Formerly Pro-Choice Ohio
ABORTION FORWARD

Jaime Miracle, Deputy Director
Senate Medicaid Committee
Testimony in Opposition to HB 96
May 15, 2025

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee, thank you for accepting my testimony in opposition to House Bill 96, the proposed state budget. My name is Jaime Miracle, and I am the deputy director for *Abortion Forward*, formerly Pro-Choice Ohio. Before I begin, I want to thank my Policy Fellow Milena Wood for her assistance with drafting this testimony I'm presenting today.

We have many concerns about the Medicaid portions of the state budget, including limits to doula coverage, the defunding of Medicaid mental health providers who are gender affirming, elimination of continuous coverage for children from birth through age three, banning DEI programming in the Medicaid program, and the trigger language that will kick over 700,000 Ohioans off their health insurance by eliminating the expansion group coverage.

A budget document is a moral document – showing the direction that the state's elected officials want to go for the next two years. As currently pending, the only signal that this budget is sending to Ohioans is that this legislature unfortunately continues to push cruel and harmful policies on the residents of our great state.

**DOULA MEDICAID COVERAGE LIMITS**

I'll will start with the limits to the newly created Medicaid coverage for doula services. This program was implemented less than a year ago, and it is unfathomable to me why this legislature would be acting so quickly to gut this critical program. Doulas are an essential resource by virtue of the emotional and physical support they provide during pregnancy, labor, and the postpartum period, helping to improve the overall birth experience and birth outcomes for both mom and the baby. Non-white women in particular are more vulnerable to poorer health outcomes, especially during the birthing process, and these disparities in care often manifest in higher cesarean rates among non-white women.[1] Black women contend with higher rates of cesarean deliveries and the effects of provider biases on treatment protocols than white women.[2] A 2018 report found that "black women are losing their infants" on account of aforementioned factors like provider bias higher cesarean rates "  at a greater rate than any other racial/ethnic group in the nation."[3] They continue, "considering that the black preterm birth rate and the black rate of cesarean sections for delivery exceed those of other groups, addressing these factors could decrease the gap between black and white infant mortality

[1] Bryant AS, Worjoloh A, Caughey AB, Washington AE. Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants. Am J Obstet Gynecol. 2010 Apr;202(4):335-43. doi: 10.1016/j.ajog.2009.10.864. Epub 2010 Jan 12. PMID: 20060513; PMCID: PMC2847630.
[2] Smith, Imari & Bentley-Edwards, Keisha & El-Amin, Salimah & Darity, William. (2018). Fighting at Birth: Eradicating the Black-white Infant Mortality Gap Report.
[3] Smith et al.

rates." One such method to decrease that gap easily are doulas. Research shows that having a doula can lead to better birth outcomes, such as fewer cesarean sections and less anxiety for the birthing person.[4] This is especially true for Black and non-white women.

For vulnerable populations, having access to a doula can mean the difference between a healthy, stress-free birth and a traumatic birthing experience. This budget limits the funding to $500,000 per year, allowing only 416 births per year to have a doula covered by Medicaid, a wholly inadequate number considering approximately 60,000 births each year are paid for by Medicaid. In other words, only 0.6% of all births will be able to have this life-saving care. Attempting to make Ohio the best place to raise a family must also include making it a place where those who want to start a family have the resources and support necessary to do so. We urge the Senate to allow this program to reach its full potential and not limit it before it has even had a chance. Eliminate the restrictions on Medicaid coverage for doulas and ensure that everyone who is covered by Medicaid has access to these critical, life-saving services.

**DEFUNDING MEDICAID MENTAL HEALTH PROVIDERS**

Ohio, like the rest of the country, is in the midst of a mental health crisis. Getting access to mental health care can be a real struggle, especially for those who rely on Medicaid for their health insurance coverage. The provision in this bill that would force mental health providers to choose between being able to be a Medicaid provider and being able to serve every patient who comes through the door with the dignity and respect that they deserve is cruel and will cause harm to people across this state. No matter how many bills you introduce or policies you try to push, transgender people exist, have always existed, and will continue to exist long after you are out of office. This legislation is poised to cause great harm to Ohio's transgender community. Please listen to the stories of transgender Ohioans who have come before this committee to share their stories. Limiting access to healthcare that affirms the basic dignity of humanity and identity will lead to more Ohioans attempting suicide. This provision, plus the provision mirroring the Trump executive order defining only two sexes, and the defunding of youth homelessness programs that affirm a person's gender identity show just how little regard the Ohio legislature has for residents of our state. We urge you to strike this and the other dangerous and cruel anti-Trans provisions out of this budget document.

**ELIMINATION OF CONTINUOUS MEDICAID ENROLLMENT FOR CHIDREN THROUGH AGE 3**

The elimination of the program that ensures continuous Medicaid coverage for children from birth through age three would have grave consequences for families in our state. You cannot claim to care about young children and then deny them the chance to have a healthy start in life. This program is critical.

