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# OHIO LEGISLATIVE SERVICE COMMISSION

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H.B. 7  
135<sup>th</sup> General Assembly

## Bill Analysis

[Click here for H.B. 7's Fiscal Note](#)

**Version:** As Reported by House Families and Aging

**Primary Sponsors:** Reps. White and Humphrey

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## SUMMARY

### Doula services

- Requires the Board of Nursing to establish a registry of certified doulas.
- Establishes the Doula Advisory Board within the Board of Nursing.
- Establishes a program in the Department of Rehabilitation and Correction for certified doulas to provide doula services to inmates participating in a prison nursery program.
- Requires the Department of Medicaid (ODM) to cover doula services provided by a certified doula with a Medicaid provider agreement.

### Pregnancy and postpartum mobile application

- Requires the Department of Health (ODH), in collaboration with ODM, to issue a request for proposals for the creation of a mobile application that provides information and resources to pregnant and postpartum women in Ohio who are eligible for Medicaid.
- Appropriates \$500,000 in both FY 2024 and FY 2025 to be used for the creation of the mobile application.

### Healthy Beginnings at Home

- Appropriates \$15 million in FY 2024 to support stable housing initiatives for pregnant mothers and to improve maternal and infant health outcomes.
- Appropriates \$1 million in both FY 2024 and FY 2025 to fund Move to Prosper efforts, which makes affordable rental housing available in neighborhoods that offer access to opportunities.

## **Infant vitality supports**

- Requires ODM to conduct a study regarding the reimbursement of evidence-based peer-to-peer programming that supports infant vitality.
- Appropriates \$1 million in both FY 2024 and FY 2025 to fund Centering Pregnancy services and other evidence-based and evidence-informed group pregnancy education programs and targeted outreach in areas of the state where there are gaps in those services, as determined by the ODH Director.
- Appropriates \$1 million in both FY 2024 and FY 2025 to establish a community-based grant program to expand access to infant vitality supports.

## **Help Me Grow**

- Revises the law governing Help Me Grow, ODH's evidence-based parent support program, including by requiring ODH to streamline its central intake and referral system to ensure that services are received from home visiting programs using evidence-based or evidence-informed models, such as the Early Head Start Home-Based Option.
- Appropriates \$5 million in FY 2024 and \$3 million in FY 2025 to assist Help Me Grow, as well as other provisions described below including awareness of parenting programs and expanding fatherhood programs.

## **Early Intervention Part C**

- Requires Early Intervention (EI) Part C rules to deem infants born before 28 weeks of gestational age eligible for EI without other required conditions.
- Requires EI rules to grant to infants born between 28-38 weeks gestational age home visiting services, including a developmental screening, and if appropriate, a referral for EI services.
- Requires the Department of Developmental Disabilities to include information regarding the above services in its annual report and provide a copy to the General Assembly.
- Appropriates \$2 million in FY 2024 to provide early intervention services to infants born before 28 weeks of gestational age and infants born between 28-38 weeks of gestational age.

## **WIC enrollment**

- Requires ODH to investigate and determine the feasibility of incorporating a variety of changes to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) enrollment and benefit distribution processes.
- Requires ODH to submit a report to the General Assembly detailing the results of its investigation.
- Appropriates \$2.0 million in both FY 2024 and FY 2025 to support these efforts.

## **Continuous Medicaid enrollment for young children**

- Requires the Medicaid Director to seek approval from the U.S. Centers for Medicare and Medicaid Services to implement a Medicaid waiver component to provide continuous enrollment for Medicaid-eligible children from birth through age three.
- If the continuous eligibility component is implemented, requires the Director to submit a report to the General Assembly after two years.

## **Early childhood mental health services**

- Requires the Medicaid Director, by June 30, 2025, to evaluate and update the Medicaid program's coverage of evidence-based mental health and dyadic family therapy services for young children and their caregivers.
- Requires the evaluation and updates to address mental health screening for mothers and young children and include follow-up for family dyadic therapies and other child mental health services for those with identified risk.
- Requires the Medicaid Director to develop policy and billing guidance for Medicaid providers regarding the coverage.
- Requires the Medicaid Director to submit a report to the Governor and the General Assembly with specified information about the coverage.
- Appropriates \$6 million in both FY 2024 and FY 2025 for the development of online and other training tools, service and referral supports, and to evaluate program impact with a child care professional cohort and to support early childhood mental health.

