

Testimony before the House Finance Committee
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**Testimony in Opposition to HB 96, the Proposed Substitute Budget Bill –
Limitation of Medicaid Coverage for Doula Services**

Chair Stewart, Vice Chair Dovilla, Ranking Member Sweeney, and members of the House Finance Committee, thank you for the opportunity to provide testimony today. My name is [Your Name], and I serve as [Your Title] for [Organization Name].

I strongly oppose the provision in the proposed Substitute Budget Bill that limits Medicaid coverage for doula services to only six counties and caps total funding at \$500,000 per fiscal year (MCD62 Doula services). This restriction is not only inadequate—it actively harms efforts to reduce infant deaths in Ohio.

Key Concerns:

- **Fails to Target Areas with the Most Infant Deaths** – While the bill focuses on counties with the highest *infant mortality rates*, most *infant deaths* occur in Ohio's largest cities, including Cleveland, Columbus, and Cincinnati—areas that this provision *excludes*. Infant mortality rates tend to be higher in less populous counties due to smaller sample sizes, but the raw number of lives lost is far greater in urban areas. This bill ignores where help is needed most.
- **Severely Underfunded** – With Medicaid reimbursement at \$1,200 per birth, the proposed \$500,000 cap would cover fewer than 416 births statewide—an insufficient response to Ohio's maternal and infant health crisis. Thousands of families could be left without access to this life-saving support.
- **Missed Cost Savings** – Doula care reduces preterm births, C-sections, and costly medical complications, ultimately saving the state money. Limiting access ignores these long-term benefits and increases the likelihood of preventable healthcare costs.

Ohio should be expanding access to doula services—not restricting it. I urge the committee to remove these harmful limitations and ensure that all families, regardless of where they live, have access to the care they need.