



State Representatives Tom Brinkman Sponsor Testimony- HB 142

Chair Huffman and members of the Senate Health Committee, thank you for the opportunity speak on House Bill 142, which will allow Medicaid to reimburse for doula services. Doulas are birth workers who provide health education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum persons. With their support, women were less likely to have pain-relief medications administered and less likely to have a cesarean birth. Women also reported having a more positive childbirth experience.

Studies have shown that having a doula as a member of the birth team decreases the overall cesarean rate by 50%, the length of labor by 25%, the use of oxytocin by 40%, and requests for an epidural by 60%. The continuous support of doulas before, during, and after childbirth have decreased pregnancy risks and resulted in increased patient satisfaction. Because doula services are not covered by Medicaid, many individuals have to pay for these services out of pocket. Three states, including New York, Oregon, and Minnesota have implemented legislation in which Medicaid will provide reimbursement for doula services. California introduced legislation to create a full spectrum doula care pilot program for Medicaid beneficiaries.

In Ohio, Medicaid covers certain prenatal services including prenatal vitamins and ultrasounds. In 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth every day. In the U.S. every year, 700 to 900 new and expectant mothers die, with an additional 500,000 experiencing life-threatening postpartum complications. The majority of the deaths are from preventable causes. Ohio's maternal death rate was 14.7 per 100,000 live births between 2008 and 2016. The Ohio Department of Health's Pregnancy Associated

Mortality Review report released in November of 2019 found that during this time, there were 610 pregnancy-associated deaths in Ohio. Of those, 186 women died due to pregnancy-related reasons. Premature birth and its complications are the largest contributors to infant death in this country and globally. When we look at the cost-effectiveness of doula care and the reduction of preterm birth and cesarean delivery, women who received doula support had lower preterm and cesarean birth rates than Medicaid beneficiaries regionally. Women with doula care had 22% lower odds of preterm birth.

Cost-effectiveness analyses indicate potential savings associated with doula support reimbursed at an average of \$986, (ranging from \$929 to \$1,047 across states). It is our responsibility to do everything we can to ensure that families come first in Ohio and mothers can live their lives without the fear of dying during or after childbirth. Thank you again for your time and I would glad to answer any questions you may have.