

## **Testimony before the House Finance Committee**

**April 03, 2025**

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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 Linsey Griffith, and I serve as Owner of the Ohio Doulas and Faculty member for OSU's MBRACC Doula/CHW pilot program, and serve on Delaware City Council.

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 Underserves Rural Areas**- many rural counties in Ohio are maternal health deserts with only Doula and CPMs standing in the gap, helping folks access the services they need.
- **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 will 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. This is the most shameful, penny pinching, anti “pro-life,” anti-family funding move. I urge the committee to remove these harmful limitations and ensure that all families, regardless of where they live, have access to the support they need. Avoiding traumatic birth and avoiding primary c-sections are shown to improve maternal and fetal outcomes- which the state claims to want to do and has spent over \$34 million dollars on in the last two years - with no discernible impact. This program is a targeted and accessible and affordable approach to do what our state government and healthcare institutions have thus far wasted millions of taxpayer dollars on programs that failed to make a difference. Yet this new program , which has been shown in other states to be effective, is the first line item reduced after just a year in effect. We ask you to fund manageable and effective community care options like the Medicaid Doula program: it just makes economic sense.