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Office of Research
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Office

S.B. 328
133rd General Assembly

Fiscal Note & Local Impact Statement

[Click here for S.B. 328's Bill Analysis](#)

Version: As Passed by the Senate

Primary Sponsors: Sens. Maharath and Kunze

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 bill requires the Department of Rehabilitation and Correction to establish and maintain a four-year pilot program to provide doula services to inmates participating in any prison nursery program. This will result in an increase in costs to DRC. The total costs will depend on a number of factors including the number of participants and the cost of doula services.
- The bill requires the Counselor, Social Worker, and Marriage and Family Therapist Board (CSW) to certify and regulate the practice of doulas and to develop a registry of certified doulas. This will result in an increase in administrative and information technology costs for CSW. Some of these costs could include modifications to the state's eLicensing system. CSW may realize a gain in fee revenue from certification applications and renewals. The amount of revenue will depend on the number of doulas seeking certification.
- The bill also creates within CSW the Ohio Doula Advisory Board. CSW could realize an increase in costs to provide assistance, including staff and technical services, to the Board.

Detailed Analysis

Regulation and advisory board

The bill prohibits, beginning on July 1, 2021, a person from using or assuming the title of “certified doula” unless the person is certified by CSW. The bill requires CSW to adopt rules governing the practice of certified doulas and to develop and regularly update a registry of certified doulas, which will be made available to the public on CSW’s website. The bill specifies what rules are to be adopted by CSW. CSW will realize an increase in costs to adopt rules and to regulate the profession, as well as creating and maintaining the registry. There could also be costs associated with the inclusion of doulas into the state’s eLicensing system. In addition, CSW may realize an increase in fee revenue from certification applications and renewals. The amount of fee revenue received will depend on the number of doulas seeking certification. Fee revenues will be deposited into the Occupational Licensing and Regulatory Fund (Fund 4K90) and expenditures will be paid from the fund.

Additionally, for four years beginning on July 1, 2021, the bill creates within CSW the Ohio Doula Advisory Board. The bill specifies the advisory board’s membership and role. Under the bill, CSW is required to provide meeting space, staff services, and other technical assistance required by the Board. However, advisory board members will not receive any compensation or reimbursements for fulfilling their duties as a member on the board. CSW could experience an increase in costs to provide staff services and technical assistance.

Department of Medicaid pilot program

The bill requires the Department of Medicaid to operate a pilot program for four years beginning on July 1, 2021. 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 CSW. The bill specifies that Medicaid payments for doula services are to be determined on the basis of each pregnancy, regardless of whether a pregnancy may result in multiple births. Costs of this coverage would be dependent 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

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/>. In addition, New Jersey also passed legislation in May of 2019 providing doula coverage under their Medicaid Program. <https://www.billtrack50.com/BillDetail/946535>.

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 pilot program

The bill requires the Department of Rehabilitation and Correction (DRC) to operate a pilot program for a period of four years beginning on July 1, 2021 to provide doula services to inmates participating in any prison nursery program. The bill does not appropriate funding for the pilot program. The operating expenses incurred by DRC will depend on the number of participants, the cost of doula services, and the ability, if any, to recover costs from medical insurance providers or Medicaid. As of August 2020, there were 15 pregnant females in DRC custody and 2 babies in a DRC nursery.

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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/>.