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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 142  
134<sup>th</sup> General Assembly

## Bill Analysis

[Click here for H.B. 142's Fiscal Note](#)

**Version:** As Re-Referred by House Rules and Reference

**Primary Sponsors:** Reps. Crawley and Brinkman

Audra Tidball, Attorney

### SUMMARY

- Establishes in the Medicaid Program and Department of Rehabilitation and Correction four-year pilot programs for the coverage or provision of doula services.
- Requires each doula participating in either pilot program to hold a certificate issued by the Ohio Board of Nursing and each doula participating in the Medicaid Program to have a valid provider agreement.
- Requires the Board of Nursing to establish a registry of certified doulas.
- Establishes, for purposes of the pilot program operated under the Medicaid Program, the Doula Advisory Board within the Board of Nursing.

### DETAILED ANALYSIS

H.B. 142 establishes two pilot programs relating to the provision and coverage of doula services and requires each doula participating in one of those programs to hold a certificate issued by the Ohio Board of Nursing.<sup>1</sup> The bill also specifies that all of its provisions expire four years after the bill's effective date.

#### **Doula pilot program – Medicaid**

The bill requires the Medicaid Program to operate a pilot program to cover doula services.<sup>2</sup> The program is to begin nine months after the bill's effective date and conclude four years after that date. The doula services must be provided by a doula who has a valid Medicaid provider agreement and holds a certificate issued by the Ohio Board of Nursing.

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<sup>1</sup> R.C. 4723.89, 4723.90, 5120.658, and 5164.071.

<sup>2</sup> R.C. 5164.071.

## **Medicaid payments**

Under the program, Medicaid payments for doula services are to be determined on the basis of each pregnancy, regardless of whether multiple births occur as a result of that pregnancy.

## **Annual reports**

The bill establishes several reporting requirements related to the Medicaid pilot program, including the following:

- Outcome measurements and incentives for the pilot program must be consistent with the state’s Medicare-Medicaid Plan Quality Withhold methodology and benchmarks;
- The Medicaid Director must complete an annual report regarding pilot program outcomes, including those related to maternal health and morbidity and estimated fiscal impacts;
- The final annual report must include recommendations related to whether the pilot program should be continued;
- The Medicaid Director must provide a copy of the annual report to the Joint Medicaid Oversight Committee.

## **Rulemaking**

The Medicaid Director is required by the bill to adopt rules implementing the bill’s provisions.

## **Doula pilot program – Department of Rehabilitation and Correction**

Under the bill, the Department of Rehabilitation and Correction is to operate a pilot program providing doula services to inmates participating in any prison nursery program.<sup>3</sup> As with the Medicaid Program’s doula pilot program, the doula services must be rendered by a doula holding a certificate issued by the Board of Nursing. The Department may adopt rules – in accordance with the Administrative Procedure Act – implementing the bill’s provisions.<sup>4</sup>

## **Ohio Board of Nursing certification**

In order to be eligible to participate in a pilot program established by the bill, a doula must hold a certificate issued by the Board of Nursing. Accordingly, the bill provides for the certification and regulation of doulas in Ohio by the Board.<sup>5</sup> Note that the Board’s certification and regulation of doulas is to expire four years after the bill’s effective date.

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<sup>3</sup> R.C. 5120.658.

<sup>4</sup> R.C. Chapter 119, not in the bill.

<sup>5</sup> R.C. 4723.89.

## **Use of doula title**

Beginning on the date that occurs nine months after the bill's effective date, the bill prohibits a person from using or assuming the title "certified doula" unless the person holds a certificate issued by the Board of Nursing. In the case of a violation, the bill authorizes the Board to impose a fine on such a person, following an adjudication held in accordance with the Administrative Procedure Act. It also requires the Attorney General, on the Board's request, to bring and prosecute to judgment a civil action to collect any fine imposed that remains unpaid.

