

2025 HOUSE HUMAN SERVICES

HB 1464

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1464
2/3/2025

Relating to postpartum doula certification and medical assistance benefits for postpartum doula services.

9:00 a.m. Vice Chairman Frelich opened the hearing.

Members Present: Vice-Chairman Frelich, Representatives Anderson, Bolinske, Davis, Dobervich, Fegley, Hendrix, Kiefert, Rios, Rohr

Members Absent: Chairman M. Ruby, Representatives Beltz, Holle

Discussion Topics:

- Quality and access
- Proposed amendment relating to licensing fees

9:02 a.m. Representative Dobervich introduced the bill and submitted testimony, #33573, #33575.

9:09 a.m. Alisha Belay, Assistant Director of the Community Engagement Unit at HHS, testified neutrally.

9:15 a.m. Christa Fremming, Medical Services Division of HHS, testified neutrally.

Additional written testimony:

Erica Hofland submitted testimony in favor, #33370.

Ana Tobiasz, ND Section Chair of the American College of Obstetricians and Gynecologists, submitted testimony in favor, #33629.

Shelley Davis submitted testimony in favor, #33663.

Elizabeth Pihlaja, Associate Executive Director of the Foundation for a Healthy North Dakota, submitted testimony in favor, #33317, 33318.

9:17 a.m. Vice Chairman Frelich closed the hearing.

Jackson Toman, Committee Clerk



HB 1464
House Human Services
February 3, 2025 | 9:00 am

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

1. <https://www.sciencenews.org/article/doula-care-c-section-preterm-birth#:~:text=Doula%20difference,individuals%20in%20nine%20U.S.%20states>.
2. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9257331/>
3. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5380488/>
4. <https://steinberginstitute.org/fact-sheet-cost-benefits-early-intervention-mental-illness>
5. <https://pubmed.ncbi.nlm.nih.gov/33109744/>
6. <https://www.mhanational.org/depression-workplace>

HB 1464

House Human Services

February 3, 2025 | 9:00 am

Good morning, Chairman Ruby and members of the House Human Services Committee. I appreciate the opportunity to testify in support of HB 1464. I'm testifying today as a mother who would have benefited greatly from doula support. I'm also testifying as a doula who came to this field because of the struggles I faced after giving birth to my daughter.

In the fall of 2010, I was shopping at Target with my new husband Chris. I had been feeling off all morning and as we shopped for toiletries, I wondered out loud, "Maybe I should take a pregnancy test..." We hadn't been shy about our intentions to start a family quickly, so pregnancy wasn't out of the realm of possibility, and once the question had been uttered, we couldn't leave without testing. In a stall of the women's restroom, I cried watching the pink lines develop. We were ecstatic. I dumped the rest of my iced latte, and we bought a few onesies, marveling at how tiny and perfect they were.

About eight months later, when I went into labor, we were nervous but excited, certain that the childbirth classes we had taken and all our experiences with our nieces and nephews would prepare us for what was to come. Unfortunately, our optimism was challenged and degraded multiple times over the next forty-some hours as I hit physical and mental barriers I could never have imagined. In the soft fluorescence of our hospital room, feeling battered after an emergency Cesarean section and exhausted after spending multiple days in labor, I held my tiny, jaundiced daughter and cried. Unlike the tears I spilled on the floor of the Target bathroom, these were hot with shame and fear and guilt. I already felt like I had failed. Despite the kindness and support offered by the hospital staff, I carried those negative feelings back to our home.

We continued to struggle in this new phase of our lives. I underwent radiation therapy as a teenager to treat cancer, which saved my life but left me unable to produce enough breastmilk to feed my baby. Her jaundice worsened and she required additional medical treatment. My husband tried his best to help me, but this was uncharted territory for both of us. Our families lived far away and, though I know now they would have welcomed my questions, validated my efforts, and given me the love I desperately needed, I heard a tiny, nasty voice tell me that it was bad enough I couldn't give my baby what she needed – the last thing I should do was burden everyone else with the things that I couldn't handle.

It wasn't until my daughter was about nine months old that I began to feel the veil lift, when I realized that what I'd been feeling wasn't just my "new normal" as a parent, but severe and all-encompassing postpartum depression. It affected how I bonded with my daughter, the baby we had wished for. It affected the new marriage between myself and my husband. It made me feel inadequate, monstrous; my husband felt alienated and ineffective.

I became a doula here in Bismarck six years ago, nearly to the day, because I will never forget the depths and darkness of the first months of my daughter's life, never forget my brain whispering poison during late-night feedings. I didn't want any other new parent to experience anything like what I had gone through. Unfortunately, many, many new parents do experience postpartum experiences that color their perceptions of their babies, their partners, and themselves – 25% of mothers experience depressive symptoms even up to three years post-childbirth. Postpartum doulas can help families in this time of adjustment, easing stress and providing emotional, physical, and tangible support. We also know that with a doula, women are more likely to attend their medical appointments in the postpartum period. This is so important in North Dakota, where physicians see patients falling off the map and not getting the services they need, like depression and anxiety screenings.

HB 1464 will make it easier for families who may otherwise not be able to afford doula services to benefit from having a postpartum doula. If we want to create a world where children are welcomed wholeheartedly, where parents are supported and can start their parenting journey on the right foot, we need to create that system of support. Passing HB 1464 will show North Dakota's commitment to being family friendly – a place where new parents can have a legendary start.

Thank you for your time, and I welcome any questions.

Elizabeth Pihlaja, MPH

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HB1464
House Human Services Committee
69th Legislative Session

Chair Ruby and honorable members of the House Human Services Committee, my name is Dr. Erica Hofland. I am a practicing Obstetrician Gynecologist in Dickinson and I am writing asking for your support for House Bill 1464.

Care for moms in the postpartum time frame is paramount not only to a mom's health and safety, but is also a key for a thriving newborn. This is an especially vulnerable time for a mother. The physical recovery of delivery, whether vaginal or cesarean section, can be challenging and painful. The pronounced sleep deprivation that accompanies newborn cares can be emotionally and mentally exhausting. Concerns about breast-feeding adequacy and doubts about parenting ability are commonplace as well. All of the above can lead to anxiety, feelings of inadequacy, and at times baby blues and depression. The postpartum time frame is viewed by the outside world as joyous. This mismatch in expectations of how a woman feels postpartum and her actual experiences can further amplify her feelings of isolation. Women can be aided in the above physical, emotional, and mental recovery by a network of support individuals. For some, support comes in the form of parents, siblings, or close friends that are able to visit and offer advice and care not only to the postpartum mother but also her infant. For some, however, these support networks may be inaccessible or lacking. Being able to hire a trained, certified postpartum doula would be a way to help women thrive postpartum. A postpartum doula would be a team member helping provide information and resources in regards to care. They would also be able to help direct a patient back to her primary delivering provider and pediatric care provider when needed.

I ask this committee to support the passage of House Bill 1464. I would be happy to provide any other information this Committee requires.

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State Medicaid Approaches to Doula Service Benefits

Maternal mortality rates [continue to increase](#) in the United States, with significant racial, ethnic, and socioeconomic disparities in birth outcomes. States are using a [variety of approaches to provide doula services](#) within their Medicaid programs to address inequities. Doulas provide continuous physical, emotional, and information support to people before, during, and shortly after childbirth. Current evidence suggests that pregnant people who receive doula care are [more likely](#) to have a healthy birth outcome and a positive birth experience. Because of these improved outcomes there is the potential for [cost-savings](#) over time for state Medicaid programs. States are increasingly seeking federal authorization to provide doula services as an optional benefit under their state Medicaid programs to pregnant beneficiaries. This chart highlights key components and features of states' Medicaid doula benefits as of April 16, 2024. Please contact Anoosha Hasan (ahasan@nashp.org) with updates or questions.

