

2025 Maternal Health Legislation and Budget Amendments

ADOPTED LEGISLATION

Maternal health; protocols and resources for hospitals and outpatient providers; report.

Bill Number: HB2753/SB1279

Patron: Hayes/Jordan

Bill Summary:

Requires all hospitals, emergency departments, and birthing centers to adopt standardized protocols for identifying obstetric emergencies (e.g., hemorrhage, preeclampsia, and eclampsia), based on Virginia Neonatal Perinatal Collaborative guidelines for both inpatient and outpatient care, focusing on emergency treatment, recognizing maternal warning signs and patient transfer. The Virginia Neonatal Perinatal Collaborative will collect data and submit an annual report to the Secretary of Health and Human Resources and the General Assembly on protocol implementation and maternal health outcomes.

Budget Language: No

Pregnancy mobile application; promoting awareness of gov't. maternal & infant health programs, etc.

Bill Number: HB1929

Patron: Bolling

Bill Summary:

Directs the Department of Medical Assistance Services to partner with a mobile pregnancy application to promote awareness of state government maternal and infant health programs and information available to prenatal, pregnant, and postpartum individuals who are eligible for Medicaid. The bill requires the Department to submit a request for proposal within 180 days of the bill's effective date.

Budget Language: Yes, fund appropriated

Budget: \$159,500 was provided from the general fund for FY26.

Department of Medical Assistance Services; state plan for medical assistance services; postpartum doula care; report.

Bill Number: HB1614/SB1418

Patron: McClure/Aird

Bill Summary:

Directs the Department of Medical Assistance Services (DMAS) to amend the state plan for medical assistance services to increase coverage to up to 10 doula visits – four during pregnancy and six within 12 months post-birth. DMAS will report annually to the Governor and General Assembly on implementation and outcomes of the provision with the first report due on December 31, 2026.

Budget Language: No

Certified nurse midwives; licensed certified midwives; independent practice; organized medical staff.

Bill Number: HB1635/SB1352

Patron: Cole/Srinivasen

Bill Summary:

Allows licensed certified midwives who have completed 1,000 hours of practice under a practice agreement to practice independently with an attestation from their supervising physician or midwife. Certified nurse midwives and licensed certified midwives may also enter into agreements with others authorized to practice independently. The Department of Health will amend regulations to include independent practice midwives as part of organized medical staff, alongside physicians and dentists.

Budget Language: No

Certified nurse midwives, licensed certified midwives, etc.; coverage for nursery services.

Bill Number: HB1904

Patron: Willet

Bill Summary:

Directs the Department of Health to amend nursery service regulations to allow certified nurse midwives, licensed certified midwives, or pediatric nurse practitioners with neonatal resuscitation certification, including endotracheal intubation training, to be on the 24-hour on-call duty roster when a physician is unavailable. The amendment also permits physicians to provide telehealth consultation when these providers are on call and a physician cannot arrive on site within 30 minutes.

Budget Language: No

Health insurance; reimbursement for services rendered by certain practitioners, etc.

Bill Number: HB1923

Patron: Ward

Bill Summary:

Requires health insurers to provide equal coverage for services legally performed by licensed certified midwives or licensed midwives. Reimbursement for services provided by midwives must be equal to that paid to licensed physicians or certified nurse midwives in the same area, subject to certain conditions.

Budget Language: No

High-risk pregnant patients; remote patient monitoring services available to patients.

Bill Number: HB1976

Patron: Laufer

Bill Summary:

Directs the Department of Medical Assistance Services (DMAS) to update its regulations, guidance, and provider manuals to include remote patient monitoring services for high-risk pregnant patients with maternal diabetes and hypertension. DMAS must report to the Governor and the General Assembly by November 1, 2025, on the number of patients receiving remote patient monitoring services and the associated costs.

Budget Language: No

Virginia Health Benefit Exchange; special enrollment period for pregnancy.

Bill Number: HB2083

Patron: Shin

Bill Summary:

Requires the Virginia Health Benefit Exchange to establish by January 1, 2026, a special enrollment period for a pregnant qualified individual to enroll in a qualified health plan at any time after the commencement of the pregnancy.

Budget Language: No

Maternal Health Data and Quality Measures, Task Force on; State Health Commissioner to reestablish.

Bill Number: HB2109

Patron: Herring

Bill Summary:

Directs the State Health Commissioner to reestablish 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.

Budget Language: No

Postpartum Depression Education Act; Department of Health to establish a public awareness campaign.

Bill Number: HB2446

Patron: Mundon King

Bill Summary:

Directs the Department of Health to launch a public awareness campaign, develop and distribute educational materials, and create an online resource hub focused on perinatal and postpartum depression. The Department must submit an annual report to the Governor and the General Assembly, with the first annual report due by November 1, 2026.

Budget Language: Yes

Budget: This amendment provides \$553,200 the second year from the general fund to implement the provisions of House Bill 2446, passed during the 2025 Session.

Dental care services for pregnant women; state plan for medical assistance services, report.

Bill Number: HB2539

Patron: Mundon King

Bill Summary:

Directs the Department of Medical Assistance Services (DMAS) to include a provision for payment for comprehensive dental care services for pregnant women. DMAS must report to the Governor and General Assembly annually on the implementation and outcomes of the provision, with the first report due by November 1, 2026.

Budget Language? No

Commission on Women's Health established; report.

Bill Number: HB2617/SB1120

Patron: Mundon King/Lucas

Bill Summary:

Establishes the Commission on Women's Health as a permanent commission in the legislative branch of state government for the purpose of studying and making recommendations on issues related to women's and maternal health. The Commission consists of 15 members, five of whom are nonlegislative citizen members with significant experience or expertise in women's or maternal health policy.

Budget Language: Yes

Budget: Out of this appropriation, \$120,000 from the General Fund the second year shall be provided for one position to support the Commission on Women's Health

APPROVED BUDGET ITEMS

Item 277.H

Perinatal Health Hubs

Out of this appropriation, \$2,500,000 the second year from the general fund shall be provided to pilot perinatal health hub programs throughout the Commonwealth. The Virginia Department of Health, in collaboration with the Virginia Neonatal Perinatal Collaborative, shall provide two-

year grant awards for community-based providers (hubs) to improve perinatal outcomes and to reduce maternal and infant mortality in their communities.

Item 288.PPPPP

Reimbursement for Midwives

Language only – Directs DMAS to ensure that reimbursement for a service provided by a licensed certified midwife or licensed midwife shall be in the same amount as the Medicaid reimbursement paid a licensed physician or certified nurse midwife, whichever is higher, for performing such service in the area served.

Item 288. UU

Increase payments for psychiatric and obstetric-gynecological graduate medical residencies

Effective July 1, 2026, the supplemental payment for all qualifying obstetric-gynecological and psychiatric residencies will increase to \$150,000 annually from \$100,000.

Item 292.UU

Maternal Mobile Clinics Pilot Program

\$1.25 million from the general fund and \$1.25 from the nongeneral fund for FY26 for DMAS to create a pilot program for mobile clinics within maternal health deserts in Virginia, as well as funding for data collection to measure the effectiveness of the program.

Item 292.RR

Enrollment for Pregnant Members

Language only- Directs DMAS work with DSS to ensure pregnant women apply for Medicaid using the Cover Virginia call center to reduce application processing times.