## **Certificate issuance**

H.B. 142 requires the Board of Nursing to adopt rules, in accordance with the Administrative Procedure Act, establishing standards and procedures for issuing certificates to doulas. The rules must include all of the following:

- Requirements for certification as a doula, including a requirement that a doula either be certified by a doula certification organization or, if not certified, have education and experience that the Board considers appropriate;
- Requirements for renewal of a certificate and continuing education;
- Requirements for training on racial bias, health disparities, and cultural competency as a condition of initial certification and renewal;
- Certificate application and renewal fees, as well as a waiver of fees for applicants with a family income not exceeding 300% of the federal poverty line;
- Requirements and standards of practice for certified doulas;
- The amount of a fine to be imposed for using or assuming the title "certified doula" without holding a Board-issued certificate;
- Any other standards and procedures the Board considers necessary to implement the bill's provisions.

## **Doula registry**

Under the bill, the Board of Nursing must develop and regularly update a registry of doulas holding Board-issued certificates. The bill also requires the Board to make the registry available to the public on its website.

## **Doula advisory board**

The bill creates – for the period of the Medicaid Program's pilot program – a Doula Advisory Board within the Board of Nursing.

## **Membership**

The advisory board consists of at least 13 but not more than 15 members, all appointed by the Board of Nursing. Of these members, at least one must represent the organization Birthing Beautiful Communities and another the organization Restoring Our Own through Transformation.

The overall composition of the advisory board must be as follows:

- At least three members representing communities most impacted by negative maternal and fetal health outcomes;
- At least six members who are doulas with current, valid certification from a doula certification organization;
- At least one member who is a public health official, physician, nurse, or social worker;
- At least one member who is a consumer.

When appointing members to the advisory board, the Board of Nursing must make a good faith effort to select members who represent counties with higher rates of infant and maternal mortality, in particular those counties with the largest disparities. The Board also must give priority to individuals with direct service experience providing care to infants and pregnant and postpartum women.

### **Terms of membership and vacancies**

Of the initial appointments, half are to be appointed to one-year terms and half appointed to two-year terms. Thereafter, all terms are for two years. The bill requires the Board to fill any vacancy as soon as practicable.

### **Chairperson, meetings, and reimbursements**

By a majority vote of a quorum of its members, the advisory board must select, and may replace, a chairperson. The advisory board is required by the bill to meet at the call of the chairperson as often as he or she determines is necessary for timely completion of board duties. If requested, a member must receive per diem compensation for fulfilling his or her duties as well as reimbursement of actual and necessary expenses incurred.

The Board of Nursing is responsible for providing meeting space, staff services, and other technical assistance to the advisory board.

### **Advisory board duties**

The bill requires the advisory board to do all of the following:

- Provide general advice, guidance, and recommendations to the Board of Nursing regarding doula certification and the adoption of rules;
- Provide general advice, guidance, and recommendations to the Department of Medicaid regarding its doula pilot program;
- Make recommendations to the Medicaid Director regarding the adoption of rules governing its pilot program.

## **Definitions**

- **Doula** is defined as a trained, nonmedical professional who provides continuous physical, emotional, and informational support to a pregnant woman during the

antepartum, intrapartum, or postpartum periods, regardless of whether the woman's pregnancy results in a live birth.

- **Doula certification organization** is an organization that is recognized at an international, national, state, or local level for training and certifying doulas and includes any of the following: Birthing Beautiful Communities, Restoring Our Own through Transformation, The International Childbirth Education Association, DONA International, The Association of Labor Assistants and Childbirth Educators, Birthworks International, Childbirth and Postpartum Professional Association, Childbirth International, The International Center for Traditional Childbearing, Commonsense Childbirth Inc., and any other recognized organization the Board of Nursing considers appropriate.

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## HISTORY

Action	Date
Introduced	02-23-21
Reported, H. Health	05-04-21
Re-referred, H. Rules & Reference	05-05-21

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