## **Medicaid program cost savings report**

- Expands the contents of the cost control report the Department must complete and submit to the General Assembly twice a year to also include Medicaid program cost savings resulting from program investments.

## **Medical legal partnership grant program**

- Requires ODH to establish a program to award grants to legal service organizations and medical providers that partner together to identify pregnant women, mothers, and children in need of legal services and to provide them with those services.
- Appropriates \$1 million in both FY 2024 and FY 2025 to be used for grant awards.

## **Head Start and Step Up to Quality**

- Requires ODJFS to rate each licensed child day-care center and family day-care home operating a Head Start or Early Head Start program in the Step Up to Quality tier that ODJFS has determined corresponds with minimum Head Start or National Association for the Education of Young Children standards.

## Resiliency grant pilot program

- Requires ODJFS to establish a pilot program to assist in the development of quality, comprehensive child care programs like Early Head Start across the state, with an emphasis on communities experiencing both high infant mortality rates and limited access to child care for families at risk of being part of the child welfare system.
- Appropriates \$3 million in both FY 2024 and FY 2025 to fund the program.

## Parenting programs

- Requires ODJFS to develop strategies for state agencies to use in informing parents, caregivers, and child care providers about evidence-based parenting education programs, such as “Triple P,” and to promote their benefits.
- Requires ODH to use some of the Help Me Grow funds appropriated by the bill to also support these efforts.

## Ohio Commission on Fatherhood

- Grants the Ohio Commission on Fatherhood authority to make recommendations to the ODJFS Director concerning the funding, approval, and implementation of fatherhood programs meeting at least one of the four purposes of the federal Temporary Assistance of Needy Families (TANF) block grant.
- Authorizes ODJFS to provide TANF block grant funding to an entity that the Commission recommended and that has entered into an agreement with ODJFS to receive TANF funds.
- Requires ODH to use the Help Me Grow funds appropriated by the bill to also support expanding access to fatherhood programming in consultation with ODJFS.

## Act designation

- Names the act the Strong Foundations Act.

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## **DETAILED ANALYSIS**

### **Doula Services**

H.B. 7 allows for the provision and coverage of doula services through the Department of Medicaid (ODM) and the Department of Rehabilitation and Correction, and requires each doula providing services through one of these departments to hold a certificate issued by the Ohio Board of Nursing.<sup>1</sup> As defined under the bill, a doula is a trained, nonmedical professional who advocates for, and provides continuous physical, emotional, and informational support to, a pregnant woman through the delivery of a child and immediately after the delivery including during the antepartum, intrapartum, or postpartum periods.<sup>2</sup>

#### **Medicaid doula coverage**

The bill requires the Medicaid Program to cover doula services.<sup>3</sup> The coverage is to begin one year after the bill's effective date. The doula services must be provided by a doula who has a valid Medicaid provider agreement and holds a certificate issued by the Nursing Board (discussed in greater detail below).

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.<sup>4</sup>

Any provider outcome measurements or incentives the Department of Medicaid implements for the coverage of doula services must be consistent with the state's Medicare-Medicaid Plan Quality Withhold provider or managed care plan methodology and benchmarks.

#### **Annual report**

The bill requires ODM to include information on Medicaid coverage of doula services in its annual report to the General Assembly. The information must include outcomes related to maternal health and maternal morbidity, infant health outcomes, the average cost of providing doula services to mothers and infants, and the estimated cost increases or savings as a result of providing doula coverage. The Department must provide the data used to calculate the information regarding doulas to the Joint Medicaid Oversight Committee. The reporting requirement begins two years after the bill's effective date.<sup>5</sup>

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

<sup>2</sup> R.C. 4723.89(A)(1).

<sup>3</sup> R.C. 5164.071.

<sup>4</sup> R.C. 5164.071(B).

<sup>5</sup> R.C. 5162.13(A)(15).

