

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

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ORIGINAL

Bill Number: HB1403

Patron: Franklin

Bill Title: Severe maternal morbidity; Maternal Mortality Review Team renamed; duties; data dashboard.

Bill Summary: Renames the Maternal Mortality Review Team as the Maternal Mortality and Severe Maternal Morbidity Review Team and expands the mandate that such Team develop and implement procedures to ensure that certain instances of severe maternal morbidity, as defined in the bill, are analyzed in a systematic way; under current law, such Team develops and implements procedures to ensure that certain maternal deaths are analyzed in a systematic way. The bill requires the Team to compile annual statistical data relating to severe maternal morbidity, including regional and demographic breakdowns of all instances of severe maternal morbidity, and include such data on a publicly accessible interactive data dashboard on the Virginia Department of Health's (VDH) website.

Budget Amendment Necessary: Yes

Items Impacted: 276

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

Fiscal Summary: The Office of the Chief Medical Examiner (OCME) does not have sufficient resources to support the establishment and ongoing operational costs for the Severe Maternal Morbidity Review Team.

General Fund Expenditure Impact:

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
VDH (601)	-	\$856,837	\$648,937	\$648,937	\$648,937	\$648,937

Position Impact:

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
VDH (601)	-	4	4	4	4	4

Fiscal Analysis: To meet the provisions of the legislation VDH's OCME would require additional general fund resources and four positions to support program administration, data abstraction, epidemiological analysis, qualitative interviewing, and service coordination. VDH estimates that personnel costs, including salary and fringe benefits, are as follows:

- One Project manager (\$148,505 general fund annually)
 - Responsible for project oversight, data analysis, reporting, and evaluation.
- One mental health services coordinator (\$105,115 general fund annually)
 - Assist with the development of systematic analysis and provide qualitative interviewing.

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- One research assistant (\$95,197 general fund annually)
 - Assist with data collection, data entry, data analysis, and other related duties.
- One epidemiologist/data coordinator (\$102,636 general fund annually)
 - 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 team. The director is currently funded through grants, and half of their salary would need to be cost allocated for anticipated time spent on required activities, as grant 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 \$551,538 general fund.

In addition to these costs, VDH reports that additional funding (\$72,399 general fund) would be needed for required travel, data collection, telecommunications, and office supplies.

The bill also requires the Team to compile annual statistical data relating to severe maternal morbidity, including regional and demographic breakdowns of all instances of severe maternal morbidity, and to include such data on a publicly accessible interactive data dashboard on VDH's website. VDH would require \$232,900 to contract with a vendor to develop and maintain an interactive dashboard. Ongoing costs for operation and maintenance are estimated to be \$25,000.

The total estimated fiscal impact of this bill is \$856,837 from the general fund the first year and \$648,937 from the general fund thereafter.

Other: None