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
California	<ul style="list-style-type: none"> State Plan Amendment Effective Date: January 1, 2023 Benefit Category: Preventive Services and Freestanding Birth Center (as a professional service) 	<ul style="list-style-type: none"> Obtain a National Provider Identifier (NPI) Submit a Provider Application for Validation and Enrollment (PAVE) electronic application to enroll in the Medi-Cal program Doulas can enroll through the Training Pathway or the Experience Pathway <ul style="list-style-type: none"> Training Pathway: Provide a Certificate of Completion for required training; attest to having supported at least three births as a birth doula Experience Pathway: Attest to working as a doula for at least five years; provide three written client testimonial letters or 	Fee-for-service (FFS) <ul style="list-style-type: none"> Reimbursement rates: <ul style="list-style-type: none"> Initial visit (90 minutes): \$197.98 Up to eight perinatal visits: \$162.11 per visit Support during labor and delivery (including stillbirth): \$685.07 Support during caesarian section: \$795.73 Support during abortion or miscarriage: \$250.85 Up to two extended, three-hour postpartum visits: \$486.36 per visit Up to nine additional postpartum visits (requires an additional recommendation from a physician or other licensed practitioner) 	Doulas may: <ul style="list-style-type: none"> Practice and bill independently OR Practice and bill as part of a doula group Contract with managed care plans

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
		professional letters of recommendation		
Maryland	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2022 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Must be enrolled with Maryland Medicaid's electronic Provider Revalidation and Enrollment Portal (ePREP) as a fee-for-service Medicaid provider • Attest to being trained and certified by a Maryland Medicaid approved organization • Have adequate liability insurance 	<p>Fee-for-service</p> <ul style="list-style-type: none"> • The reimbursement rate is: <ul style="list-style-type: none"> • 8 total prenatal or postpartum visits: <ul style="list-style-type: none"> ▪ \$16.62/15 minutes of prenatal care, up to four units per visit; and ▪ \$19.62/15 minutes of postpartum care, up to four units per visit • Flat rate of \$800 for labor and delivery services 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR • Practice and bill as part of a doula organization • Contract with Medicaid managed care organizations (MCOs) to be reimbursed for services provided to HealthChoice participants
Massachusetts	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: December 8, 2023 • Benefit Category: Preventive Services 	<p><u>In-state Providers:</u></p> <ul style="list-style-type: none"> • Enroll as a MassHealth doula provider • Complete trainings provided by the Executive Office of Health and Human Services • Demonstrate competency in topics that relate to the ability to provide support to individuals and families during the perinatal period, regardless of the outcome of the pregnancy • <u>Formal Training Pathway:</u> Provide a certificate of completion or other proof of doula training(s) attended and/or proof of doula certification by a doula certifying organization and a completed attestation form • <u>Experience Pathway:</u> Recommendations from at least three different former clients for whom the 	<p>Fee-for-service (FFS)</p> <ul style="list-style-type: none"> • Reimbursement rates: <ul style="list-style-type: none"> • Up to eight hours of perinatal visits per perinatal period per Medicaid beneficiary without prior authorization. Perinatal visits above these limits require prior authorization. <ul style="list-style-type: none"> ▪ Perinatal visit up to 60 minutes: \$100 ▪ Perinatal visit from 61 minutes to 90 minutes: \$150 • Labor and delivery support, one per perinatal period: \$900 • For MassHealth providers of doula services, the payment for perinatal visits will not exceed \$800 per perinatal period per member, with the exception of payment for additional perinatal visits for which a provider receives prior authorization <p><i>The perinatal period encompasses pregnancy, labor and delivery, and through 12 months following delivery, inclusive of all pregnancy outcomes.</i></p>	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently OR • Practice and bill as part of a doula group practice. <p><i>Doula group practices cannot be part of a hospital, other group practice, or other healthcare facility.</i></p>

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
		<p>prospective MassHealth doula provided doula services (paid or volunteer) within the last five years; Recommendations from at least two different licensed health care providers who observed the doula providing doula services within the last five years</p> <p><u>Out-of-state Providers:</u></p> <ul style="list-style-type: none"> • Enroll as a MassHealth doula provider • Obtain a MassHealth provider number • Be legally authorized to perform doula services in their own state; • Participate in their state's Medicaid program (or the equivalent) 		
Michigan	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2023 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Complete a doula training program by an organization approved by the Michigan Department of Health and Human Services (MDHHS) • Register with the MDHHS Doula Registry • Enroll as a Medicaid provider by: <ul style="list-style-type: none"> ○ Obtaining a Type 1 (Individual) National Provider Identifier (NPI) ○ Completing an online application in the Community Health Automated Medicaid 	<p>Fee-for-service and Managed Care Organizations dependent on beneficiary enrollment</p> <ul style="list-style-type: none"> • A maximum of six total visits during the prenatal and postpartum periods and one visit for labor and delivery are eligible for reimbursement <ul style="list-style-type: none"> • \$75 per visit for prenatal and postnatal visits • \$700 for attendance at labor and delivery • All prenatal and postpartum visits must be at least 20 minutes long to be eligible for reimbursement • Additional visits can be requested through the existing Medicaid program prior authorization process 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently OR • Practice with a Medicaid-enrolled organization or clinic that bills on their behalf

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
		Processing System (CHAMPS)		
Minnesota	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: July 1, 2014 • Benefit Category: Extended Service 	<ul style="list-style-type: none"> • Complete a state-approved doula training • Register on the state's doula registry (requires an application and fee) 	<p>Fee-for-service</p> <ul style="list-style-type: none"> • The reimbursement rate for up to seven sessions, including labor and delivery is: <ul style="list-style-type: none"> ○ The lower of the submitted charge or \$100 per antepartum and postpartum visit ○ The lower of the submitted charge or \$1,400 for labor and delivery 	<ul style="list-style-type: none"> • Doulas may practice or bill independently
Nevada	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: April 1, 2022 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Must have approved doula certification from the Nevada Certification Board • Enroll as an individual Nevada Medicaid Provider Type (PT) 90 	<p>Fee-for-service</p> <ul style="list-style-type: none"> • The reimbursement rate is: <ul style="list-style-type: none"> ○ \$100 for each prenatal and postpartum visit, up to 4 visits reimbursable during prenatal, antepartum, and/or up to 90 days of the postpartum period ○ \$900 for labor and delivery ○ There is an additional 10% increase for doula services provided to rural recipients • Up to 2 additional doula services may be reimbursed when the pregnant person has obtained the following services from a health care professional: <ul style="list-style-type: none"> ○ An additional doula visit may be reimbursed when 2 prenatal/antepartum visits have occurred with a licensed physician, nurse midwife, Advanced Practice Registered Nurse, or physician assistant. ○ An additional doula visit may be reimbursed when a recipient receives any dental service during the prenatal/antepartum period <p>Medicaid Managed Care Organization (MCO)</p> <ul style="list-style-type: none"> • Must cover at a minimum the services as listed under FFS 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR • Practice and bill as part of a doula organization • Link to provider agencies (e.g., obstetric physicians, midwifery practices, independent providers)

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
New Jersey	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2021 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Complete a state-approved doula training and requirements • Enroll as a Medicaid provider 	<p>Fee-for-service</p> <ul style="list-style-type: none"> • The reimbursement rate is: <ul style="list-style-type: none"> ◦ \$1,065 for up to 8 visits and labor support (standard doula care); ◦ \$1,331 for up to 12 service visits and labor support (enhanced doula care for pregnant beneficiaries age 19 or younger); and ◦ \$500 flat rate for attendance during delivery • \$100 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for a postpartum visit after a labor and delivery claim. 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR • Join a provider agency or clinic and bill independently; OR • Enroll as a managed care organization (MCO) provider
New York	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2024 • Benefit Category: Other Diagnostic, Screening, Preventive, and Rehabilitative Services 	<ul style="list-style-type: none"> • Enroll as a New York State (NYS) Medicaid doula service provider • Obtain a National Provider Identifier (NPI) • Meet defined training or work experience pathway requirements • The training requirements pathway will include a minimum of 24 hours of training in doula competencies, and doula support provided at a minimum of three births. • The work experience pathway will include having provided doula support at a minimum of 30 births or 1000 hours of doula experience within the last 10 years, and testimonials of doula skills. • All doulas will be required to revalidate as NYS Medicaid providers every five years and 	<p>Fee-for-service (FFS)</p> <ul style="list-style-type: none"> • Reimbursement rates: <ul style="list-style-type: none"> • Up to eight perinatal visits before and after pregnancy (minimum of 30 minutes): \$84.37 per visit • One encounter during labor and delivery: \$675 <p>NYS Medicaid Members are eligible for doula services up to 12 months after the end of pregnancy, regardless of pregnancy outcome.</p>	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently • Contract with managed care plans