## **Rulemaking**

The Medicaid Director is required by the bill to adopt rules implementing the bill's provisions.<sup>6</sup>

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

Under the bill, the Department of Rehabilitation and Correction is to operate a program providing doula services to inmates participating in any prison nursery program. The doula services must be rendered by a doula holding a certificate issued by the Nursing Board. The Department may adopt rules – in accordance with the Administrative Procedure Act – implementing the bill's provisions.<sup>7</sup>

### **Ohio Board of Nursing certification**

In order to be eligible to provide services through Medicaid or the Department of Rehabilitation and Correction, a doula must hold a certificate issued by the Nursing Board. Accordingly, the bill provides for the certification and regulation of doulas in Ohio by the Nursing Board. The Nursing Board is required to seek and consider the opinion of the Doula Advisory Board (see “**Doula Advisory Board**” below) when an individual is seeking to be eligible for Medicaid reimbursement as a certified doula.<sup>8</sup>

### **Use of doula title**

Beginning one year 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 Nursing Board. In the case of a violation, the bill authorizes the Board to impose a fine, to be set in rules, 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.<sup>9</sup>

### **Certificate issuance**

H.B. 7 requires the Nursing Board 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:<sup>10</sup>

- 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;

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<sup>6</sup> R.C. 5164.071(D).

<sup>7</sup> R.C. 5120.658.

<sup>8</sup> R.C. 4723.89.

<sup>9</sup> R.C. 4723.89(B) and (F).

<sup>10</sup> R.C. 4723.89(D).

- 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.

For purposes of the certification requirement described above, a doula certification organization is an organization that is recognized, at an international, national, state, or local level, for training and certifying doulas.<sup>11</sup>

### **Doula registry**

Under the bill, the Nursing Board 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.<sup>12</sup>

### **Doula Advisory Board**

The bill creates a Doula Advisory Board within the Nursing Board.<sup>13</sup>

#### **Membership**

The Advisory Board consists of 16 members. The Nursing Board must appoint the following 14 members:

- Three members representing communities most impacted by negative maternal and fetal health outcomes;
- Five members who are doulas with current, valid certification from a doula certification organization;
- Two members who are public health officials, physicians, nurses, or social workers;
- Two members who are consumers;
- Two members representing a doula certification program or organization established in Ohio.

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<sup>11</sup> R.C. 4723.89(A)(2).

<sup>12</sup> R.C. 4723.89(E).

<sup>13</sup> R.C. 4723.90.



Additionally, the Executive Director of the Commission on Minority Health and the Director of Health must each appoint one member representing their respective agencies.<sup>14</sup>

When appointing members to the Advisory Board, the Nursing Board 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 Nursing Board also must give priority to individuals with direct service experience providing care to infants and pregnant and postpartum women.<sup>15</sup>

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

Of the initial appointments made by the Nursing Board, 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 Nursing Board, the Executive Director of the Commission on Minority Health, and the Director of Health to fill any vacancy as soon as practicable. Members may be reappointed for an unlimited number of terms.<sup>16</sup>

### **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 Advisory Board duties.<sup>17</sup>

The Nursing Board is responsible for providing meeting space, virtual meeting technology, staff services, and other technical assistance to the Advisory Board.<sup>18</sup>

### **Advisory Board duties**

The bill requires the Advisory Board to do all of the following:<sup>19</sup>

- Provide general advice, guidance, and recommendations to the Nursing Board regarding doula certification and the adoption of certain rules;
- Advise the Nursing Board regarding individuals seeking to be eligible for Medicaid reimbursement as certified doulas;
- Provide general advice, guidance, and recommendations to the Department of Medicaid regarding doula coverage;

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<sup>14</sup> R.C. 4723.90(B)(1).

<sup>15</sup> R.C. 4723.90(B)(2).

<sup>16</sup> R.C. 4723.90(D) and (E).

<sup>17</sup> R.C. 4723.90(C) and (F).

<sup>18</sup> R.C. 4723.90(G).

<sup>19</sup> R.C. 4723.90(H).

- Beginning two years after the bill's effective date, submit an annual report to the General Assembly detailing the number of pregnant women and infants served through Medicaid coverage of doula services and the Department of Rehabilitation and Correction's doula program, the number and types of doula services provided, and outcome metrics, including maternal and infant health outcomes.

