

Department of Planning and Budget 2021 Fiscal Impact Statement

1. Bill Number: HB2111

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

2. Patron: Herring

3. Committee: Health, Welfare and Institutions

4. Title: Task Force on Maternal Health Data and Quality Measures; report.

5. Summary: Directs the State Health Commissioner to establish the Task Force on Maternal Health Data and Quality Measures for the purpose of evaluating maternal health data collection processes to guide policies in the Commonwealth to improve maternal care, quality, and outcomes for all birthing people in the Commonwealth. The bill directs the Task Force to report its findings and conclusions to the Governor and General Assembly by December 1 of each year regarding its activities and states that the Task Force shall conclude its work by December 1, 2023.

6. Budget Amendment Necessary: Yes, Item 301.

7. Fiscal Impact Estimates:

7a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2021			
2022	\$151,180		General
2023	\$146,180		General
2024	\$73,090		General
2025			
2026			
2027			

8. Fiscal Implications: This bill would have a fiscal impact on the Commonwealth to establish a Maternal Health Data and Quality Measures Task Force (the Task Force). The provisions of the bill require that the Task Force shall monitor and evaluate relevant stakeholder data related to race, ethnicity, demographic and clinical outcomes to examine quality of care. The Task Force shall also monitor and evaluate stakeholder data for maternal care, including the new Healthcare Effectiveness Data and Information Set (HEDIS) measure updates to prenatal and postpartum care and postpartum depression. The Task Force shall examine current barriers to data collection, examine maternal health benefit requirements to determine the need for additional benefits, and evaluate the impact of social determinates of health screenings on pregnant women and its impact on outcomes. Lastly, the Task Force shall collect and analyze data one year after deliver and develop recommendations for standard

quality metrics on maternal care. The bill directs the Task Force to report its findings and conclusions to the Governor and General Assembly by December 1 of each year regarding its activities and states that the Task Force shall conclude its work by December 1, 2023.

VDH has stated that they would need two contracted positions, a full-time Maternal Child Health (MCH) evaluator and a part-time epidemiologist to meet the provisions of the bill. The MCH evaluator would lead this effort and be responsible for major data collection, evaluation, resource coordination, establishing partnerships/liaisons, and assessment of the impact of policies and procedures, which would require a full-time effort to be effective in establishing long-range impacts. Additionally, this would fulfill the bill's requirement to have, "at least one individual who is an expert in maternal health data collection processes". The cost to contract a MCH evaluator is estimated to be \$107,226. A part-time epidemiologist contractor will provide epidemiological activities and ongoing technical assistance to the MCH evaluator and the Task Force regarding maternal and child health epidemiological methods, statistical analysis, surveillance and reporting. The cost to contract a part-time evaluator is estimated to be \$20,940.

Other costs associated with these positions include VITA (\$3,675) and telecom charges (\$615); office supplies (\$2,000); and statistical software/licenses for the purchase and maintenance of quantitative and qualitative analysis software packages and data visualization software for the completion of activities (\$15,044 in year one for purchase and implementation and \$10,044 ongoing for licenses and maintenance). Other costs associated with implementation of this bill include travel reimbursement costs for task force participants (\$1,680).

This bill would not have a fiscal impact on the Department of Medical Assistance Services.

9. Specific Agency or Political Subdivisions Affected: The Virginia Department of Health.

10. Technical Amendment Necessary: No.

11. Other Comments: None.