



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 142
134th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 142's Bill Analysis](#)

Version: As Re-referred to House Families, Aging and Human Services

Primary Sponsors: Reps. Crawley and Brinkman

Local Impact Statement Procedure Required: No

Nelson V. Lindgren, Economist, and other LBO staff

Highlights

- The bill requires Medicaid to operate a four-year pilot program to cover doula services for women during pregnancy and childbirth. The cost of this coverage will depend on the number of participants and the reimbursements received for each birth. It is also possible that the utilization of doula services could result in better birth outcomes, which might lead to some savings.
- The Department of Rehabilitation and Correction's four-year costs to operate the required doula pilot program will depend on the number of inmates participating in any prison nursery program.
- The Board of Nursing will realize an increase in administrative costs to promulgate rules, regulate doula certification, and develop and maintain a doula registry. In addition, the Board could realize a gain in certificate revenues depending on the number of doulas seeking certification and the fees charged.
- The Board of Nursing may also realize costs to provide staff services and other support to the Doula Advisory Board. There may also be costs for member compensation or reimbursements for actual or necessary expenses if requested by a member.

Detailed Analysis

Department of Medicaid

The bill requires the Ohio Department of Medicaid (ODM) to operate a pilot program beginning nine months after the effective date of the bill and concluding four years after that date. As part of the pilot program, the Medicaid Program must cover doula services that are provided by a doula who has a valid provider agreement and is certified by the Ohio Board of

Nursing. The bill specifies that Medicaid payments for doula services will be determined per pregnancy, regardless of whether or not a pregnancy involves multiple births. In addition, the bill establishes several reporting requirements related to the pilot program.

Costs of this coverage will depend on the utilization rate of doula services among pregnant women covered by Medicaid, as well as the reimbursement received for each birth. Currently, Medicaid covers approximately 70,000 Medicaid births per year. 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% 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 could realize a savings in associated costs.³

Department of Rehabilitation and Correction

The bill requires the Department of Rehabilitation and Correction (DRC) operate a doula pilot program providing doula services to inmates participating in any prison nursery program that is to begin nine months after the effective date of the bill and end four years later. The bill requires the doula services to be rendered by a doula holding a certificate issued by the Board of Nursing. DRC is permitted to adopt rules – in accordance with the Administrative Procedure Act – implementing the bill’s provisions.

The Department of Rehabilitation and Correction’s four-year costs to operate the required doula pilot program will depend on the number of inmates participating in any prison nursery program. The number of inmates participating in a prison nursery program annually is likely to be under 20. From the start of DRC’s nursery program – Achieving Baby Care Success⁴ – in 2001 through November 2018, 300 inmates have participated in the program, or about 17 per year.

Ohio Board of Nursing

In order to participate in the pilot program established by the bill, a doula must hold a certificate issued by the Board of Nursing. As a result, the bill provides for the certification and regulation of doulas during the operation of the pilot program and requires the Board to adopt rules regarding the issuance of certificates, including the adoption of fees for certificate applications and renewals. In addition, the Board is required to develop and regularly update a registry of doulas holding certificates and make it available on its website. Beginning nine months

¹ According to various articles, a few states have passed legislation allowing for Medicaid reimbursement for doula services.

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/>.

⁴ To be eligible to participate in DRC’s nursery program, an inmate must not (1) have been convicted of a violent crime, (2) have a history with child services, and (3) have a sentence of more than 36 months.

after the effective date of the bill, a person is prohibited from using or assuming the title “certified doula” unless certified by the Board. If a violation occurs, the Board can impose a fine. At the Board’s request, the Attorney General can bring and prosecute a civil action to collect any unpaid fine revenues. The Board will realize an increase in administrative costs to promulgate rules, issue certificates, investigate complaints, and develop and maintain a registry. If certificates are tracked in the state’s eLicensing system, there would be additional costs. The Board could realize a gain in certificate revenues. The total revenue collected would depend on the number of doulas seeking certification and the fees charged.

The bill also creates the Doula Advisory Board within the Board of Nursing consisting of between 13 and 15 members. The bill specifies membership and duties, which include providing guidance and recommendations to the Doula Advisory Board regarding certification and to the Department of Medicaid regarding its pilot program. If requested, a member must receive per-diem compensation for fulfilling his or her duties as well as reimbursement for actual or necessary expenses. In addition, the Board of Nursing must provide meeting space, staff services, and other technical assistance requested. This will result in costs to the Board of Nursing.