

Submitter: Katie Minich
On Behalf Of:
Committee: Senate Committee On Early Childhood and Behavioral Health
Measure, Appointment or Topic: SB692

Chair Reynolds, Vice-Chair Anderson and Members of the Committee,

I had the privilege of being able to give my personal testimony on 2/18 and shared about how having a doula present during two of my children's birth, along with quality midwifery care, was extremely healing and transformational to me as a young mother. I wanted to also submit written testimony in support of HB 692. As a mother, Traditional Health Worker doula, doula trainer and mentor and an applied anthropology graduate student at Oregon State University, I have lived and witnessed the intersections of these identities alongside other doulas.

For the past five years, I have been researching doulas in Oregon, listening to them as they share their barriers to being able to provide care to birthing people in the state. Significant challenges center around a lack of collaboration and acceptance by the healthcare systems and providers, friction in the doula community itself, and background of trauma. Many doulas come to this work after having experienced trauma themselves, and this is simultaneously an inspiring and sobering aspect of the work. Because of this, I believe that doulas would greatly benefit from having more support around community building and support for their own well-being. Being an on-call lifestyle, doula work can be physically, emotionally and mentally taxing, especially as doulas are not usually employed and do not receive benefits like healthcare, paid time off, or a 401k. Though the higher reimbursement from Medicaid has been a huge win, doulas are not often receiving the full amount (sometimes never received or received many months later) to support the work of staff. That is, only if there are staff available to help them do their insurance billing. Community-based doula hubs can only operate with funding, as doing this work is not a money-making endeavor. Many nonprofits that rely on funding to run a hub or staff are consistently stressed by the idea of funding running out or not being enough to support the administrative work that is necessary to match doulas to clients and submit claims for reimbursement. Most doulas are not medical billers, and the cost is prohibitive to an individual. Doulas need skilled staff to support this process and a sustainable way to keep these hubs in operation. Furthermore, there are not doula hubs in every region and individuals are carrying the immense weight and often unpaid labor to make this possible. We have 422 Traditional Health Worker doulas currently on the state registry, but many areas, especially rural, are not represented. Post-training, doulas need mentorship opportunities, and these mentors need to be compensated for their work, too. Many people are overwhelmed and confused after their training to navigate being a business owner and medical biller on top of serving

clients that have complex needs. There is also an issue with the three births doulas must attend to apply to the registry. Some nonprofits may give stipends for doulas since they can't bill Medicaid for those births, and often people do work for free. Many cannot afford to drive to visits and births without pay, which undermines the efforts of recruiting and retaining a culturally/linguistically matched doula workforce, as well as being rather unethical to ask this of people who already come from a marginalized background to shoulder even more unpaid labor in their communities. Doulas can make a huge impact on families lives, but they need support from their peers, not competition, which is what the reality is currently.

My current research aims to identify what doulas feel a sustainable career looks like post-training. This is a complex situation, and it is because doulas operate in a system that was not built to support them. HB 692, if passed, will provide support for doulas and as a result, the families they serve. I implore you to support this bill, and also to keep doulas involved in this policy's development. Thank you.