

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

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**PUBLISHED: 2/2/2026 12:06 PM**

**ORIGINAL**

**Bill Number:** HB1468

**Patron:** LeVere Bolling

**Bill Title:** Health insurance; coverage for doula care services.

**Bill Summary:** Requires health insurers, corporations providing health care subscription contracts, and health maintenance organizations whose policy, contract, or plan includes coverage for obstetrical services to provide coverage for doula care services provided by a state-certified doula. The bill requires such coverage to include coverage for at least eight visits during the antepartum or postpartum period and support during labor and delivery. The bill provides that health insurance carriers are (i) not required to pay for duplicate services actually rendered by both a state-certified doula and another health care provider and (ii) prohibited from requiring supervision, signature, or referral by any other health care provider as a condition of reimbursement for doula care services, except when those requirements are also applicable to other categories of health care providers.

**Budget Amendment Necessary:** Potentially

**Items Impacted:** 469

**Explanation:** Additional general fund amounts would be needed to fund additional costs to the Health Insurance Fund. The amount required is currently unknown and would depend on the actual costs incurred as a result of this legislation.

**Fiscal Summary:** Preliminary - This legislation will likely result in additional costs to the Health Insurance Fund, which pays health insurance claims for state employees. The Health Insurance Fund is funded through a mix of premiums charged to state employees, the general fund, and nongeneral fund sources.

**Fiscal Analysis:** The Department of Human Resource Management (DHRM) indicates that this legislation will have an impact on the state employee health plan. On average, doula services in the United States can range from \$800 to \$2,500 per birth. The state employee health plan had 1,700 deliveries last year. Data provided by DHRM suggests that between six percent to nine percent of births in the U.S. involve a doula, but this can vary significantly by region, cultural practices, and access to doula services.

Assuming an average cost of \$1,650 per birth, that the health plan has a similar number of births each year, and that nine percent of those births involve a doula, the estimated annual cost to the state employee health plan would be approximately \$250,000 per year. This amount could be higher or lower, depending on actual utilization.

Additional costs for such services will be paid out of the Health Insurance Fund (HIF), which is funded through premiums charged to state employees and their employing agencies. Agencies use general fund, nongeneral fund, or some combination of the two to make these premiums, depending on the fund sources available to the agency and from which source the employee is regularly paid. A portion of these costs, approximately 15

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percent, would be paid by members of the state employee health plan, either through co-pays, co-insurance, or increased premiums. The remaining 85 percent would be charged to state agencies through higher premiums, which are currently paid 50 percent from the general fund and 50 percent from nongeneral fund sources. Increased health insurance premiums would require additional general fund appropriation be provided to state agencies.

**Other:** None.