## **Pregnancy and postpartum mobile application**

H.B. 7 requires the Department of Health (ODH) to create an Ohio-tailored, membership-based mobile application for Medicaid-eligible pregnant and postpartum women. ODH must collaborate with ODM to issue a request for proposals to onboard the application. The selected vendor must be able to provide the following:<sup>20</sup>

- Education, resources, and support to pregnant women and their families in multiple languages;
- Ohio-specific information, including links to ODM and other state programs and resources available to pregnant and postpartum women;
- A consistent workflow to increase awareness of state programs and resources available to users of the application;
- The capability for ODM and other state agencies to ask specific questions to users of the application;
- The capability for ODM to share specific content and resources with users of the application;
- Information and resources that meet acceptable U.S. clinical standards, including standards defined by the Centers for Disease Control and Prevention, the National Institutes of Health, the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Academy of Pediatrics;
- An application that is available in multiple languages to provide access to as many users as possible;
- Regular aggregate, deidentified data reported to ODH and ODM including (1) the number of Medicaid-eligible users of the application, (2) the number of users engaging with Ohio-specific content, (3) the number of users seeking additional information about enrollment in Medicaid or other resources, (4) the number of monthly and daily application users, (5) the average length of time spent on the application, and (6) any other information required by ODH and ODM;
- Access to the application on both iOS and Android platforms; and
- Any other deliverables determined by ODH and ODM.

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<sup>20</sup> Section 4.

One year and two years after the effective date of this section, ODH is required to submit a report to the General Assembly summarizing the data reported to ODH and ODM by the selected vendor.

The bill appropriates \$500,000 in FY 2024 and 2025 in GRF line item 440484, Public Health Technology Innovation, to be used for the creation of this mobile application.<sup>21</sup>

## **Healthy Beginnings at Home**

The bill appropriates \$15 million in FY 2024 in GRF line item 195419, Healthy Beginnings at Home, to be used by the Department of Development, in coordination with ODH, to support stable housing initiatives for pregnant mothers and to improve maternal and infant health outcomes. The bill also appropriates \$1 million in both FY 2024 and FY 2025 in the same line item to be used for Move to Prosper Efforts.<sup>22</sup> Move to Prosper is a central Ohio-based program that supports low-wage families in moving to neighborhoods with quality housing, better schools, and a safe environment.<sup>23</sup>

The bill also requires the Department to submit a report to the General Assembly within one year of the section's effective date detailing the number of families served by stable housing initiatives including Move to Prosper efforts, the number and type of services provided, and outcome metrics including health and developmental outcomes.

## **Infant vitality supports**

H.B. 7 requires ODM to study how evidence-based peer-to-peer programming that supports infant vitality can be reimbursed through the Medicaid program. The results of this study must be submitted to the General Assembly one year after the section's effective date.<sup>24</sup>

The bill appropriates a total of \$2 million in both FYs 2024 and 2025 in GRF line item 440474, Infant Vitality, under ODH. Of this amount, \$1 million in each fiscal year is to be used to fund Centering Pregnancy services and similar evidence-based and evidence-informed group education programs and targeted outreach to at-risk pregnant mothers and mothers of infants in areas of the state where there are gaps in such services. Centering Pregnancy is group prenatal care that includes health assessments and group discussion.<sup>25</sup> The ODH Director is responsible for determining where there are gaps in services. Funding must be targeted first to areas of the state with the highest levels of infant and maternal mortality. The remaining \$1 million in each

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<sup>21</sup> Section 12.

<sup>22</sup> Section 10.

<sup>23</sup> Move to Prosper, available on the Move to Prosper website: [movetoprosper.org](https://movetoprosper.org).

<sup>24</sup> Section 6.

<sup>25</sup> [Centering Pregnancy](https://centeringpregnancy.org), which may be accessed by conducting a keyword "pregnancy" search on the Centering Healthcare Institute website: [centeringhealthcare.org](https://centeringhealthcare.org).

fiscal year is to be used to establish a community-based grant program to expand access to infant vitality supports.<sup>26</sup>

## **Help Me Grow**

The bill modifies in several ways the law governing Help Me Grow, the evidence-based parent support program administered by the ODH to encourage early prenatal and well-baby care and to provide parenting education to promote the comprehensive health and development of children.<sup>27</sup> Each change is described below.

