

**Department of Planning and Budget
2025 General Assembly Session
State Fiscal Impact Statement**

PUBLISHED: 1/28/2025 8:32 PM

ORIGINAL

Bill Number: HB 1614 E **Patron:** McClure
Bill Title: Department of Medical Assistance Services; state plan for medical assistance services;
postpartum doula care; report

Bill Summary: The engrossed bill directs the Department of Medical Assistance Services (DMAS) to amend the state plan for medical assistance services to include a provision for payment for postpartum doula care. Such provision must ensure that eligible individuals receive up to six postpartum doula visits during the 12 months after the individual gives birth, with additional visits permitted if such visits are deemed medically necessary. The bill also requires DMAS to report to the Governor and General Assembly annually on the implementation and outcomes of the provision with the first report being due on December 31, 2026.

Budget Amendment Necessary: No **Items Impacted:** -

Explanation: Appropriation Act language currently sets the number of doula visits (both prenatal and postpartum) to eight. The bill’s provisions could be implemented within this limit. However, should the number be expected to increase, a budget amendment would be necessary.

Fiscal Summary: The bill is expected to have minimal fiscal impact on DMAS.

Fiscal Analysis: Currently, Virginia Medicaid reimburses for doula services from the date of confirmed conception through 180 days after delivery, contingent on the individual maintaining Medicaid eligibility. Appropriation Act language (Chapter 2, Item 288, UUU.) requires DMAS to reimburse up to eight prenatal/postpartum visits and attendance at birth. Further, any service limits may be exceeded based upon medical necessity. As such, the proposed bill will not necessarily increase the number of doula visits or expand current services. However, it is assumed that the bill’s provisions would require the current coverage to set at two prenatal and six postpartum visits. Should the number of required visits be increased above eight, then additional costs would be incurred.

It is assumed that DMAS can meet the bill’s annual reporting requirement within existing resources.

Other: This bill is a companion to SB 1418.