



**INTERESTED PARTY TESTIMONY TO HOUSE FINANCE COMMITTEE
ON SUBSTITUTE HB 96
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Chair Stewart, Vice Chair Dovilla, Ranking Member Sweeney and members of the House Finance Committee, thank you for the opportunity to provide testimony. On behalf of the bi3 Fund, a grantmaker in health, I am submitting this written testimony to oppose the proposed substitute budget bill that limits Medicaid coverage for doula services to only six counties and caps total funding to \$500,000 per fiscal year. By providing all pregnant and postpartum women enrolled in Medicaid with access to doula services, we can increase the likelihood that more Ohio babies live to celebrate their first birthday.

The vision of the bi3 Fund is that all people in Greater Cincinnati have a fair and just opportunity to achieve their best health. Core to our focus on maternal and young child health is the belief that our community can be a place where every mother and young child has access to the care and resources they need to thrive, from pregnancy to early childhood and beyond. [Studies have demonstrated](#) that engaging with a community-based doula can lead to improved physical and psychological outcomes for both women and their babies. Doula care is linked to shorter labor hours, fewer cesarean births, less pain medication used, fewer complications during pregnancy, higher patient satisfaction with care, improved breastfeeding initiation rates and higher birth weights. Doulas, in collaboration with the broader systems of care, can decrease the likelihood of preventable healthcare costs and meaningfully contribute to the reduction in infant mortality rates.

We are encouraged by the State's recognition of the impact of doula care on birth outcomes, as Ohio joins an ever-growing number of states implementing doula care for Medicaid enrollees. The restrictions proposed in Substitute House Bill 96, however, provide inadequate resources to reduce infant deaths in Ohio.

Key Concerns:

- Focusing on the counties with the highest infant mortality rates fails to address 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.
- The cap of \$500,000 per fiscal year results in too few births supported statewide. 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. 416 births is less than 1% of the 55,000 births covered by Medicaid in 2024.

- By not making the upfront investment in this form of care, it could cost the State at the back end. 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.

In conclusion, we encourage this body to improve the health and well-being of moms, infants and families by ensuring broad access to doula services.

Thank you.