

Department of Planning and Budget 2023 Fiscal Impact Statement

1. Bill Number: SB1273

House of Origin ☒ Introduced ☐ Substitute ☐ Engrossed

Second House ☐ In Committee ☐ Substitute ☐ Enrolled

2. Patron: Boysko

3. Committee: Commerce and Labor

4. Title: Health insurance; doula care services.

5. Summary: Requires health insurers, health care subscription plans, 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 healthcare providers. The provisions of the bill apply to health benefit plans delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2024.

6. Budget Amendment Necessary: No.

7. Fiscal Impact Estimates: Indeterminate – see Item 8.

8. Fiscal Implications: The proposed legislation is expected to have a minimal fiscal impact on the state health plan; however, the cost is indeterminate. According to the Department of Human Resource Management (DHRM), the average cost of doula services is \$1,500. Assuming 18% of pregnant state employees utilize doula services, the fiscal impact could be \$849,000; however, it is not known how many state employees would utilize doula services. The fiscal impact of the proposed legislation is not expected to change the health insurance premiums funded in SB 800.

According to the State Corporation Commission (SCC), the proposed legislation is not expected to impact qualified health plans (QHPs) sold through the Virginia Health Benefit Exchange. Pursuant to Section 38.2-6506 A.1., if services are identified in addition to the ones contained in Virginia's Benchmark Plan, QHPs sold through the Virginia health insurance exchange would not be required to cover these services, and, therefore, would not trigger state defrayal of the additional costs to insurers.

9. Specific Agency or Political Subdivisions Affected: Department of Human Resource Management and State Corporation Commission

10. Technical Amendment Necessary: No.

11. Other Comments: This bill is a companion to HB 1538.