



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 611
133rd General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 611's Bill Analysis](#)

Version: As Introduced

Primary Sponsors: Reps. Hicks-Hudson and Crawley

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 \$1,500 for doula services at an estimated total cost of \$8.4 million all funds. In addition, it is possible that the utilization of doula services could result in better health outcomes, which could lead to savings.
- The bill requires the Medicaid Director to create a doula registry and adopt rules to implement the bill. These measures may result in minimal administrative costs.

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 \$1,500, regardless of whether the pregnancy involves multiple births. In addition, the bill requires the Medicaid Director to establish a state doula registry. The registry is to include any doula who requests to be included on the registry if the Director is satisfied that the doula meets specified requirements.

However, the Ohio Department of Medicaid (ODM) has estimated that with approximately 70,000 births per year, costs would amount to approximately \$8.4 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% (\$5.3 million) of these costs. 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.² Lastly, ODM will realize an increase in administrative costs to create and maintain the registry and to promulgate rules.

HB0611IN/zg

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/>.

² <https://www.astho.org/StatePublicHealth/State-Policy-Approaches-to-Incorporating-Doula-Services-into-Maternal-Care/08-09-18/>.