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
		demonstrate completion of continuing education in doula competencies upon revalidation.		
Oklahoma	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: July 1, 2023 • Benefit Category: Preventive Services 	<ul style="list-style-type: none"> • Enroll as a SoonerCare contracted provider • Obtain a National Provider Identifier (NPI) • Use the taxonomy number required by the state • Possess one of the following certifications by an organization recognized by the Oklahoma Health Care Authority: <ul style="list-style-type: none"> ○ Birth doula ○ Postpartum doula ○ Full-spectrum doula ○ Community-based doula 	<p>Fee-for-service</p> <p><u>Reimbursement rates:</u></p> <ul style="list-style-type: none"> • Eight prenatal/postpartum visits: \$64.45 per visit • One labor & delivery visit: <ul style="list-style-type: none"> ○ Cesarean delivery-only visit: \$325.45 ○ Vaginal delivery-only: \$468.55 ○ Vaginal delivery after previous cesarean delivery: \$527.78 ○ Cesarean delivery following vaginal delivery attempt: \$546.50 • Doula providers will use the appropriate code modifier for all procedure codes. • Visits have a minimum duration of 60 minutes and may be conducted in person or via telehealth, but the Labor & Delivery Care visit may not be conducted via telehealth. • The doula will work with the beneficiary to determine how many visits will occur during the prenatal period or postpartum period. • Prior authorization is required for additional visits, for beneficiaries with extenuating medical circumstances. 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently
Oregon	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: May 1, 2017 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Complete a state-approved doula training and requirements • Register on the state's doula registry (requires an application) • Obtain certification as a Traditional Health Worker (requires an application) • Enroll as a Medicaid provider 	<p>Fee-for-service global payment (except in extenuating circumstances)</p> <ul style="list-style-type: none"> • The reimbursement rate is at the lower of: <ul style="list-style-type: none"> ○ Submitted charge; OR ○ A \$1,500 per pregnancy, including at least two prenatal visits, care during delivery, and two required postpartum home visits 	<p>Doulas <u>may</u>:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR • Work with an organization or clinic that bills on their behalf
Rhode Island	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: July 1, 2021 	<ul style="list-style-type: none"> • Enrolled as a Medicaid provider • Certified by Rhode Island Certification Board 	<p><u>Fee-for-service reimbursement</u> based on pregnancy stage (prenatal, labor/delivery, postpartum)</p> <ul style="list-style-type: none"> • A doula may not receive more than \$1,500 per pregnancy 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
	<ul style="list-style-type: none"> Benefit Category: Preventive 	<ul style="list-style-type: none"> Completed 20 hours of relevant education/training, per RICB requirements 	<ul style="list-style-type: none"> Up to 3 prenatal visits (\$100 per visit), Labor and delivery (regardless of the duration of the birthing process) (\$900), and 3 postpartum visits (\$100 per visit) If a member does not use all three prenatal visits and/or 1 labor and delivery visit, the visits can be re-allocated to postpartum visits A doula must visit with the member for at least 60 minutes to bill each prenatal/postpartum visit 	<ul style="list-style-type: none"> Practice and bill as part of a doula collective group; OR Be employed by an entity that bills for their services In order to submit claims for managed care organization (MCO) members, doulas must enroll as MCO providers.
Virginia	<ul style="list-style-type: none"> State Plan Amendment Effective Date: January 1, 2022 Benefit Category: Preventive Service 	<ul style="list-style-type: none"> Complete doula training, which must include core competencies (perinatal support services, labor support), community-based/cultural competency training, and care coordination. Doula trainings must be approved by the Virginia Department of Health (VDH) Be certified by an entity designated by VDH Enroll as a Medicaid provider 	<p>Fee-for-service</p> <ul style="list-style-type: none"> The reimbursement rate is: <ul style="list-style-type: none"> \$859 for up to 8 prenatal/postpartum visits and labor support \$50 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit after a labor and delivery claim \$50 value-based incentive payment will be made if the doula performs at least one postpartum service visit (this may be the same postpartum visit used for the first value-based payment) and the newborn is seen by a pediatric clinician for one visit after a labor and delivery claim. 	<p>Doulas may:</p> <ul style="list-style-type: none"> Practice and bill independently; OR Join a provider agency or clinic and bill independently; OR Enroll as a MCO provider
Washington, DC	<ul style="list-style-type: none"> State Plan Amendment Effective Date: October 1, 2022 Benefit Category: Preventive Services 	<ul style="list-style-type: none"> Possess a current certification by a doula training program or organization, approved by the District of Columbia Department of Health Care Finance (DHCF) Enroll as a DHCF provider and receive an NPI and taxonomy number 	<p>Fee-for-service</p> <ul style="list-style-type: none"> A maximum of 12 visits across the perinatal period (before, during, and up to 6 weeks after delivery) and the postpartum period (beginning on the last day of pregnancy and extending through the end of the calendar month in which 180 days after the end of the pregnancy falls) <ul style="list-style-type: none"> The 12 visits include a maximum of one doula consultation and can be allocated across the perinatal and postpartum period Reimbursement rates: <ul style="list-style-type: none"> \$97.04 per perinatal doula service visit 	<p>Doulas may:</p> <ul style="list-style-type: none"> Practice and bill independently OR Practice and bill as part of a doula group Enroll with a Medicaid managed care organization (MCO)

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
			<ul style="list-style-type: none"> • \$686.23 for doula support during delivery • \$12.13 per postpartum doula support. A postpartum service visit is billed in 15-minute increments and shall not exceed 24 units or 6 hours per visit. <p>An additional value-based incentive payment of \$100 will be made if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit 7 to 84 days after a labor and delivery claim</p>	

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Committees:
Agriculture
Human Services

House Bill 1464

House Human Services Committee

Testimony of Rep. Gretchen Dobervich, Bill Sponsor February 3, 2025

Good morning Chairman Ruby and Members of the House Human Services Committee. For the record my name is Representative Gretchen Dobervich, I work for the people of District 11 in Fargo. I am here today to introduce House Bill 1464, which seeks to establish postpartum doula certification and Medicaid coverage for postpartum doula services in North Dakota.

This bill recognizes the critical role doulas play in supporting parents and newborns during the postpartum period, the first six months after birth. Research consistently shows that doula care improves maternal mental health, reduces postpartum depression, and enhances infant outcomes by providing continuous physical, emotional, and educational support. By extending these services up to six months postpartum, we are addressing a vulnerable time when many parents experience challenges related to recovery, bonding, and breastfeeding.

House Bill 1464 ensures that doulas providing care meet established professional standards by requiring certification through Doulas of North America or another professional, reputable doula organization determined by the NDDHHS in the administrative rule making process. This will help maintain quality while expanding access to trained professionals who can support North Dakota families.

Additionally, the inclusion of postpartum doula services under Medicaid ensures that all parents—regardless of income—have access to this vital care. Many states have already implemented similar measures, recognizing the cost-effectiveness of doulas in reducing medical interventions, improving birth outcomes, and supporting family well-being. Included in my online testimony is a tracking document of Medicaid coverage of doula services in other states. By passing this bill, North Dakota will join a growing number of states prioritizing maternal and infant health through evidence-based policy.

The NDDHHS Medical Services Division Director, Community Engagement Unit Associate Director and Foundation for a Healthy North Dakota were consulted and provided input in the development of this bill. There is a fiscal note of \$280,800 for the biennium. The amount assumes 30 certified doulas providing 3 one-hour visits per patient at a fee of \$15 per 15-minute unit.

It was suggested to me that doulas not be subject to a licensing/certification fee by the NDDHHS. These fees are typically used to cover the costs of administering a program. Program administrative costs appear to already be covered by other funding in the fiscal note. Therefore, I recommend the House Human Services Committee consider an amendment to HB 1464 that the NDDHHS will not impose a licensing or certification fee requirement in addition to those post-partum doulas pay to Doulas of North America or another professional, reputable doula organization determined by the NDDHHS in the administrative rule making process.

I urge you to support House Bill 1464 to strengthen maternal care, reduce disparities, and provide families with the essential support they need during the critical postpartum period. Thank you for your time and consideration. I am happy to answer any questions.

HB 1464
House Human Services Committee
February 3, 2025

Chair Ruby and members of the House Human Services Committee,

My name is Dr Ana Tobiasz. I am an obstetrician/gynecologist and maternal fetal medicine physician who has practiced in the state since 2017. My training and expertise is in providing care to individuals experiencing pregnancy complications and high risk pregnancies. I urge a DO PASS on HB 1464.

The postpartum period can be an extremely challenging time. Having just gone through pregnancy, childbirth, and in the first weeks and months caring for a newborn while recovering from pregnancy can be stressful, in particular if you lack a support network. There is evidence that doula support in the postpartum period can improve both maternal and neonatal outcomes. Doulas do not provide medical expertise or give medical advice, but rather should be a source of emotional, physical, and education support only (based on the Doulas of North America or DONA code of ethics). As a medical professional, I hear frequently from patients that they often times felt alone after delivery and are in need of additional support. Currently the only individuals who have access to this support are those who can pay for this cost, leaving a large group of individuals without access to this resource.

This bill also requires that doulas receiving payment from Medicaid for their services are required to be certified, which holds them to certain standards such as those set out by DONA international. As stated above, doulas should not be providing medical advice, but rather providing assistance with non-medical support and companionship, assisting with newborn care and sibling adjustment, meal preparation and household organization as examples. Tasks such as examining the baby and giving medical advice are not allowed for doulas who are certified and following their code of ethics.

I do have one area of concern if this legislation passes. Payment for doula services should not reduce the rate of reimbursement for other components of prenatal and postnatal care delivery, such as physician reimbursement for services provided or facility fees. Prenatal and postnatal care delivery is a team based effort and each component should continue to be compensated fairly for their portion of care.

Respectfully,

Dr Ana Tobiasz, MD
Maternal Fetal Medicine Physician

HB1464 Testimony
House Human Services
February 03, 2025 – 9:00AM

Hello, Chairman Ruby and members of the House Human Services Committee. My name is Shelly Davis. I am an enrolled member of the Turtle Mountain Band of Chippewa. I am also the mother of an amazing 7-year-old boy and the stepmother of two wonderful stepsons.

I am providing testimony in support of House Bill 1464.

Over the past year and a half, I have gained valuable insight into the profound impact of doula care on mothers and babies. Engaging with maternal and child health experts, as well as practicing doulas, has highlighted the many benefits they provide, particularly during the postpartum period.

Recent studies confirm that doulas improve outcomes for both mothers and infants. During postpartum recovery, they offer crucial physical, emotional, and social support, reducing anxiety and the risk of post-traumatic stress. Additionally, doulas are trained to recognize signs of postpartum depression and other perinatal mood disorders, encouraging mothers to seek help. The trust between a mother and her doula fosters emotional security, strengthening the mother-child bond.

