my career as a doula in this state, I have continuously expanded my education and professional experience through advanced doula training, traditional birth, lactation and postpartum support with an emphasis on Indigenous communities. I have attended numerous doula training programs offered by a variety of organizations. I have attached my resume, which includes my full list of credentials, to this testimony.

I oppose this bill for three primary reasons:

### **1. Lack of Funding for Postpartum Support**

The primary intent of this bill was to secure Medicaid funding for hands-on postpartum support for North Dakota families. However, this critical funding has been removed. Without financial backing, the provisions outlined in this bill cannot be implemented, leaving not even a single family with the postpartum care they need—especially the most vulnerable among us, whom this bill was originally designed to help. An idea without funding remains just that—an idea. By removing the reimbursement clause from the original bill, it has effectively rendered the legislation unworkable. Instead of serving families, it simply creates additional bureaucratic burdens for those responsible for tracking its non-existent outcomes.

### **2. Lack of Collaboration with Existing Doula Communities**

North Dakota has a vibrant network of doulas operating across both urban and rural areas, providing critical postpartum support to families. Despite this, the Department of Health did not seek input from actively practicing doulas while drafting this bill. I have yet to speak to a single North Dakota doula who was consulted about the feasibility or effectiveness of this pilot program. Instead, the department appears to have prioritized training new doulas—who may or may not enter the field—without engaging the professionals already serving families in our state.

During testimony before the House Human Services Committee, it was both embarrassing and shocking to hear the representative from the Department of Health be unable to provide even basic information on how many postpartum doulas currently practice in North Dakota or through which organizations they are certified. These knowledge gaps could have been easily addressed had the Department of Health engaged with existing doula communities. My organization, the Bismarck Doula Community, maintains a public website listing active doulas in our area. It appears, based on testimony, that the department did not conduct even the most basic research, such as a simple Google search, to identify and engage with practicing doulas. This lack of collaboration is not only frustrating but also counterproductive. Doulas share the department's stated goal: getting postpartum support services into the homes of families who need them. However, without meaningful collaboration, any legislative effort to expand access to these services risks wasting taxpayer dollars on inefficient measures while ignoring the resources already available.

### **3. Concerns Over Defining “Certified Doula” in Century Code**

A postpartum doula provides the type of support that women have historically received from their communities—assistance with meals, childcare, breastfeeding, and newborn care. While I am a professional doula, I see the very existence of our profession as a reflection of societal failures in supporting women during these transformative life events. Doula's have never been, even by DONA's criteria required to get certified to practice. Within professional doula circles, some are certified with an

organization, and others choose to forgo the certification, some in pursuit of other training to enhance their services, or to maintain accountability directly to the family they are serving.

Although certification can be valuable, legislating a rigid definition of a “certified doula” misunderstands the essence of our work. When the legislature attaches a definition to a profession within the century code, it creates a legal standard that then is used to create criteria under which a person can operate under that professional title. Each doula selects a training organization based on the needs of the families they serve, and many obtain multiple continuing education opportunities to enhance their expertise. Most professional doula organizations in western North Dakota, including the Bismarck Doula Community, have intentionally distanced themselves from DONA International. Over time, it has become clear that DONA’s approach does not align with the needs of North Dakota families. In collaboration with Indigenous leaders, we have removed DONA from our list of recommended training programs due to its history of minimizing and discounting the valuable work of traditional communities—including Black and Indigenous women—and imposing an ideology that does not fit within our cultural context in a rural state with large Indigenous populations.

North Dakota families value doulas who can adapt to their unique needs rather than being constrained by the rigid scope of practice outlined by DONA. If legislation seeks to expand postpartum support, it must acknowledge and respect the diverse approaches doulas take to serving their communities.

**Conclusion:**

Legislation that fails to involve the professional communities it seeks to regulate often falls short of its intended goals, even when its intentions are widely supported. While I believe there is a place for Medicaid reimbursement for postpartum support, this bill does not meet the needs of professionals currently serving families. Instead, it introduces unnecessary barriers and lacks the financial means to achieve its stated purpose.

Providing meaningful postpartum support requires investment. In today’s society, the labor of women cannot be expected to come without compensation. If the state is unwilling to allocate funding to support the professionals delivering these vital services, then this bill, in its current form, offers nothing of substance for consideration.

Thank you for your time and I will stand for questions,