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OHIO LEGISLATIVE SERVICE COMMISSION

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Office

S.B. 327
133rd General Assembly

Fiscal Note & Local Impact Statement

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Version: As Introduced

Primary Sponsors: Sens. Kunze and Maharath

Local Impact Statement Procedure Required: Yes

Jacquelyn Schroeder, Senior Budget Analyst

Highlights

- Government-owned hospitals would likely experience an increase in costs to develop continuing education (CE) modules, or ensure staff have access to modules, regarding obstetric complications. They may also realize an increase in administrative costs to track employee progress regarding completion of the modules and to potentially produce reports on CE activities.
- The Ohio Department of Health (ODH) will experience an increase in costs to develop the initiative to improve birth equity, best practices for implicit bias training, and education in cultural competency. ODH will also incur costs to develop best practices for the timely identification of all pregnant and postpartum women in the emergency department. The costs will depend on a number of factors, including the scope of these initiatives and the time associated with development.
- ODH will incur costs to monitor compliance of hospitals and freestanding birthing centers regarding CE activities.
- Occupational licensing boards, such as the State Medical Board and the Board of Nursing, may experience an increase in costs to review such modules for CE credit.
- If an increase in telemedicine or other services is realized as a result of the bill, public health plans and public health programs may experience an increase in costs related to any covered services. The cost will depend on the number and type of additional services.

Detailed Analysis

Education requirements

The bill requires the Ohio Department of Health (ODH) to adopt rules establishing continuing education (CE) requirements for employees and contractors at hospitals and freestanding birthing centers. Within these rules, hospitals and freestanding birthing centers are required to provide its employees and contractors educational modules on (1) severe maternal hypertension, (2) obstetric hemorrhage, and (3) the two most prevalent obstetric complications identified in the most recent biennial report prepared by the existing Pregnancy-Associated Mortality Review (PAMR) Board, other than the abovementioned. The modules must be updated and provided not less than once annually. The Director of ODH must require that hospitals and freestanding birthing centers apply to the appropriate professional licensing boards to have each educational module approved for continuing education credit. The bill specifies that ODH is responsible for monitoring for compliance with the CE requirements and may require facilities produce reports on CE activities.

Fiscal impact

Government-owned hospitals would likely incur costs to develop CE modules or ensure that CE modules were made available to staff. According to the Ohio Hospital Association, if hospitals develop their own modules it would likely cost more than the minimal threshold¹ per hospital. The Association also stated that some hospitals may need to contract for this work. Government-owned hospitals may also realize administrative costs if they track and monitor employee progress on the modules. Additionally, licensing boards, such as the State Medical Board and the Board of Nursing, may incur some expenses to approve each module for CE credit. ODH will experience an increase in costs to ensure that the CE requirements are met. ODH's costs to do this are unknown. Depending on the number of employees at these facilities and the number or type of records, monitoring compliance could be time-consuming. Lastly, ODH will experience a minimal increase in administrative costs to adopt the required rules.

Maternal health equity initiative

The bill requires ODH to collaborate with the Ohio Perinatal Quality Collaborative or its successor to develop an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the health care system. The initiative must include the development of best practices for implicit bias training and education in cultural competency. Existing programs, including those administered or supported by the Alliance for Innovation on Maternal Health and the Ohio Equity Institute, must be considered when developing the initiative.

Fiscal impact

ODH will experience an increase in costs to develop the initiative, best practices for implicit bias training, and education in cultural competency. Costs will depend on the scope of

¹ Minimal cost is defined as an estimated annual cost of no more than \$5,000 for any affected county, city, or township with a population of 5,000 or more, or, no more than \$1,000 for a village or township with a population of less than 5,000.

the initiative and resources available to fulfill the requirements. There could be costs to health care facilities if the initiative required any changes in current practices. Again, costs would depend on the scope of the initiatives.

Best practices

The bill requires ODH, in collaboration with the PAMR Board, to make available to all hospitals and freestanding birthing centers best practices for the timely identification of all pregnant and postpartum women in the emergency department. These best practices must include appropriate and timely consultation with an obstetrician, certified nurse-midwife, or physician assistant with obstetric experience to provide input on patient management and follow-up. Telemedicine may be used for the consultation. ODH may adopt rules to implement this requirement.

Fiscal impact

ODH will experience an increase in costs to develop the required best practices. If an increase in telemedicine or in-person services is realized as a result of the bill's consultation requirement, public health plans and public health programs may experience an increase in costs related to any covered services. The amount will depend on the number and type of additional services provided.