

Department of Planning and Budget
2026 General Assembly Session
State Fiscal Impact Statement

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ORIGINAL

Bill Number: HB336

Patron: Anthony

Bill Title: Fetal and Infant Mortality Review Team established; penalty; report

Bill Summary: Establishes the Fetal and Infant Mortality Review Team (FIMRT) to develop and implement procedures to ensure that fetal and infant deaths occurring in the Commonwealth are analyzed in a systematic way. The bill requires the Team to compile triennial statistical data regarding fetal and infant deaths and to make such data available to the Governor, the General Assembly, and the Virginia Department of Health (VDH). The bill provides that information and records obtained or created by the Team and portions of meetings of the Team at which individual fetal and infant deaths are discussed shall be confidential.

Budget Amendment Necessary: Yes

Items Impacted: 276

Explanation: VDH will require additional general fund appropriation and up to 9.0 positions to comply with the provisions of this legislation, attributable to Item 276 (Medical Examiner and Anatomical Services).

Fiscal Summary: It is assumed that VDH would require general fund resources, which include nine new positions, to support the establishment and ongoing operation of FIMRT. Added workload would include program administration, data summarization, epidemiological analysis, qualitative interviewing, and service coordination. See the fiscal analysis below for an overview of these costs.

General Fund Expenditure Impact:

Agency	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
VDH (601)	-	\$1,184,332	\$1,184,332	\$1,184,332	\$1,184,332	\$1,184,332

Position Impact:

Agency	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
VDH (601)	-	9.0	9.0	9.0	9.0	9.0

Fiscal Analysis: The provisions of this legislation would have a fiscal impact on VDH, as the agency would be required to establish and support FIMRT. Full surveillance of each fetal and natural infant death requires sufficient staff capacity to validate cases, obtain and review records, summarize relevant information, and enter data into the surveillance system. Beyond the staff required for data collection and surveillance, additional personnel are necessary to facilitate FIMRT activities, conduct data analysis, and oversee the interview process. Personnel-related costs have increased over time due to rising base salaries and associated fringe benefits. Additionally, the number of fetal deaths that are subject to this legislation increased from approximately 1,200 in 2024 to approximately 3,100 in 2025. Combined with an estimated 300 to 500 natural infant deaths per year, the total number of cases subject to surveillance and review increases significantly, which would require additional staffing resources.

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The Office of the Chief Medical Examiner (OCME) has estimated that FIMRT would require additional resources and staffing for case identification, data collection, analysis, team facilitation, and dissemination of findings. This would require 9.0 additional positions, including salary and fringe benefits, as follows:

- One FIMRT project manager (\$148,505 general fund)
 - Responsible for all project oversight which includes surveillance, review team facilitation, record collection, database management, as well as data analysis, reporting, and evaluation.
- One mental health services coordinator (\$105,115 general fund)
 - Provide trauma informed and ongoing training, and act as a resource for interviewees to navigate the system to find services
- Four FIMRT data abstractors (\$105,115 each for a total of \$420,460 general fund)
 - Responsible for abstracting data from all relevant sources related to fetal and infant death and entering the data into the surveillance system.
- Two FIMRT research assistants (\$95,197 each for a total of \$190,394 general fund)
 - Assist with data collection, data entry, data analysis, requesting records, literature review, and other related duties.
- One FIMR epidemiologist/data coordinator (\$102,636 general fund)
 - Oversee all surveillance efforts and database management.

Additional support for the Director of the Division of Death Prevention is necessary to oversee, direct, and support the work of the FIMR staff. The director is currently funded through grants, and half of their salary would need to be cost allocated for anticipated time spent on FIMRT activities, as grants funds cannot be used for this effort. VDH reports that \$100,085 general fund would be needed to support this position. Based on these assumptions, total personal services costs (salaries and benefits) would be \$1,067,195 general fund. In addition to these costs, VDH reports that additional funding (\$117,137 general fund) would be needed for required travel, data collection, information technology, and office supplies. The total estimated fiscal impact of this bill is \$1,184,332 general fund.

Other: This bill is similar to HB1398.