In February 2017, I gave birth to my son. Living in Fargo, I was fortunate not to face the long journey to a hospital that many mothers in North Dakota endure. One night, I experienced manageable contractions and waited until my OB appointment the next morning. At my appointment, my doctor informed me that I was 4 cm dilated and needed to be admitted. My partner, Jacob, was with me and stayed by my side the entire time. While the medical staff provided excellent care, complications arose. I developed a fever, and my labor stalled. That evening, the doctor recommended a cesarean section. Though it was not in my birth plan, I immediately agreed out of concern for my baby's safety, as we were told the baby was stressed but not in distress.

My son was born healthy, and we bonded quickly. While breastfeeding started well in the hospital, I struggled at home. Though he eventually latched, the initial difficulty triggered months of anxiety about his feeding. Concerned about his limited weight gain, I bought a scale and eliminated dairy from my diet, suspecting an allergy. I also met with two lactation counselors but didn't open up as much as I should have during the limited clinical appointments. Additionally, I began pumping to maintain my supply but found it challenging. At one of his early check-ups, it was confirmed that his weight gain had slowed, and my worry grew. After months of daily anxiety, I finally sought help when my family expressed concerns about me and my own weight loss.

Looking back, I regret not seeking support sooner. My son was fine and thriving, but I spent months battling anxiety and, eventually, depression. These struggles prevented me from fully enjoying those early months, and I often wonder how my emotional state at the time affected him. Though I had heard of doulas, I did not fully understand their role.

Through my work, I now recognize the invaluable support doulas provide. Had I had a doula in 2017, I believe I would have opened up more than I could with family, as I felt they were already too busy for me to burden them with my struggles. A doula would have recognized my challenges and encouraged me to seek help, providing the trusted guidance I so desperately needed. Furthermore, a doula likely would

have been able to offer support with breastfeeding, which could have helped to address those early struggles.

By passing House Bill 1464, the legislature can build on the great policy work already done in this area, such as the recent expansion of Medicaid coverage for eligible pregnant women from 60 days to 12 months. This bill will increase access to doulas for mothers who need them and perhaps for those who do not yet realize how much they need them, as I did in 2017. Investing in doula care is a critical step toward improving postpartum support and overall well-being for mothers and their babies.

Thank you for your time.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1464
2/10/2025

Relating to postpartum doula certification and medical assistance benefits for postpartum doula services.

2:58 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- Data collection and reports.
- Section 2
- Committee action

2:58 p.m. Representative Dobervich moved a Do Pass.

2:58 p.m. Representative Davis seconded the motion.

3:04 p.m. Representative Dobervich rescinded the motion.

3:04 p.m. Representative Dobervich moved to amend the bill Page 1 line 19, subsection d, and Page 2 line 8, section 2.

3:06 p.m. Representative K. Anderson seconded the motion.

3:07 p.m. Voice vote passed.

3:09 p.m. Representative Bolinske moved to amend the bill to remove section 2.

3:10 p.m. Representative Rohr seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y

Representative Karen Rohr	Y
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3:10 p.m. Motion passed 13-0-0.

3:11 p.m. Representative Dobervich moved a Do Pass as amended.

3:11 p.m. Representative Frelich seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

3:11 p.m. Motion passed 13-0-0.

Representative Davis will carry the bill.

3:11 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

February 10, 2025

2-10-25

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

JB3 1082

HOUSE BILL NO. 1464

Introduced by

Representatives Dobervich, K. Anderson, Brown, Finley-DeVille, Hager, Hanson, Rohr,
Steiner

Senators Hogan, Mathern

- 1 A BILL for an Act to create and enact a new section to chapter 23-12 ~~and a new section to~~
2 ~~chapter 50-24.1~~ of the North Dakota Century Code, relating to postpartum doula certification
3 ~~and medical assistance benefits for postpartum doula services; and to provide a report.~~

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

- 5 **SECTION 1.** A new section to chapter 23-12 of the North Dakota Century Code is created
6 and enacted as follows:

7 **Postpartum doula certification - Legislative management report.**

- 8 1. As used in this section:
- 9 a. "Certified doula" means an individual who has received a certification to perform
10 doula services from the doulas of North America or an organization designated
11 by the department.
- 12 b. "Department" means the department of health and human services.
- 13 c. "Doula services" means education and support services for a parent and child,
14 including continuous emotional and physical support during the postpartum
15 period, including up to six months after the birth of the child.
- 16 2. The department may:
- 17 a. Designate additional doula certification organizations;
- 18 b. Remove the designation of a doula certification organization; and
- 19 c. Adopt rules to implement and administer this section.

JB 2082

1 3. The department shall establish criteria for the designation of doula certification
2 organizations and maintain a list of designated organizations on the department's
3 website for purposes of facilitating the availability of certified doulas to provide doula
4 services under section 2 of this Act.

5 4. The department may not impose a licensing or certification fee in addition to any fees
6 imposed by a doula certification organization meeting the criteria established by the
7 department.

8 5. By August first of each even-numbered year, the department shall submit a report to
9 legislative management regarding the certification of a certified doula and impact of
10 certified doula services.

11 ~~SECTION 2. A new section to chapter 50-24.1 of the North Dakota Century Code is created~~
12 ~~and enacted as follows:~~

13 ~~Medical assistance benefits - Postpartum doula services.~~

14 ~~1. Medical assistance coverage, including Medicaid expansion coverage, must include~~
15 ~~coverage of postpartum doula services, as defined in section 1 of this Act.~~

16 ~~2. The department shall provide notice to an enrollee regarding the coverage required by~~
17 ~~this section.~~

**REPORT OF STANDING COMMITTEE
HB 1464**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS** ([25.0993.01001](#)) and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1464 was placed on the Sixth order on the calendar.

2025 SENATE HUMAN SERVICES

HB 1464

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1464
3/5/2025

Relating to postpartum doula certification; and to provide for a legislative management report.

2:41 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Scope of the study
- Education Requirements
- Medical assistance availability
- Cost of Medicaid coverage

2:42 p.m. Representative Gretchen Dobervich, District 11, introduced the bill and submitted testimony in favor #38859.

2:52 p.m. Christina Sambor, American College of Obstetricians and Gynecologists, testified in favor and submitted testimony #38989.

2:58 p.m. Megan Heer, Owner of Sacred Mother Maternity Support and Doula Agency, testified in opposition and submitted testimony #38588 and #38991.

2:58 a.m. Markie Novotny, Member of Bismarck Doula Community, testified in opposition and submitted testimony #38924.

3:08 p.m. Willow Toroitich, Owner of Willow Blossom Birth, testified in neutral and submitted testimony #38686.

Additional written testimony:

Shelly Davis, Coalition Health Director for Foundation for a Healthy North Dakota, submitted written testimony in favor #38832.

Candi Smith, Registered Nurse and International Board Certified Lactation Consultant, submitted written testimony in favor #38910.

3:21 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

Testimony in Opposition to House Bill No. 1464

Megan Heer, Owner of Sacred Mother Maternity Support and Doula Agency
Certified Birth Doula, Certified Postpartum Doula, Certified Lactation Counselor

Chairperson and Members of the Committee,

Thank you for the opportunity to testify today. My name is Megan Heer, and I am the owner of Sacred Mother Maternity Support and Doula Agency. I am a Certified Birth Doula, Certified Postpartum Doula, and Certified Lactation Counselor. I strongly oppose House Bill No. 1464 as written because it restricts North Dakota Certified Postpartum Doulas to only those trained and certified by DONA International. This restriction creates unnecessary barriers for doulas and limits essential postpartum care options for families in our state.

DONA International is just one of many well-respected doula certification organizations. By exclusively recognizing DONA, this bill disregards the credibility of other reputable programs that provide comprehensive, evidence-based, and culturally competent doula training. It also devalues the training and experience of postpartum doulas already serving North Dakota families under other recognized certifications.

Additionally, North Dakota has a significant Native American population, and DONA International has a documented history of racial insensitivity. Many Indigenous communities do not feel comfortable with DONA, and mandating its certification as the only recognized pathway for postpartum doulas in North Dakota could exclude Native doulas and culturally relevant training programs. This bill would effectively isolate entire communities from accessing certified postpartum doula care that aligns with their values and traditions.

I urge the committee to reject this bill to allow the recognition of multiple certifying organizations, particularly those that prioritize cultural inclusivity and meet professional training standards. Ensuring that families have access to postpartum doula support from diverse and qualified providers should be the priority—not limiting certification to a single organization with a problematic history.

Thank you for your time and consideration. I welcome any questions from the committee.

Megan Heer

Owner of Sacred Mother Maternity Support and Doula Agency

CBD, CPD, CLC

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,



HB 1464
Senate Human Services
March 5, 2025 | 2:45 pm

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.



