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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Office

S.B. 328
133rd General Assembly

Fiscal Note & Local Impact Statement

[Click here for S.B. 328's Bill Analysis](#)

Version: As Introduced

Primary Sponsors: Sens. Maharath and Kunze

Local Impact Statement Procedure Required: No

Nelson V. Lindgren, Economist

Highlights

- The bill requires Medicaid to cover doula services for women during pregnancy and childbirth, with a maximum Medicaid payment per pregnancy of \$2,500 for doula services at an estimated total cost of up to \$14.0 million all funds. In addition, it is possible that the utilization of doula services could result in better birth outcomes, which could lead to savings.
- The bill establishes the Ohio Doula Advisory Board and requires the Ohio Department of Medicaid (ODM) to provide any necessary staff or technical assistance to the Board and to adopt rules to implement the bill. This could result in administrative costs to ODM.

Detailed Analysis

The bill requires the Medicaid Program to cover doula services when provided by a doula that has a valid provider agreement and meets specified requirements. The bill specifies that Medicaid payments for doula services are to be determined on the basis of each pregnancy. However, the total of all Medicaid payments for doula services for each pregnancy cannot exceed \$2,500, regardless of whether the pregnancy involves multiple births. In addition, the bill establishes within the Ohio Department of Medicaid (ODM), the Ohio Doula Advisory Board consisting of 13 to 15 members. The bill specifies that members are not to receive compensation or reimbursements for their duties. In addition, the bill specifies the duties of the Board, which includes establishing a state doula registry. ODM is to provide any necessary meeting space, staff services, and other technical assistance to the Board.

With approximately 70,000 Medicaid births per year, costs would amount to up to approximately \$14.0 million per year, all funds. Other states have submitted Medicaid state plan amendments to the U.S. Centers for Medicare and Medicaid Services and received approval to allow for reimbursements for doula services.¹ Assuming Ohio also received approval, the federal government would likely reimburse about 63% (\$8.8 million) of these costs.² In addition, some studies have indicated that the use of a doula could result in better birth outcomes, such as fewer preterm and low birth weight infants, and reductions in cesarean sections. If this occurs, the state would realize a savings in associated costs.³ Lastly, ODM will realize an increase in administrative costs to promulgate rules and to possibly provide staff services and technical assistance to the Ohio Doula Advisory Board.

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¹ According to a January 2020 article from the Maternal Health Task Force at the Harvard Chan School, three states currently have passed legislation allowing for Medicaid reimbursement for doula services: Indiana, Oregon, and Minnesota. Oregon and Minnesota have submitted Medicaid state plan amendments to the U.S. Centers for Medicare and Medicaid Services and been granted approval. In addition, while New York has not yet passed legislation, the state has launched a pilot program for Medicaid enrollees to access doula services in certain areas <https://www.mhtf.org/2020/01/08/expanding-access-to-doula-care/>. In addition, New Jersey also passed legislation in May of 2019 providing doula coverage under their Medicaid Program. <https://www.billtrack50.com/BillDetail/946535>.

² The Families First Coronavirus Response Act (FFCRA) provides qualifying states a 6.2 percentage point increase in their federal reimbursement for certain Medicaid expenditures, from January 1, 2020, through the end of the calendar quarter in which the federal public health state of emergency due to COVID-19 is ended. So, it is possible that reimbursements during this timeframe might be higher.

³ <https://www.astho.org/StatePublicHealth/State-Policy-Approaches-to-Incorporating-Doula-Services-into-Maternal-Care/08-09-18/>.