### **Interagency agreements**

The bill requires, rather than authorizes as under current law, ODH to enter into interagency agreements with one or more state agencies, including ODJFS, the Department of Developmental Disabilities, ODM, the Commission on Minority Health, the Ohio Fatherhood Commission, and the Children's Trust Fund Board to implement Help Me Grow and to ensure coordination of early childhood programs. The bill also directs that the interagency agreements be entered into in order to maximize reimbursement for Help Me Grow from any federal source.

### **Comprehensive screening and connection program**

The bill supplements Help Me Grow's existing central intake and referral system, by requiring ODH to establish, and regularly evaluate, a comprehensive screening and connection program to support the coordination of home visiting services across the state, including through various agencies like ODH, ODJFS, ODM, the Department of Developmental Disabilities, the Commission on Minority Health, the Ohio Fatherhood Commission, and the Children's Trust Fund Board.

### **Central intake and referral system**

With respect to the Central Intake and Referral System, the bill requires ODH, in its oversight of system operators, to streamline the system to ensure families and children receive services from home visiting programs using evidence-based or evidence-informed models. The bill specifies that such programs may include those that provide services using the Early Head-Start Home-Based Option or within a Pathways Community HUB certified by the Pathways Community HUB Institute.

### **Data verification codes**

After referring a family to a home visiting services provider, the system coordinator must notify the ODH Director of the referral. As soon as practicable after receiving notice of the referral, the bill requires the Director to request the independent contractor, engaged under current law by the Department of Education to create and maintain student data verification codes, to assign a data verification code to the referred family's child. The bill authorizes the ODH

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<sup>26</sup> Section 12.

<sup>27</sup> R.C. 3701.61 and 3701.611.

Director to use the code to evaluate the effectiveness of home visiting services received by the family's child and any outcomes for the child.

### **Priority recipients**

The bill specifies families at risk of participating in the child welfare system as priority recipients of home visiting services under Help Me Grow, in addition to families residing in urban and rural communities specified in rules adopted by the Director under existing law.

### **Evidence-based home visiting models**

The bill requires the ODH Director to specify as eligible providers of home visiting services entities that demonstrate the use of evidence-based home visiting models. Note that current law already requires home visiting services to be provided through evidence-based home visiting models.

### **Online services**

The bill authorizes the ODH Director to allow the provision of home visiting services to be supplemented by services available online or through other electronic means.

### **Annual reports and evaluation**

The bill requires the ODH Director to include in the existing law annual report made available on ODH's website an evaluation of all of the following:

- The number of families and children served by Help Me Grow;
- The number and types of services provided;
- The health and developmental outcomes for participating families and children.

The annual report also must include an analysis of the impact of the providers and online services provided for in the bill. The bill also requires the ODH Director to submit the report to the General Assembly.

Additionally, under the bill, ODH must regularly evaluate the effectiveness of providers using evidence-based home visiting models and if approved, online services in serving pregnant women, infants, and toddlers, especially those at risk of being in or engaged with the child welfare system. The evaluation must identify the challenges to participation in Help Me Grow that families in rural and Appalachian communities experience and recommend strategies to improve their participation.

### **Workforce capacity**

The bill requires ODH, in collaboration with ODJFS and the Department of Medicaid, to develop strategies to increase the workforce capacity of home visiting service providers and parenting support professionals.

