

Department of Planning and Budget 2024 Session Fiscal Impact Statement

1. Bill Number: SB118

House of Origin ☒ Introduced ☐ Substitute ☐ Engrossed
 Second House ☐ In Committee ☐ Substitute ☐ Enrolled

2. Patron: Locke

3. Committee: Commerce and Labor

4. Title: Health insurance; coverage for doula care services.

5. 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. The provisions of the bill apply to policies, contracts, or plans delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2025.

6. Budget Amendment Necessary: No.

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

8. Fiscal Implications: The proposed legislation is expected to have a fiscal impact on the state health plan; however, the cost is indeterminate. According to the Department of Human Resource Management, the average cost of doula services is \$1,500. There were 2,973 unique claimants with a pregnancy diagnosis, incurred July 2022 through June 2023, paid through September 2023. Assuming 18% of pregnant state employees utilize doula services, the fiscal impact could be \$803,000; 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 30.

According to the State Corporation Commission (SCC), qualified health plans (QHPs) sold through the Health Benefit Exchange are not impacted by the provisions of this bill. Section 38.2-6506 A 1, Code of Virginia, states that if services are identified in addition to the ones contained in the state's Benchmark Plan, QHPs sold through the Exchange would not be required to cover these services. However, the Centers for Medicare & Medicaid Services (CMS) has cautioned that state standards must be applied uniformly within a market for all individual and small group plans according to the Affordable Care Act. This requirement

could cause the state to defray costs of this benefit for QHPs, with the SCC's Bureau of Insurance administering that defrayal.

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

10. Technical Amendment Necessary: No.

11. Other Comments: The fiscal impact statement has been revised to include additional information from the SCC.

This bill is identical to HB 935, as introduced.