Navigating frequent income checks and eligibility reviews can often leave these young children with gaps in coverage. These gaps mean they miss important well-child visits, care for chronic illnesses like asthma, or critical vaccinations. This program also relieves the stress on the parents by ensuring continuity of healthcare coverage that might otherwise be lapsed due to

[4] Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163.

circumstances like a small temporary increase in household income or a missed piece of mail. Research has shown that stable healthcare access in early childhood leads to better long-term health outcomes. Providing this coverage puts that child on the path to a healthy life for their lifespan, not just the four years they are ensured Medicaid coverage. We urge this committee to allow this program to continue and ensure that our youngest Ohioans have access to the healthcare they need to grow into healthy teens and adults.

**MEDICAID EXPANSION "TRIGGER" LANGUAGE**

In Ohio, the Medicaid expansion provides health insurance coverage to approximately 770,000 people. This group includes people who have incomes that are too high to qualify for traditional Medicaid, but too low to qualify for coverage on the health insurance exchange. The elimination of the Medicaid expansion does not only impact the individuals and families who will lose critical health care coverage but will also have devastating impacts on hospitals across the state, especially in rural counties in Ohio.

According to the March of Dimes, 2.2% of all babies born to women in Ohio live in rural counties, while only 0.2% of maternity care providers practice in rural counties. Thirteen counties in our state are considered maternity care deserts, meaning there are no hospitals or birth centers offering obstetric care in those counties. Immediate termination of the Medicaid expansion as outlined in the "trigger" language of this budget bill would cause all of these rates to rise and our hospitals systems to struggle to care for patients in their community. Please eliminate the hard "trigger" language currently in H.B. 96. Replace the "shall" to "may" to allow the state to fully examine the impacts of changing federal support, and weigh that with the loss of coverage and impacts on our healthcare system.

**MEDICAID DIVERSITY, EQUITY, AND INCLUSION BAN**

The House proposal also includes language that bans the Department of Medicaid from using "Diversity, Equity, and Inclusion" in its work. The lack of definitions around what this prohibition could mean leaves the department without clear guidance on what they can and cannot do, increasing the likelihood of over-enforcement to ensure compliance. Removing the ability for the department to look at disease trends by race or how certain health outcomes look different in different populations across our state will make the work of medical professionals more difficult and cause our already high levels of racial disparities in health to continue to skyrocket.

The desire for colorblind practices often stems from the idea that discrimination simply won't exist if we do not acknowledge our differences. In practice, however, colorblind approaches to medicine often yield poor outcomes for the relationship between medical professionals and their patients, and patient health outcomes in general. Trying to appear more unprejudiced by acting as if we don't notice race, despite automatically seeing race, makes white practitioners appear more uncomfortable, anxious, and less friendly when working with patients of a different race than their own[5].

Colorblind approaches to healthcare do not promote equity, genuine understanding, or cultural competency. Black women are almost four times more likely to die while giving birth than white

[5] West TV, Schoenthaler A. Color-Blind and Multicultural Strategies in Medical Settings. Soc Issues Policy Rev. 2017 Jan;11(1):124-158. doi: 10.1111/sipr.12029. Epub 2017 Jan 13. PMID: 39359747; PMCID: PMC11445782.

women. Black infants are two to three times more likely to die within their first year of life than white newborns in the U.S.[6] Not only that, but many of these deaths and other health complications that disproportionately affect Black and other women of color would be preventable if we were dedicating the proper attention needed to the unique needs of these groups. In other words, a colorblind approach that would be required by this budget language will literally cost us the lives and health of individuals are around the state.

Withholding potentially life-saving information, strategies, and approaches to medicine for the sake of avoiding the imaginary "horrors" of DEI is bad practice and unjust. We need the presence of positive forces like diversity, equity, and inclusion to give us the foundations for true relational equality. This budget language actively keeps us from accomplishing that goal.

In conclusion, we urge the committee to:

1. Allow the Medicaid doula coverage program to continue to operate without unnecessary and harmful limitations.
2. Remove the harmful and cruel language that limits what Medicaid mental health providers can discuss with their patients by defunding providers who "promote or affirm social gender transition."
3. Continue to require the Department of Medicaid to apply for a federal waiver to expand continuous Medicaid coverage through age three.
4. Remove the language requiring the state to immediately terminate coverage for 770,000 Ohioans that rely on the Medicaid expansion for their health coverage.
5. Remove the language banning the Department of Medicaid from using Diversity, Equity and Inclusion in their work.

Thank you for your time and attention. I'm happy to answer any questions that the committee members might have.

[6] Bryant AS, Worjoloh A, Caughey AB, Washington AE. Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants. Am J Obstet Gynecol. 2010 Apr;202(4):335-43. doi: 10.1016/j.ajog.2009.10.864. Epub 2010 Jan 12. PMID: 20060513; PMCID: PMC2847630.