## Appropriation

The bill appropriates \$3 million in both FY 2024 and FY 2025 in GRF line item 440459, Help Me Grow, for several of the abovementioned purposes, as well as to raise awareness of parenting programs and to expand fatherhood programming.<sup>28</sup>

## Early Intervention Part C

The bill expands Ohio's Early Intervention (EI) Part C program. EI is a statewide program to provide coordinated services to infants and toddlers with disabilities or developmental delays. Under the bill, EI program rules must deem an infant born before 28 weeks of gestational age eligible for EI program services without other required conditions. Additionally, the rules must grant to infants born between 28-38 weeks of gestational age home visiting services, administered as part of Ohio's Help Me Grow Program, which include a developmental screening, and, if appropriate based on the screening, a referral for EI services.<sup>29</sup>

The bill appropriates \$2 million in FY 2024 in GRF line item 322421, Part C Early Intervention, under the Ohio Department of Developmental Disabilities (ODODD), to provide early intervention services to infants born before 28 weeks of gestational age and infants born between 28 and 38 weeks of gestational age who are referred for services. The bill reappropriates any available balance of these funds at the end of FY 2024 for the same purpose in FY 2025. An additional \$2 million in FY 2024 in GRF line item 440459, under ODH, is required to be used for home visiting services and to screen infants who were born at low birth weights and between the gestational ages of 28 to 38 weeks to determine if the infant could benefit from receiving Part C Early Intervention services. The bill also reappropriates the available balance of this allocation at the end of FY 2024 to FY 2025 to be used for the same purposes.<sup>30</sup>

## Annual report

The bill adds an additional component to the Department of Developmental Disabilities' annual report to the General Assembly, which is required under continuing law. In addition to the existing report components, the bill also requires the Department to include the following information about Ohio's EI Part C program:

1. The number of families and infants served;
2. The number and types of EI services provided;

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<sup>28</sup> The bill appropriates a total of \$5 million in FY 2024 in line item 440459. However, \$2 million of this amount is to be used to screen for Early Intervention services, as discussed under that section of this analysis.

<sup>29</sup> R.C. 5123.0421(A).

<sup>30</sup> Section 11. The bill appropriates a total of \$5 million in FY 2024 and \$3 million in FY 2025 in line item 440459. However, only \$2 million of this amount in FY 2024 is to be used to screen for Early Intervention services. The remainder is used for Help Me Grow activities and is discussed under that section.

3. The age of infants on the referral date and the source of the referral, including an indication if the referral was made by a home visiting provider; and
4. Outcome metrics for participating families and infants.<sup>31</sup>

## **WIC enrollment**

The bill requires ODH to evaluate and invest in strategies to create an integrated eligibility determination application for both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP). ODH must collaborate with the Department of Job and Family Services (ODJFS) as necessary to create this application. Additionally, ODH is required to investigate and determine the feasibility of incorporating the following changes to the WIC enrollment and benefit distribution process:<sup>32</sup>

- Incorporating all available federal waivers, including a waiver permitting the use of telephone and video calls to complete WIC enrollment;
- Pursuing multi-program enrollment through Ohio Benefits;
- Allowing for adjunctive eligibility for WIC applicants who show proof of enrollment in SNAP, Ohio Works First, or Medicaid;
- Enabling automatic online loading of benefits to WIC nutrition cards;
- Offering online shopping with WIC nutrition cards;
- Exploring other ways to improve access to WIC and remove administrative burdens.

The bill appropriates \$2 million in both FY 2024 and FY 2025 in GRF line item 440416, Mothers and Children Safety Net Services, to support these efforts.<sup>33</sup> Six months after the section's effective date, ODH is required to submit a report to the General Assembly detailing the results of its investigation, including the feasibility of implementing these changes to the WIC program and the anticipated impact of permanently adopting the changes.<sup>34</sup>

## **Continuous Medicaid enrollment for infants and young children**

The bill requires the Medicaid Director to seek approval from the U.S. Centers for Medicare and Medicaid Services to establish a Medicaid waiver component to provide continuous Medicaid enrollment for Medicaid-eligible children from birth through age three. A Medicaid-eligible child will remain enrolled until the earlier of (1) the end of a continuous 48-month period, or (2) the date the child exceeds age four. A child is ineligible for the continuous

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<sup>31</sup> R.C. 5123.33(A).

<sup>32</sup> Section 3.

<sup>33</sup> Section 12.