North Dakota House of Representatives

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600 East Boulevard Avenue
Bismarck, ND 58505-0360

Representative
Gretchen Dobervich
District 11
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Committees:
Agriculture
Human Services

House Bill 1464

Senate Human Services Committee

Testimony of Rep. Gretchen Dobervich, Bill Sponsor

March 5, 2025

Good morning Chairwoman Lee and Members of the Senate Human Services Committee. For the record my name is Representative Gretchen Dobervich, I work for the people of District 11 in Fargo. I am here today to introduce House Bill 1464, which originally sought to establish postpartum doula certification and Medicaid coverage for postpartum doula services in North Dakota.

This bill recognizes the critical role doulas play in supporting parents and newborns during the postpartum period, the first six months after birth. Research consistently shows that doula care improves maternal mental health, reduces postpartum depression, and enhances infant outcomes by providing continuous physical, emotional, and educational support. By extending these services up to six months postpartum, we are addressing a vulnerable time when many parents experience challenges related to recovery, bonding, and breastfeeding.

The establishment of a doula program was not in the Governor's budget therefore House Bill 1464 was amended in House and the fiscal note of \$280,000 for the biennium removed. Further amendments call for a registry and a report to Legislative Management. Without a formal program and third-party funding passage of HB 1464 becomes an unfunded mandate with no action towards making post-partum doula services accessible for North Dakotans who utilize Medicaid.

Instead of moving forward with an unfunded mandate that does not benefit families I ask the Senate Human Services Committee to consider amending HB 1464 to an interim study of the development of doula services in North Dakota, which includes, but is not limited to, what is currently available, education and certification, and resources needed to establish a Medicaid program.

The NDDHHS Medical Services Division Director, Community Engagement Unit Associate Director and Foundation for a Healthy North Dakota were consulted and provided input in the development of this bill and my testimony today.

I urge you to support amending House Bill 1464 to strengthen maternal care, reduce disparities, and provide families with the essential support they need during the critical postpartum period. Thank you for your time and consideration. I am happy to answer any questions.

HB1464

March 5, 2025-1 pm

Senator Lee and Members of the Senate Human Services Committee,

I am providing my personal testimony to support HB1464.

My name is Candi Smith. I am an enrolled member of the Osage Nation. I am a Registered Nurse and International Board Certified Lactation Consultant (IBCLC). I took the DONA International Postpartum doula training workshop in June of 2024. I recently completed the additional training that is required by DONA and have submitted my packet for review of certification.

I was hired by Indigenous Association to organize three different trainings this past year that would focus on recruiting Indigenous women to allow for Indigenous doulas to provide doula services for Indigenous families. We offered free trainings through grants to 43 individuals that stated in their application they were Indigenous or work with Indigenous communities. Of the 43 individuals 36 were Indigenous.

I hired Tracy McPhillips the Postpartum DONA trainer for several reasons but, mostly because she was excited to work with the Indigenous trainees. She agreed to travel to Fargo ND from the Seattle area. Prior to hiring her she understood we wanted to incorporate our own cultural traditions and knowledge into our training. Our DONA trainer recognizes the health disparities that many Indigenous families face. Several times during the training we adapted the workshop to support and share our individual beliefs. This included a wonderful presentation by an Indigenous woman on Indigenous Spirituality and birth practices. Tracy continues to have this Indigenous woman present at her trainings.

Dona has 11 board members of which 6 are women of color. One of the board members is Ameilia Garcia. She is the director of Diversity, Equity and Inclusion and in her bio states that she is a descendant of the Apache and Mayan tribes.

Beyond believing DONA is culturally aware of our training needs, I am proud to have trained under this organization as it has proved to be reputable. Looking at other states that provide Medicare reimbursement, all of them reimburse Certified DONA doulas.

“DONA International’s primary function is to provide excellent doula education and certification to a diverse population of doulas world-wide. DONA International promotes the highest quality perinatal support for pregnant, birthing, and postpartum people and their families by setting the standard for doula education and training, and by advocating the research-based benefits of doula care.”

Founded in 1992, DONA International has continued to grow and change with the needs of families around the world. DONA International answered the demand for postpartum support by creating postpartum doula certification in 2003. DONA focuses on continuing to evolve its training curriculum to incorporate the global diversity of families. DONA trains doulas to meet the needs of the family based on advocacy, evidence, cultural practices and safety. DONA International abides by a Code of Ethics and Standards of Practice that clearly states limits of practice, such as not providing medical care and commitment to the client. It also states the ethical responsibility to colleagues and the doula profession, including ethical responsibility to society. <https://www.dona.org/wp-content/uploads/2017/08/Updated-COESOP-2020-FINAL-Postpartum.pdf>

I approve this bill to support reimbursement of doulas in ND. While this bill's original intent was to cover doulas under Medicaid, DONA was the organization chosen for its reputation of being Medicaid reimbursable in all the other states that reimburse doula services. I fully acknowledge that there are other reputable postpartum training organizations and as the proposed bill 1464 states "The department may designate additional doula certification organizations." Whatever certifying organizations the committee considers, please examine what organizations have a Standards of Practice and Code of Ethics.

I want our North Dakota families to receive doula care from individuals that trained in workshops that are evidence based and culturally supported. The postpartum period is a sensitive time for families, and they deserve to be cared for by doulas that trained under a comprehensive training program such as DONA that includes a workshop, experiences and evaluations from working with families in their home, and additional coursework that prepares them to be confident to work with families as they transition to parenthood.

Thank you for your consideration,

Candi Smith MAS, RN, IBCLC

Honorable members of the committee,

Thank you for the opportunity to speak today. My name is Markie, and I represent the Bismarck Doula Community, an organization dedicated to supporting families in central North Dakota.

We are here today to respectfully express our concerns regarding the proposed bill, specifically the language that could require postpartum doulas to undergo training through a specific organization. While we understand the intent to ensure quality care, we believe that this approach could have unintended consequences for both the doulas currently serving families and the families themselves.

As an organization that works closely with families across North Dakota, we are committed to providing care that is individualized, family-centered, and sensitive to the unique needs of our community. Doulas are a non-regulated profession, and we have found that the flexibility to train through a variety of organizations and methodologies is what allows us to serve families in the most effective and personal way possible. Restricting this flexibility could limit access to care for many families, particularly in our rural areas where the supply of professionals is already limited.

We were also heartened to learn that the provision requiring Medicaid coverage for doula services was removed from the bill. However, we remain concerned that the specific training mandate, without insurance coverage, could inadvertently create barriers for doulas and the families who rely on their support. Without the possibility of insurance reimbursement, postpartum doulas could face increased financial strain, and those who are already working with low-income families may no longer be able to offer their services. This is particularly troubling for families who rely on doula support during critical postpartum periods, when personalized care and guidance are so important.

Moreover, as an organization, we have made the decision to move away from working with DONA International because we have found that their approach to training and support does not always align with the needs and values of North Dakota's diverse communities and extensive certification process is financially straining and almost impossible to reach in rural communities. We've heard from families of various cultural backgrounds that a more flexible and culturally responsive approach is necessary. Additionally, some of the past training efforts by DONA in our state have created tension with Native American communities, and we've worked hard to build positive relationships with these communities. It's important to us that the training organizations we partner with reflect the values and needs of all North Dakotans.

In light of these concerns, we urge the committee to carefully consider the potential impacts this bill may have on both doulas and the families we serve and reject this bill. We believe

there is a way to ensure quality training and support for postpartum doulas while preserving the flexibility that has allowed our profession to grow and serve families in a way that is responsive to their unique needs. Restricting training to one specific organization, especially without insurance coverage for services, could unintentionally create barriers to care and limit the support available to families in North Dakota.

Thank you for your time and consideration and I open the floor for any questions.

Hearing on HB 1464 - Senate Human Services Committee
Christina Sambor – Lobbyist No. 312, American College of Obstetricians and
Gynecologists
March 5, 2025

Chair Lee and members of the Human Services Committee:

My name is Christina Sambor, I am here on behalf of the American College of Obstetricians and Gynecologists, referred to as ACOG. Founded in 1951, ACOG is the premier professional membership organization for obstetrician–gynecologists. The College produces practice guidelines for health care professionals and educational materials for patients, provides practice management and career support, facilitates programs and initiatives to improve women’s health, and advocates for members and patients. I am here today to testify in favor of HB 1464, and to request that this committee amend the bill back to its original form and intent, which was to expand access to doula services for post-partum mothers by ensuring doula services are covered by Medicaid.

The postpartum period can be an extremely challenging time. Having just gone through pregnancy, childbirth, the first weeks and months caring for a newborn while recovering from pregnancy can be stressful, in particular if you lack a support network. There is evidence that doula support in the postpartum period can improve both maternal and neonatal outcomes. Doulas do not provide medical expertise or give medical advice, but rather should be a source of emotional, physical, and education support only (based on the Doulas of North America or DONA code of ethics).

Patients report to their OBGYNs that they often feel alone after delivery and are in need of additional support. Currently the only individuals who have access to this support are those who can pay for this cost, leaving a large group of individuals without access to this resource. This bill in its original form requires that doulas receiving payment from Medicaid for their services are required to be certified, which holds them to certain standards such as those set out by DONA international. As stated above, doulas should not be providing medical advice, but rather providing assistance with non-medical support and companionship, assisting with newborn care and sibling adjustment, meal preparation and household organization as examples. Tasks such as examining the baby and giving medical advice are not allowed for doulas who are certified and following their code of ethics.

