

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

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ORIGINAL

Bill Number: HB2109ER

Patron: Herring

Bill Title: Task Force on Maternal Health Data and Quality Measures; report.

Bill Summary: Directs the State Health Commissioner to reestablish the Task Force on Maternal Health Data and Quality Measures for the purpose of evaluating maternal health data collection processes to guide policies in the Commonwealth to improve maternal care, quality, and outcomes for all birthing people in the Commonwealth. The bill directs the Task Force to report its findings and conclusions to the Governor and General Assembly by November 1 of each year regarding its activities. The bill directs the Task Force to conclude its work by November 1, 2026. This bill reestablishes the Task Force on Maternal Health Data and Quality Measures that concluded on December 1, 2023.

Budget Amendment Necessary: No

Items Impacted: None

Explanation: This bill would reestablish the Maternal Health Data and Quality Measures Task Force (the Task Force) that was initially created by HB2111 in the 2021 Session, which concluded its work December 1, 2023. \$151,180 was provided for the taskforce in the 2021 session and remains in the agency's base, as such no additional general fund appropriation is needed.

Fiscal Summary: VDH staff would be responsible for managing the Task Force, including scheduling and facilitating Task Force meetings, developing preparatory and follow up materials for Task Force meetings, supplying the Task Force with necessary data, information, and partnerships to achieve their objectives, drafting a report based on the Task Force's recommendations, and supporting the Task Force in other ways as requested. The bill directs the Task Force to report its findings and conclusions to the Governor and General Assembly by November 1 of each year. The bill directs the Task Force to conclude its work by November 1, 2026.

VDH should be able continue the taskforce with existing resources. As with HB2111, the provisions of this legislation would have similar fiscal impact. The provisions of the bill require that the Task Force shall consist of engaging in data collection and evaluation, coordinating resources, establishing partnerships/liaisons, and assessing the impact of policies and procedures and requires full-time effort to be effective in establishing long-term impact.

This bill would not have a fiscal impact on the Department of Medical Assistance Services.

Fiscal Analysis: Current funding would be used to support a full-time Maternal Child Health (MCH) evaluator and a part-time epidemiologist to meet the provisions of the bill. The MCH evaluator would lead this effort and be responsible for major data collection, evaluation, resource coordination, establishing partnerships/liaisons, and assessment of the impact of policies and procedures, which would require a full-time effort to be effective in establishing long-range impacts. Additionally, this would fulfill the bill's

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requirement to have, “at least one individual who is an expert in maternal health data collection processes”. Of the amount previously provided, the cost to contract a MCH evaluator is \$107,226. A part-time epidemiologist contractor will provide epidemiological activities and ongoing technical assistance to the MCH evaluator and the Task Force regarding maternal and child health epidemiological methods, statistical analysis, surveillance and reporting. The cost to contract a part-time evaluator is estimated to be \$20,940. Other costs associated with these positions include VITA (\$3,675) and telecom charges (\$615); office supplies (\$2,000); and statistical software/licenses for the purchase and maintenance of quantitative and qualitative analysis software packages and data visualization software for the completion of activities (\$15,044 in year one for purchase and implementation and \$10,044 ongoing for licenses and maintenance). Other costs associated with implementation of this bill include travel reimbursement costs for task force participants (\$1,680).

Other: None.