<sup>34</sup> Section 3(D).

enrollment if the child is deemed presumptively eligible for Medicaid, is eligible for alien emergency medical assistance, or is eligible for the refugee medical assistance program.<sup>35</sup>

## Report

If the continuous enrollment component is implemented, the bill requires the Medicaid Director, at the end of the second year after implementation, to submit a report to the General Assembly including the following information about the children eligible for continuous Medicaid coverage:

1. The number of children from birth through age three determined eligible for Medicaid during the two-year period after the continuous enrollment component has been implemented;
2. The average cost of Medicaid for a child from birth through age three during FYs 2018-2019, FYs 2020-2021, FY 2022-2023, and FY 2024-2025; and
3. The average number of preventive services provided per child from birth through age three under Medicaid after the continuous enrollment component is implemented.<sup>36</sup>

## Medicaid coverage of early childhood mental health services

The bill requires the Medicaid Director, by June 30, 2025, to evaluate, clarify, and update the Medicaid program's coverage of evidence-based mental health and dyadic family therapy services for young children and their caregivers, to improve outcomes from birth through age five. The required evaluation and updates must address mental health screening for women and other caregivers and young children and must also include follow-up for family dyadic therapies and other child mental health services for those with identified risk. Additionally, the Medicaid Director must develop policy and billing guidance for Medicaid providers to improve the use of mental health and dyadic family therapy services and the consistency of early childhood screenings in primary care settings and to encourage use of specified diagnostic tools and billing codes.<sup>37</sup>

## Report

Within one year of the section's effective date, the Medicaid Director must submit a report to the Governor and the General Assembly with both of the following:

- Information about how ODM has engaged stakeholders to develop the necessary guidance, manuals, training, and billing code procedures associated with the Medicaid coverage of the e early childhood mental health services described above; and

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<sup>35</sup> R.C. 5166.45.

<sup>36</sup> 5166.45(D).

<sup>37</sup> Sections 8(A) and 14.



- An evaluation of the coverage including (1) the number of families and children served, (2) the number and types of services provided, and (3) outcome metrics for families and children served.<sup>38</sup>

### **Early childhood mental health appropriation**

The bill appropriates \$6 million in both FY 2024 and FY 2025 in GRF line item 336511, Early Childhood Mental Health Counselors and Consultation. The funds are to be used first to develop online and other training tools, service and referral supports, and to evaluate program impact with a child care professional cohort. Any remaining amounts are to be used to support early childhood mental health consulting, coaching, and training in behavior management, and mental health supports for child care assistant teachers and lead teachers to address needs of young childhood, in conjunction with their parents.<sup>39</sup>

### **Medicaid program cost savings report**

The bill requires The Medicaid Director to report on Medicaid program cost savings resulting from program investments. This information is to be included in an existing report the Director must complete and submit to the General Assembly by June 30 and December 31 of each year. That report addresses the establishment and implementation of programs designed to control the increase of the cost of the Medicaid program, increase the efficiency of the program, and promote better health outcomes.<sup>40</sup>

### **Medical legal partnership grant program**

The bill requires ODH to establish a program to award grants to legal service organizations and medical providers that partner together to identify pregnant women, mothers, and children in need of legal services and to provide them with those services.<sup>41</sup> The intent is the resolve, through the legal system, negative social determinants of health, such as unsafe housing, food or income insecurity, domestic violence, and child custody disputes, in an effort to increase participation in prenatal care and improve health outcomes.

Each legal assistance organization and medical provider partnership must monitor health outcomes for those receiving legal services under the partnership and report those outcomes to ODH on a regular basis.

### **Report**

As part of the foregoing report, ODH must include an evaluation that addresses the number of women, mothers, and children the program serves, the number and type of services

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<sup>38</sup> Section 8(B).

<sup>39</sup> Section 14.

<sup>40</sup> R.C. 5162.131.

<sup>41</sup> Section 5.

the program provides, and any health and developmental outcomes for participating women, mothers, and children.

### **Appropriation**

The bill appropriates \$1 million in both FY 2024 and FY 2025 in GRF line item 440485, Health Program Support, to be used for grant awards<sup>42</sup>

### **Head Start and Step Up to Quality**

The bill requires ODJFS to periodically review Head Start program performance standards and National Association for the Education of Young Children (NAEYC) accreditation standards and determine which Step Up to Quality ratings tier corresponds with minimum Head Start and NAEYC standards.<sup>43</sup>

It further requires ODJFS to rate each licensed child day-care center and family day-care home operating or under contract to provide a Head Start or Early Head Start program in the Step Up to Quality tier that ODJFS has determined corresponds with minimum Head Start or NAEYC standards. ODJFS is to prescribe the manner in which a program may demonstrate that it meets these requirements.

