

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS
FISCAL IMPACT STATEMENT**

LS 6494
BILL NUMBER: SB 155

NOTE PREPARED: Dec 31, 2025
BILL AMENDED:

SUBJECT: Doula Program.

FIRST AUTHOR: Sen. Jackson L
FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X GENERAL
X DEDICATED
X FEDERAL

IMPACT: State

Summary of Legislation: This bill requires the Office of the Secretary of Family and Social Services (FSSA) to develop and implement a doula program that includes specified components.

Effective Date: July 1, 2026.

Explanation of State Expenditures: *Summary:* The bill is estimated to increase expenditures between \$9.9 M and \$16.1 M per year, with an additional one time expense of \$930,000 in FY 2027.

Medicaid Coverage - Providing doula services for every birth paid by Medicaid is estimated to increase state expenditures between \$6.6 M and \$11.5 M per year. However, this level of expenditure is based on a sufficient number of certified doulas available to provide services for each birth covered by Medicaid.

Doula Program Establishment: The bill's requirements will increase expenditures for FSSA to develop and implement the doula program, as prescribed in the bill. This is estimated to have a one-time increase in state share expenditures of \$930,000 and increase state share expenditures by between \$3.3 M and \$4.6 M per year.

Additional Information -

Medicaid Coverage: Medicaid reimbursement rates for doula services vary by state. Some states offer a maximum reimbursement amount for a doula service package containing delivery and all related visits (prenatal, perinatal, and postpartum). Package rates range from \$859 to \$1,500 per pregnancy. (Other states reimburse delivery and each visit separately with a maximum number of allowed visits per pregnancy.)

In Indiana, Medicaid paid for an average of 39,470 births per year between CY 2021 and 2024. Using the package rate range for doula services, and applying the state share of 10% for births under the Healthy Indiana Plan (HIP) and 35% to other Medicaid births, the bill is estimated to increase state expenditures between \$6.6 M and \$11.5 M per year. This estimate assumes all pregnant women under Medicaid utilize doula services.

The recommended number of clients per doula per year ranges between 20 to 30. Based on this, it is estimated the state would require between 1,300 and 2,000 certified doulas to meet demand for women covered under Medicaid.

Medicaid is jointly funded between the state and federal governments. The state share of costs for most Medicaid medical services for FFY 2026 is 35% and 10% for the age 19 to 64 expansion population within HIP. The state share of administrative costs is 50%. The state share of most Medicaid expenditures is paid from General Fund appropriations, and state dedicated funds primarily cover HIP costs.

Doula Program Establishment: Developing and implementing the bill's doula program will require annual expenses for: additional staff, staff training, staff certification, legal support, marketing and outreach, community engagement, a doula registry, and training for doulas. It will also require one-time costs for initial staff training and curriculum and business plan development.

Explanation of State Revenues: *Doula Program Establishment:* If the doula program established by FSSA implements a registration or certification fee for doulas, then state revenue would increase. Any resulting revenue increase would depend on administrative action.

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: Family and Social Services Administration.

Local Agencies Affected:

Information Sources: Liza Sherman, FSSA;
in.gov/fssa/ompp/files/Doula-Project_Recommendations.pdf;
nashp.org/state-tracker/state-medicaid-approaches-to-doula-service-benefits;
iga.in.gov/publications/agency_report/2024%20Annual%20Report%20-%20Medicaid%20Effectiveness%20Evaluation.pdf.

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