Payment for doula services should be covered under Medicaid but should not reduce the rate of reimbursement for other components of prenatal and postnatal care delivery, such as physician reimbursement for services provided or facility fees. Prenatal and postnatal care delivery is a team-based effort and each component should continue to be compensated fairly for providing their important portion of care.

Thank you for your time today. On behalf of ACOG, I ask this committee to restore the original intent and impact of this important bill, and to recommend a do pass as amended. Doing so will support all post-partum North Dakota mothers and ensure that those suffering under economic stress are not deprived of necessary and beneficial support they need as they enter parenthood.

Honorable members of the committee,

Thank you for the opportunity to speak today. My name is Markie, and I represent the Bismarck Doula Community, an organization dedicated to supporting families in central North Dakota.

We are here today to respectfully express our concerns regarding the proposed bill, specifically the language that could require postpartum doulas to undergo training through a specific organization. While we understand the intent to ensure quality care, we believe that this approach could have unintended consequences for both the doulas currently serving families and the families themselves.

As an organization that works closely with families across North Dakota, we are committed to providing care that is individualized, family-centered, and sensitive to the unique needs of our community. Doulas are a non-regulated profession, and we have found that the flexibility to train through a variety of organizations and methodologies is what allows us to serve families in the most effective and personal way possible. Restricting this flexibility could limit access to care for many families, particularly in our rural areas where the supply of professionals is already limited.

We were also heartened to learn that the provision requiring Medicaid coverage for doula services was removed from the bill. However, we remain concerned that the specific training mandate, without insurance coverage, could inadvertently create barriers for doulas and the families who rely on their support. Without the possibility of insurance reimbursement, postpartum doulas could face increased financial strain, and those who are already working with low-income families may no longer be able to offer their services. This is particularly troubling for families who rely on doula support during critical postpartum periods, when personalized care and guidance are so important.

Moreover, as an organization, we have made the decision to move away from working with DONA International because we have found that their approach to training and support does not always align with the needs and values of North Dakota's diverse communities and extensive certification process is financially straining and almost impossible to reach in rural communities. We've heard from families of various cultural backgrounds that a more flexible and culturally responsive approach is necessary. Additionally, some of the past training efforts by DONA in our state have created tension with Native American communities, and we've worked hard to build positive relationships with these communities. It's important to us that the training organizations we partner with reflect the values and needs of all North Dakotans.

In light of these concerns, we urge the committee to carefully consider the potential impacts this bill may have on both doulas and the families we serve and reject this bill. We believe

there is a way to ensure quality training and support for postpartum doulas while preserving the flexibility that has allowed our profession to grow and serve families in a way that is responsive to their unique needs. Restricting training to one specific organization, especially without insurance coverage for services, could unintentionally create barriers to care and limit the support available to families in North Dakota.

Thank you for your time and consideration and I open the floor for any questions.

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1464
3/17/2025

Relating to postpartum doula certification; and to provide for a legislative management report.

3:00 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Shall Consider Study
- Family Practice Doctors
- Prenatal and Postpartum Care

3:00 p.m. Chairman Lee opened the discussion on changing bill to Shall Consider Study.

3:12 p.m. Senator Hogan moved proposed amendment testimony #43316.

3:12 p.m. Senator Weston seconded the motion.

3:14 p.m. Senator Hogan withdrew the motion.

3:14 p.m. Senator Weston withdrew the second.

3:16 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

Good evening Friends,

Below is the draft for a hog house of HB 1464 to a maternal health study per our discussion in the bill hearing. I am copying the folks I worked on the doula bill with so they can see the proposed study language and weigh in on additions and/or omissions. I feel strongly that a study of this magnitude be conducted by a researcher with content and research expertise, hence the price tag and requirement it be someone from one of NDs university departments of public health-hoping it would also buy the services of a graduate assistant for the study and experience. I am happy to discuss anything vague or questionable in the draft with you.

Gretch

DEPARTMENT OF HEALTH AND HUMAN SERVICES-MATERNAL CARE SERVICES STUDY-ONE-TIME FUNDING

During the 2025-26 interim, the legislative management shall consider a study of prenatal, delivery, and postnatal care programs and services in North Dakota. The study must include what medical and non-medical prenatal and postnatal care services are available, what communities they are available in, their service areas, and utilization rates of currently existing services. The study will identify where delivery services are available for health care facility-based and home births, how many obstetricians are practicing and where, how many OB-GYN positions are open, and the location of the openings. There will be a review of prenatal, delivery, and postnatal services covered by public assistance and private insurance policies and a financial and program audit of pregnancy resource centers receiving state funding.

The study must include, but is not limited to, key informant interviews, focus groups, or consultation with the University of North Dakota School of Medicine and Health Sciences, North Dakota State University Department of Public Health, North Dakota Maternal Mortality Review Committee, a foundation in North Dakota building a statewide coalition to promote wellness and improve health outcomes (Foundation for a Healthy North Dakota), doulas and midwives currently practicing in North Dakota, home visiting programs, and the North Dakota Medical Association.

Outcomes of the study will include a maternal care desert map, a maternal care asset map, an inventory of gaps in services and evidence-based or innovative pilot project

solutions for resolving them, approaches for increasing utilization in pre- and post-natal care services and programs and any resources needed for improving access and utilization, recommendations for increasing the number of OB-GYNs practicing in North Dakota, recommendations for certification, training, and reimbursement for doula and midwife services, evidence based change recommendations to public assistance and private insurance policies for improved maternal and infant health outcomes, and the return on investment for state funding to pregnancy resource centers. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the seventieth legislative assembly.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$200,000, or so much of the sum as may be necessary, to the department of health and human services, for the purpose of contracting for consulting services with a public health program in the North Dakota Higher Education System for the study for the biennium beginning July 1, 2025 and ending June 30, 2027. The funding provided is considered a one-time funding item

Representative Gretchen Dobervich

Assistant House Minority Leader

District 11 Fargo

North Dakota House of Representatives

600 E Boulevard Ave, Bismarck, ND 58505

gdobervich@ndlegis.gov

Committees:

House Human Services

House Agriculture

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1464
3/18/2025

Relating to postpartum doula certification; and to provide for a legislative management report.

4:59 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Amendment regarding Maternal care study
- Committee work

5:00 p.m. Senator Hogan explained proposed amendment on prenatal and postnatal delivery study and other language clarification and submitted testimony #42921.

5:09 p.m. Senator Hogan moved to adopt amendment LC#25.0993.02001.

5:09 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	AB
Senator Desiree Van Oosting	Y

Motion passed 5-0-1.

5:10 p.m. Senator Hogan moved Do Pass as amended and rerefer to Appropriations.

5:11 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	AB
Senator Desiree Van Oosting	Y

Motion passed 5-0-1.

Senate Human Services Committee

HB 1464

03/18/2025

Page 2

Senator Hogan will carry the bill.

5:12 p.m. Chairman Lee adjourned the meeting.

Andrew Ficek, Committee Clerk

Reconsidered on 3/19/25 at 2:22 p.m.

March 18, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

VC 3/18/25
1 of 3

**PROPOSED AMENDMENTS TO
FIRST ENGROSSMENT**

ENGROSSED HOUSE BILL NO. 1464

Introduced by

Representatives Dobervich, K. Anderson, Brown, Finley-DeVille, Hager, Hanson, Rohr,
Steiner

Senators Hogan, Mathern

1 A BILL ~~for an Act to create and enact a new section to chapter 23-12 of the North Dakota~~
2 ~~Century Code, relating to postpartum doula certification; and to provide for a legislative~~
3 ~~management report.~~ for an Act to provide for a legislative management study relating to
4 maternal care services.

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1.** ~~A new section to chapter 23-12 of the North Dakota Century Code is created~~
7 ~~and enacted as follows:~~

8 ~~— **Postpartum doula certification.**~~

9 ~~— 1. As used in this section:~~

10 ~~— a. "Certified doula" means an individual who has received a certification to perform~~
11 ~~doula services from the doulas of North America or an organization designated~~
12 ~~by the department.~~

13 ~~— b. "Department" means the department of health and human services.~~

14 ~~— c. "Doula services" means education and support services for a parent and child,~~
15 ~~including continuous emotional and physical support during the postpartum~~
16 ~~period, including up to six months after the birth of the child.~~

17 ~~— 2. The department may:~~

18 ~~— a. Designate additional doula certification organizations;~~

19 ~~— b. Remove the designation of a doula certification organization; and~~

20 ~~— c. Adopt rules to implement and administer this section.~~

~~3. The department shall establish criteria for the designation of doula certification organizations and maintain a list of designated organizations on the department's website for purposes of facilitating the availability of certified doulas to provide doula services under section 2 of this Act.~~

~~4. The department may not impose a licensing or certification fee in addition to any fees imposed by a doula certification organization meeting the criteria established by the department.~~

~~**SECTION 2. LEGISLATIVE MANAGEMENT REPORT - POSTPARTUM DOULA**~~

~~**CERTIFICATION.** During the 2025-26 interim, the department of health and human services shall provide a report to the legislative management regarding postpartum doula certification, including the status of implementing and administering the responsibilities relating to postpartum doula certification under section 1 of this Act and the impact of certified doula services.~~

SECTION 1. LEGISLATIVE MANAGEMENT STUDY - MATERNAL CARE SERVICES.