### **Resiliency grant pilot program**

The bill requires ODJFS to establish a pilot program to assist in the development of quality, comprehensive child care programs like Early Head Start across the state, with an emphasis on communities experiencing both high infant mortality rates and limited access to child care for families at risk of being part of, or engaged in, the child welfare system.<sup>44</sup>

As part of the program, ODJFS must award resiliency grants to support new or enhanced child care programs for the foregoing communities, children, and families. To be eligible, programs offering wraparound services, mental health supports, and therapeutic classrooms to assist in overcoming barriers and achieving family stability.

In meeting the bill's requirements, ODJFS must do both of the following:

- Consider how to best encourage innovative partnerships and develop models to improve developmental and learning outcomes, with a focus on prenatal to age three, also while helping to meet local community workforce needs and further state literacy and education priorities;
- Assist the programs awarded resiliency grants, including local Head Start programs, in collecting data that will better enable them to apply for federal grants and maintain funding over the course of grant cycles.

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<sup>42</sup> Section 12.

<sup>43</sup> R.C. 5104.291

<sup>44</sup> Section 7.

## Evaluation

The bill requires ODJFS to evaluate the grant program on a periodic basis, including by addressing the number of families and children served, the number and type of services provided, and any health and developmental outcomes for participating families and children.

## Appropriation

The bill appropriates \$3 million in both FY 2024 and FY 2025 in GRF line item 600566, Resiliency Grant Pilot Program, to fund the program.<sup>45</sup>

## Parenting programs

The bill requires ODJFS, in collaboration with other state departments, to develop strategies for state entities to use in (1) informing parents, caregivers, and child care providers about evidence-based parenting education programs, such as Triple P, and (2) promoting the benefits of such programs, including their parenting, caregiving, and educational resources.<sup>46</sup>

## Appropriation

The bill requires ODH to use funds appropriated by the bill in GRF line item 440459 for the Help Me Grow program activities, described above, to also support these efforts in consultation with ODJFS.<sup>47</sup>

## Ohio Commission on Fatherhood

Under the bill, the Ohio Commission on Fatherhood, the state entity responsible for preparing an annual report identifying resources available to fund fatherhood-related programs, may make recommendations to the ODJFS Director concerning the funding, approval, and implementation of fatherhood programs meeting at least one of the four purposes of the federal Temporary Assistance of Needy Families (TANF) block grant.<sup>48</sup>

The bill also authorizes ODJFS to provide TANF block grant funding to an entity that the Commission has recommended and that has entered into an agreement with ODJFS to receive TANF funds.<sup>49</sup> In authorizing the Commission to make recommendations and ODJFS to provide funding to recommended entities, the bill makes conforming changes to the law governing the administration of Title IV-A programs, a type of TANF-funded program.<sup>50</sup>

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<sup>45</sup> Section 13.

<sup>46</sup> R.C. 5101.91.

<sup>47</sup> Section 12.

<sup>48</sup> R.C. 5101.342 and 5101.805.

<sup>49</sup> R.C. 5101.805.

<sup>50</sup> R.C. 3125.18, 5101.35, 5101.80, 5101.801, and 5153.16.

## Report

As part of its required annual report, the Commission must evaluate the number of fathers and children served by fatherhood-related programs as well as the number and types of additional services provided as a result of the Commission's recommendations. The Commission must submit a copy of each report to the General Assembly.

## Appropriation

The bill requires ODH to use the funds appropriated by the bill in GRF line item 440459 for the Help Me Grow program activities, described above, to also support expanding access to fatherhood programming through the Commission in consultation with ODJFS.<sup>51</sup>

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## HISTORY

| Action                         | Date     |
|--------------------------------|----------|
| Introduced                     | 02-15-23 |
| Reported H, Families and Aging | 06-07-23 |

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<sup>51</sup> Section 12.