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H.B. 496
(1_134_1509-5)
134th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 496's Bill Analysis](#)

Version: In House Families, Aging and Human Services

Primary Sponsor: Rep. Koehler

Local Impact Statement Procedure Required: No

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Highlights

- The Board of Nursing will experience costs to regulate the practice of certified midwives and certified professional midwives. The Board will also realize a gain in fee revenue associated with licensure, which is deposited into the Occupational Licensing and Regulatory Fund (Fund 4K90). Impacts will primarily depend on the number of licensees.
- The Board will realize costs to expand its board membership by two members and to establish a Midwifery Advisory Council. Costs include reimbursements for necessary and actual expenses and other relevant Council expenses.
- Public hospitals could experience additional costs to establish standard care arrangements with certified midwives, but could experience a savings if newly licensed midwives cost less than other medical personnel.
- The Ohio Department of Health may realize an increase in costs to collect certain reports required by the bill and minimal administrative costs to adopt rules.

Detailed Analysis

The bill requires the Board of Nursing to regulate the practice of certified midwives (CMs) and certified professional midwives (CPMs), including by issuing licenses, receiving complaints and taking disciplinary actions, promulgating rules, and establishing a Midwifery Advisory Council. The bill outlines the eligibility criteria for licensure and specifies permitted and prohibited activities. For instance, CMs and CPMs will be authorized to engage in specified activities, including attending births in hospitals, homes, medical offices, and free standing birthing centers, among other activities. Additionally, CMs will be required to practice in collaboration with a physician under a standard care arrangement and will be authorized to

prescribe drugs. The bill also generally prohibits an individual from practicing as a CM or CPM without a license and specifies penalties for violations.

The Board will collect a fee of \$45 for initial licensure from each applicant seeking to practice as a CM or CPM. The license may be renewed biannually with a \$20 fee. According to the Board, the bill will result in eLicense costs, including a one-time cost for system reconfigurations, which might be fairly significant depending on the complexity and size of the information to be included in the database, and costs for ongoing records management. The Board anticipates it may need to hire additional staff for licensing and enforcement. However, this would depend on the number of licensees and the workload required to regulate these professions. Revenue for licenses may offset at least some of these costs. It is not immediately clear how many CMs and CPMs currently practice in the state and subsequently how many would seek licensure. The Board will also realize costs for reimbursements to Advisory Council members and any other related Council expenses. In addition, the bill increases from 13 to 15 the number of Board of Nursing members with the inclusion of two certified nurse-midwives, CMs, or CPMs. This will result in additional reimbursements as well. Public hospitals could face additional costs to establish standard care arrangements with CMs that could be offset if employing CMs resulted in a cost savings compared to other medical personnel. If there were any violations of the law governing unlicensed practice, there could be local court and incarceration costs. However, it is anticipated that the number of violations would be small.

The bill also requires the Board to promulgate rules establishing standards and procedures for licensure and prohibitions on licensees attending certain home births and high risk pregnancies. The Board will experience administrative costs to develop the rules. Additionally, the Ohio Department of Health (ODH) could experience an increase in costs to receive adverse incident reports and annual reports from midwives regarding cases in which a midwife provided services when the intended place of birth at the onset of care was in a facility or setting other than a hospital. ODH will also experience a minimal increase in costs to adopt rules and to develop forms to be used when making reports.

Certified nurse-midwives

Under current law, Ohio licenses certified nurse-midwives (CNMs) as a type of advanced practice registered nurse (APRN) which requires completion of a master's or doctoral degree in a nursing specialty and certification in nurse midwifery from a national certifying organization. At the end of FY 2021, the Board licensed 468 CNMs. The bill expands the Board of Nursing's existing authority to regulate CNMs, including by establishing conditions on their provision of certain midwifery services. This could result in costs to adjust any applicable rules, to inform CNMs of changes, as well as other administrative costs.

Synopsis of Fiscal Effect Changes

The substitute bill, I_134_1509-5, makes changes to the exemptions regarding the unauthorized practice of midwifery. Specifically, the substitute bill (1) eliminates the exemptions relating to religious practices and to Native American community members, which were included in the As Introduced version, and (2) adds exemptions for students under the supervision of a program instructor, as well as individuals participating in a certified professional midwives (CPM) apprenticeship under the supervision of a CPM. The exemption eliminations could impact the number of potential licenses issued and revenue received by the Board of Nursing compared to

the As Introduced version. Additionally, the substitute bill makes changes to the license eligibility criteria for CPMs. These changes might impact the number of eligible potential applicants compared to the As Introduced version.

The substitute bill also changes responsibility for the As Introduced version's reporting provisions from the Board of Nursing to the Ohio Department of Health. Specifically, adverse incident reports are to be reported to ODH in the substitute bill rather than the Board as under the As Introduced bill. ODH is required to adopt related rules instead as well. The substitute bill also removes a provision requiring the Board to review each incident and determine if professional discipline should be imposed. Additionally, annual reports regarding cases in which a midwife provided services when the intended place of birth at the onset of care was in a facility or setting other than a hospital are to be submitted to ODH instead of the Board. Related rules are also to be promulgated by ODH instead. Fiscal impacts to collect such reports and administrative costs for adopting rules will be realized by ODH rather than the Board under the substitute bill.

The substitute bill makes other changes regarding permitted and prohibited activities, informed consent, immunity from civil liability, and Midwifery Advisory Council membership which should not have a significant fiscal impact on state or local government entities.