

# Testimony on HB 96



children's  
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## Testimony before the Senate Medicaid Committee Concerning Medicaid & Maternal and Child Health

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### Testimony as an interested party regarding the proposed executive budget

Good afternoon, Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Committee. Thank you for the opportunity to submit testimony regarding S.B.96, Ohio's state budget for fiscal years 2026-2027. My name is Brianna Booker, and I am the policy associate for the Children's Defense Fund- Ohio. We are a statewide, multi-issue, child advocacy organization that has worked on behalf of children, young people, and families in Ohio for forty-three years. Our mission is to build community so that young people grow up with dignity, hope, and joy.

I am here to speak as an interested party regarding Medicaid and the proposed Maternal and Child Health provisions outlined in this bill.

Two of the primary goals of the Ohio Department of Medicaid are to reduce and eliminate racial disparities in maternal and infant mortality and to improve the health and wellness of Ohio's children. To achieve this mission, the department covers around fifty percent of state births, ten percent more than the national average, and enrolls roughly 1.4 million children in the program. Yet, several of the provisions outlined in H.B. 96 could mean fewer mothers receive affordable obstetric care—increasing health inequities and undermining the health and well-being of Ohio's children.

### Doulas

For example, the current House-passed budget contains a provision that limits statewide Medicaid reimbursement for doula services coverage to just six counties with the highest infant death totals.

While the intention to focus on counties with high infant mortality is understandable, this approach is flawed, inequitable, and counterproductive. Infant mortality is a challenge across Ohio and limiting services to only 7% of counties will leave a vast majority of Ohio without care and without the benefit of proven public health interventions.

To illustrate this, I'd like to share data from 2020 through 2024 showing the number of infant deaths by county:

## Infant Deaths in Ohio

| County     | 2020 | 2021** | 2022** | 2023** | 2024** |
|------------|------|--------|--------|--------|--------|
| FRANKLIN   | 126  | 130    | 147    | 118    | 130    |
| CUYAHOGA   | 101  | 102    | 90     | 106    | 111    |
| HAMILTON   | 79   | 62     | 91     | 65     | 65     |
| MONTGOMERY | 51   | 53     | 50     | 59     | 44     |
| SUMMIT     | 31   | 36     | 32     | 36     | 43     |
| LUCAS      | 56   | 44     | 50     | 52     | 40     |
| BUTLER     | 30   | 38     | 25     | 34     | 33     |
| STARK      | 33   | 21     | 22     | 27     | 23     |
| LORAIN     | 24   | 23     | 18     | 21     | 19     |
| CLARK      | 11   | 13     | 13     | 16     | 18     |
| WARREN     | 12   | 12     | 8      | 13     | 15     |

*\*\* Indicates preliminary data that may change. Includes infants that resided in Ohio at the time of death regardless of where the death occurred.*

Source: Ohio Department of Health data.ohio.gov • Created with Datawrapper

This data shows three major problems with the current proposal:

1. Counties with consistently high infant mortality rates may still be excluded. For example, Butler, Stark, and Lorain all had over 100 combined infant deaths across five years, but under the current proposal, they would be excluded. These families deserve as much access to affordable doula support as any other.
2. This provision adds administrative and legal complexity. Medicaid is required to offer services equitably across the state unless a federal waiver is granted; Limiting coverage to a few counties would likely require a complex waiver process and could ultimately delay implementation or be legally challenged.
3. The top six counties change from year to year. For example, Lucas County was among the highest in 2020 but not in 2021. Stark County ranked high in 2020 but lower in subsequent years. Including only the “top six” counties creates a moving target for eligibility, creating instability and confusion for both Medicaid beneficiaries and doulas.

Doulas are a cost-effective solution that leads to better birth outcomes, including reductions in C-sections, preterm births, and NICU stays—benefits that translate into real cost savings for the state Medicaid system. They are trusted, community-based professionals—often women of color—who provide culturally competent care that strengthens families. Every dollar invested in doula services saves the state money and supports healthier outcomes.

Limiting coverage to only the top six counties creates a barrier to accessible care and stifles entrepreneurship among birth workers, particularly in underserved rural and suburban areas.

I urge you to remove this arbitrary geographic limitation from the budget and fully implement the Governor's initiative to provide statewide Medicaid coverage for doula services—ensuring that all eligible families, regardless of their zip code, have access to this critical care.

## Medicaid Expansion Group VIII

### Work Requirements

Given the proven impact of Medicaid expansion in supporting the well-being of Ohio families regardless of socioeconomic status, we were surprised and disappointed to see that under the proposed waiver, pregnancy is not a blanket or formal exemption from work requirements. Without such an exemption, pregnant and postpartum families risk losing coverage during one of the most vulnerable periods of their lives—potentially going without proper prenatal, obstetric, and postpartum care. This could lead to increased infant and maternal health problems.

The omission could be particularly harmful to families of color and those living in low-income or marginalized communities--groups that, according to the Department of Medicaid, have experienced improved outcomes under Medicaid expansion.

As childcare costs continue to rise, more Ohio parents are choosing to be stay-at-home caregivers. As of 2024, one in three parents in Ohio have opted out of formal employment. Work requirements put these families--especially parents of newborns and young children--at risk. While some may attempt to submit documentation of unpaid employed status, many won't have the resources or support to navigate that process, making disenrollment likely. This policy will directly undermine the Department's mission and disproportionately harm Black and Brown families.

The lack of a blanket exemption for pregnant mothers is also a direct contradiction to the department's previously proposed waivers, including the House Bill 49 Medicaid waiver in 2017, which included a pregnancy exemption, and the section 1115 demonstration proposed in 2019, which included women 60 days postpartum. While the Department now states that exemptions *may* apply when maternal or infant health is at risk, failing to explicitly and proactively include these exemptions creates preventable risks.

Potential work requirements for Medicaid group VIII pose serious health and economic risks for Ohioans—especially pregnant mothers, new parents, and children—and should be avoided. The

State should amend its proposed waiver to include pregnant women, women 60 days post-partum, and caregivers of developing children (as recently done in Georgia<sup>1</sup>).

### Continuous Enrollment

We were also saddened to see the repeal of the statute requiring that the Ohio Department of Medicaid seek continuous Medicaid coverage for eligible children from birth through age three, and we urge you to restore this directive. This would enable children to remain enrolled without an annual redetermination of eligibility, ensuring that Ohio's youngest Buckeyes can thrive. The restoration of the continuous enrollment directive is necessary because studies have shown that Medicaid access as a child positively impacts life-long health outcomes.<sup>2</sup>

### Conclusion

Every decision that we make concerning Medicaid affects parents, caregivers, and children. As such, it is our hope, and our request, that you consider these changes in H.B. 96. Again, thank you for the opportunity to submit testimony regarding these important issues. At this time, I am happy to answer any questions the committee may have.

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<sup>1</sup> [ga-pathway-pa-04282025.pdf](#) Georgia, which has an active work reporting requirements waiver, just submitted an amendment to exempt caregivers, ***expanding qualifying activities to include caregiving for children under six who are covered by Medicaid***

<sup>2</sup> [How Medicaid Supports Maternal and Infant Health – Center For Children and Families](#) Longitudinal studies have ***increasingly linked*** Medicaid coverage for mothers and young children with improved health and lower rates of disability in adulthood. Medicaid coverage is also associated with higher educational attainment and greater financial security, and even ***improved birth outcomes*** across two generations. Some studies have also documented ***financial benefits*** for society and a strong ***return on government investment***.