1. During the 2025-26 interim, the legislative management shall consider studying maternal care services. The study must include:
 - a. Analysis of the availability of medical and nonmedical prenatal services in the state by community and geographic service area, and the utilization rate of each;
 - b. Review of childbirth service availability, including in-home and health care facility-based services, and the number of obstetricians and family practitioners routinely delivering babies by geographic service area;
 - c. Review of prenatal, childbirth, and postnatal services covered by public assistance, private insurance, and pregnancy resource centers including an analysis of funding, program evaluation, and outcomes;
 - d. Consideration of previous studies related to maternal care services;
 - e. Consideration of maternal care resource and asset maps, service gaps, evidence-based or innovative pilot project solutions for resolving service gaps, and approaches for increasing utilization of prenatal and postnatal care services and programs;
 - f. Evaluation of ways to increase the number of obstetrician-gynecologists practicing in North Dakota;

- 1 g. Exploration of processes for certifying, training, and reimbursing doula and
- 2 midwife services;
- 3 h. Consideration of public assistance and private insurance policy opportunities to
- 4 improve maternal and infant health outcomes; and
- 5 i. Input and consultation from key stakeholders including:
 - 6 (1) The university of North Dakota school of medicine and health sciences;
 - 7 (2) The North Dakota maternal morbidity review panel;
 - 8 (3) The infant mortality review panel;
 - 9 (4) The foundation for a healthy North Dakota;
 - 10 (5) Doulas, midwives, and home-based service providers practicing the state;
 - 11 (6) The North American college of obstetricians and gynecology; and
 - 12 (7) The North Dakota medical association;
- 13 2. The legislative management shall report its findings and recommendations together
- 14 with any legislation required to implement the recommendations, to the seventieth
- 15 legislative assembly.

16 **SECTION 2. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES -**
17 **MATERNAL CARE SERVICES STUDY.** There is appropriated out of any moneys in the general
18 fund in the state treasury, not otherwise appropriated, the sum of \$200,000, or so much of the
19 sum as may be necessary, to the department of health and human services for the purpose of
20 of contracting for consulting services with a public health program in the North Dakota higher
21 education system for the maternal care services study, for the biennium beginning July 1, 2025,
22 and ending June 30, 2027.

Proposed amendment to HB 1464

DEPARTMENT OF HEALTH AND HUMAN SERVICES-MATERNAL CARE SERVICES STUDY- ONE-TIME FUNDING

During the 2025-26 interim, legislative management shall consider a study of prenatal, delivery, and postnatal care programs and services in North Dakota including resources, strengths and barriers to service. The study must include what medical and non-medical prenatal and postnatal care services are available, what communities they are available in, their service areas, and utilization rates of currently existing services. The study will identify where delivery services are available for health care facility-based and home births, and how many obstetricians & family practitioners that routinely deliver babies by geographic service area. Review of prenatal, delivery, and postnatal services covered by public assistance, private insurance policies pregnancy resource centers including funding, program evaluations and outcomes.

The study shall include review of previous studies related to these issues, key informant interviews, focus groups, or consultation with the University of North Dakota School of Medicine and Health Sciences, the ND Maternal Morbidity Review Panel, Infant Mortality Review Panel, Foundation for a Healthy North Dakota, doulas and midwives currently practicing in North Dakota, home visiting programs, the ND American College of Obstetricians and Gynecology and the North Dakota Medical Association.

Outcomes of the study will include a maternal care resource map, a maternal care asset map, an inventory of gaps in services and evidence-based or innovative pilot project solutions for resolving them, approaches for increasing utilization in pre- and post-natal care services and programs and any resources needed for improving access and utilization, recommendations for increasing the number of OB-GYNs practicing in North Dakota, recommendations for certification, training, and reimbursement for doula and midwife services, evidence based change recommendations to public assistance and private insurance policies for improved maternal and infant health outcomes, and pregnancy resource centers funding , program evaluations, audits and outcomes. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the seventieth legislative assembly.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$200,000, or so much of the sum as may be necessary, to the Department of Health and Human Services, for the purpose of contracting for consulting services with a public health program in the North Dakota Higher Education System for the study for the biennium beginning July 1, 2025 and ending June 30, 2027. The funding provided is considered a one-time funding item.

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1464
3/19/2025

Relating to postpartum doula certification; and to provide for a legislative management report.

2:22 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Women Infant and Children

2:23 p.m. Senator Hogan moved to reconsider HB 1464.

2:23 p.m. Senator Weston second the motion.

Voice vote- motion passed.

2:26 p.m. Senator Hogan moved amendment LC#25.0993.02002.

2:26 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

2:28 p.m. Senator Hogan moved Do Pass as amended and rerefer to Appropriations.

2:28 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

Senator Hogan will carry the bill.

2:29 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

March 19, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1464

Introduced by

Representatives Dobervich, K. Anderson, Brown, Finley-DeVille, Hager, Hanson, Rohr,
Steiner

Senators Hogan, Mathern

1 A BILL ~~for an Act to create and enact a new section to chapter 23-12 of the North Dakota~~
2 ~~Century Code, relating to postpartum doula certification; and to provide for a legislative~~
3 ~~management report.~~ for an Act to provide for a legislative management study relating to
4 maternal care services; and to provide an appropriation.

5 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

6 ~~SECTION 1. A new section to chapter 23-12 of the North Dakota Century Code is created~~
7 ~~and enacted as follows:~~

8 ~~Postpartum doula certification.~~

9 ~~1. As used in this section:~~

- 10 ~~a. "Certified doula" means an individual who has received a certification to perform~~
11 ~~doula services from the doulas of North America or an organization designated~~
12 ~~by the department.~~
- 13 ~~b. "Department" means the department of health and human services.~~
- 14 ~~c. "Doula services" means education and support services for a parent and child,~~
15 ~~including continuous emotional and physical support during the postpartum~~
16 ~~period, including up to six months after the birth of the child.~~

17 ~~2. The department may:~~

- 18 ~~a. Designate additional doula certification organizations;~~
- 19 ~~b. Remove the designation of a doula certification organization; and~~
- 20 ~~c. Adopt rules to implement and administer this section.~~

~~3. The department shall establish criteria for the designation of doula certification organizations and maintain a list of designated organizations on the department's website for purposes of facilitating the availability of certified doulas to provide doula services under section 2 of this Act.~~

~~4. The department may not impose a licensing or certification fee in addition to any fees imposed by a doula certification organization meeting the criteria established by the department.~~

~~SECTION 2. LEGISLATIVE MANAGEMENT REPORT – POSTPARTUM DOULA~~

~~CERTIFICATION. During the 2025-26 interim, the department of health and human services shall provide a report to the legislative management regarding postpartum doula certification, including the status of implementing and administering the responsibilities relating to postpartum doula certification under section 1 of this Act and the impact of certified doula services.~~

SECTION 1. LEGISLATIVE MANAGEMENT STUDY - MATERNAL CARE SERVICES.

1. During the 2025-26 interim, the legislative management shall consider studying maternal care services. The study must include:
 - a. An analysis of the availability of medical and nonmedical prenatal services in the state by community and geographic service area, and the utilization rate of each;
 - b. A review of childbirth service availability, including in-home and health care facility-based services, and the number of obstetrician-gynecologists and family practitioners routinely delivering babies by geographic service area;
 - c. A review of prenatal, childbirth, and postnatal services covered by public assistance, private insurance, and pregnancy resource centers, including an analysis of funding, program evaluation, and outcomes;
 - d. Consideration of previous studies related to maternal care services;
 - e. Consideration of maternal care resource and asset maps, service gaps, evidence-based or innovative pilot project solutions for resolving service gaps, and approaches for increasing the use of prenatal and postnatal care services and programs;
 - f. An evaluation of ways to increase the number of obstetrician-gynecologists and family practitioners practicing in the state;

- 1 g. Exploration of processes for certifying, training, and reimbursing doula and
- 2 midwife services;
- 3 h. Consideration of public assistance and private insurance policy opportunities to
- 4 improve maternal and infant health outcomes; and
- 5 i. Input and consultation from key stakeholders including:
 - 6 (1) The university of North Dakota school of medicine and health sciences;
 - 7 (2) The North Dakota maternal mortality review committee;
 - 8 (3) The infant mortality review panel;
 - 9 (4) The foundation for a healthy North Dakota;
 - 10 (5) Doulas, midwives, and home-based service providers practicing in the state;
 - 11 (6) The North American college of obstetricians and gynecology;
 - 12 (7) The North Dakota medical association;
 - 13 (8) The women, infants, and children program; and
 - 14 (9) North Dakota health tracks.
- 15 2. The legislative management shall report its findings and recommendations together
- 16 with any legislation required to implement the recommendations, to the seventieth
- 17 legislative assembly.

18 **SECTION 2. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES -**
19 **MATERNAL CARE SERVICES STUDY - ONE-TIME FUNDING.** There is appropriated out of
20 any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of
21 \$200,000, or so much of the sum as may be necessary, to the department of health and human
22 services for the purpose of contracting for consulting services with a public health program in
23 the North Dakota higher education system for the maternal care services study, under section 1
24 of this Act, for the biennium beginning July 1, 2025, and ending June 30, 2027. The
25 appropriation in this section is considered a one-time funding item.

**REPORT OF STANDING COMMITTEE
ENGROSSED HB 1464**

Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS** ([25.0993.02002](#)) and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1464 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

2025 SENATE APPROPRIATIONS

HB 1464

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

HB 1464
3/31/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

10:34 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Maternal Care Services
- Legislative Management Study
- Appropriation Dollars

10:35 a.m. Sarah Aker, Executive Director, Medical Services, ND Department of Health and Human Services (ND DHHS), testified in favor.

10:42 a.m. Christina Sambor, Attorney, Lobbyist, American College of Obstetricians and Gynecologists, testified in favor.

10:56 a.m. Senator Cleary moved amendment to strike Section 2 from bill.

10:56 a.m. Senator Davison seconded the motion.

Voice vote - Motion passed.

10:57 a.m. Senator Cleary moved Do Pass as Amended.

10:57 a.m. Senator Davison seconded the motion.

Senators	Vote
Senator Dick Dever	Y
Senator Sean Cleary	Y
Senator Kyle Davison	Y
Senator Jeffrey J. Magrum	Y
Senator Tim Mathern	Y

Motion passed 5-0-0.

Senator Cleary will carry the bill.

Senate Appropriations Human Resources Division

HB 1464

3/31/25

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10:59 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Harvest Room, State Capitol

HB 1464
4/1/2025

A BILL for an Act to provide for a legislative management study relating to maternal care services; and to provide an appropriation

9:18 a.m. Chairman Bekkedahl opened the hearing.

Members Present: Chairman Bekkedahl, Vice-Chairman Erbele, and Senators Burckhard, Cleary, Conley, Davison, Dever, Dwyer, Magrum, Mathern, Meyer, Schaible, Sickler, Sorvaag, Thomas, Wanzek.

Discussion Topics:

- Fiscal Note Clarification
- Study Cost
- Doula Services
- Doula Definition

9:18 a.m. Senator Cleary introduced the bill and submitted testimony #44522.

9:20 a.m. Senator Cleary moved amendment LC 25.0993.02005.

9:20 a.m. Senator Dever seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	Y
Senator Cole Conley	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	N
Senator Scott Meyer	Y
Senator Donald Schaible	Y
Senator Jonathan Sickler	Y
Senator Ronald Sorvaag	Y
Senator Paul J. Thomas	Y
Senator Terry M. Wanzek	Y

Motion Passed 15-1-0.

9:22 a.m. Senator Cleary moved a Do Pass as Amended.

9:22 a.m. Senator Davison seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	N
Senator Robert Erbele	N
Senator Randy A. Burckhard	N
Senator Sean Cleary	N
Senator Cole Conley	N
Senator Kyle Davison	N
Senator Dick Dever	Y
Senator Michael Dwyer	N
Senator Jeffery J. Magrum	N
Senator Tim Mathern	Y
Senator Scott Meyer	N
Senator Donald Schaible	N
Senator Jonathan Sickler	N
Senator Ronald Sorvaag	N
Senator Paul J. Thomas	N
Senator Terry M. Wanzek	Y

Motion Failed 3-13-0.

9:33 a.m. Senator Cleary moved a Do Not Pass as Amended.

9:33 a.m. Senator Davison seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	Y
Senator Cole Conley	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	N
Senator Scott Meyer	Y
Senator Donald Schaible	Y
Senator Jonathan Sickler	Y
Senator Ronald Sorvaag	Y
Senator Paul J. Thomas	Y
Senator Terry M. Wanzek	N

Motion Passed 14-2-0.

Senate Appropriations Committee

HB 1464

04/01/2025

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Senator Cleary will carry the bill.

9:35 a.m. Chairman Bekkedahl closed the hearing.

Elizabeth Reiten, Committee Clerk

Sixty-ninth
Legislative Assembly
of North Dakota

**PROPOSED AMENDMENTS TO
FIRST ENGROSSMENT**

CO
4/1/25
10F3

ENGROSSED HOUSE BILL NO. 1464

Introduced by

Representatives Dobervich, K. Anderson, Brown, Finley-DeVille, Hager, Hanson, Rohr,
Steiner

Senators Hogan, Mathern

*In place of the amendments (25.0993.02002) adopted by the Senate, engrossed House Bill
No. 1464 is amended by amendment (25.0993.02005) as follows:*

1 A BILL ~~for an Act to create and enact a new section to chapter 23-12 of the North Dakota~~
2 ~~Century Code, relating to postpartum doula certification; and to provide for a legislative~~
3 ~~management report; for an Act to provide for a legislative management study relating to~~
4 ~~maternal care services.~~

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 ~~SECTION 1. A new section to chapter 23-12 of the North Dakota Century Code is created~~
7 ~~and enacted as follows:~~
8 ~~Postpartum doula certification.~~
9 ~~1. As used in this section:~~
10 ~~a. "Certified doula" means an individual who has received a certification to perform~~
11 ~~doula services from the doulas of North America or an organization designated~~
12 ~~by the department.~~
13 ~~b. "Department" means the department of health and human services.~~
14 ~~c. "Doula services" means education and support services for a parent and child,~~
15 ~~including continuous emotional and physical support during the postpartum~~
16 ~~period, including up to six months after the birth of the child.~~
17 ~~2. The department may:~~
18 ~~a. Designate additional doula certification organizations;~~
19 ~~b. Remove the designation of a doula certification organization; and~~

~~c. Adopt rules to implement and administer this section.~~

~~3. The department shall establish criteria for the designation of doula certification organizations and maintain a list of designated organizations on the department's website for purposes of facilitating the availability of certified doulas to provide doula services under section 2 of this Act.~~

~~4. The department may not impose a licensing or certification fee in addition to any fees imposed by a doula certification organization meeting the criteria established by the department.~~

~~**SECTION 2. LEGISLATIVE MANAGEMENT REPORT - POSTPARTUM DOULA**~~

~~**CERTIFICATION.** During the 2025-26 interim, the department of health and human services shall provide a report to the legislative management regarding postpartum doula certification, including the status of implementing and administering the responsibilities relating to postpartum doula certification under section 1 of this Act and the impact of certified doula services.~~

SECTION 1. LEGISLATIVE MANAGEMENT STUDY - MATERNAL CARE SERVICES.

1. During the 2025-26 interim, the legislative management shall consider studying maternal care services. The study must include:
 - a. An analysis of the availability of medical and nonmedical prenatal services in the state by community and geographic service area, and the utilization rate of each;
 - b. A review of childbirth service availability, including in-home and health care facility-based services, and the number of obstetrician-gynecologists and family practitioners routinely delivering babies by geographic service area;
 - c. A review of prenatal, childbirth, and postnatal services covered by public assistance, private insurance, and pregnancy resource centers, including an analysis of funding, program evaluation, and outcomes;
 - d. Consideration of previous studies related to maternal care services;
 - e. Consideration of maternal care resource and asset maps, service gaps, evidence-based or innovative pilot project solutions for resolving service gaps, and approaches for increasing the use of prenatal and postnatal care services and programs;

- 1 f. An evaluation of ways to increase the number of obstetrician-gynecologists and
- 2 family practitioners practicing in the state;
- 3 g. Exploration of processes for certifying, training, and reimbursing doula and
- 4 midwife services;
- 5 h. Consideration of public assistance and private insurance policy opportunities to
- 6 improve maternal and infant health outcomes; and
- 7 i. Input and consultation from key stakeholders, including:
 - 8 (1) The university of North Dakota school of medicine and health sciences;
 - 9 (2) The North Dakota maternal mortality review committee;
 - 10 (3) The infant mortality review panel;
 - 11 (4) The foundation for a healthy North Dakota;
 - 12 (5) Doulas, midwives, and home-based service providers practicing in the state;
 - 13 (6) The North American college of obstetricians and gynecology;
 - 14 (7) The North Dakota medical association;
 - 15 (8) The women, infants, and children program; and
 - 16 (9) North Dakota health tracks.
- 17 2. The legislative management shall report its findings and recommendations, together
- 18 with any legislation required to implement the recommendations, to the seventieth
- 19 legislative assembly.

**REPORT OF STANDING COMMITTEE
ENGROSSED AND AMENDED HB 1464**

Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **AMENDMENTS** ([25.0993.02005](#)) and when so amended, recommends **DO NOT PASS** (14 YEAS, 2 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). Engrossed HB 1464, as amended, was placed on the Sixth order on the calendar. This bill does not affect workforce development.

25.0993.02005
Title.

Prepared for the Senate Appropriations
- Human Resources Division Committee
March 31, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1464

Introduced by

Representatives Dobervich, K. Anderson, Brown, Finley-DeVill, Hager, Hanson, Rohr,
Steiner

Senators Hogan, Mathern

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