

**Department of Planning and Budget
2024 Session Fiscal Impact Statement**

1. **Bill Number:** HB831

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

2. **Patron:** Cousins

3. **Committee:** Health and Human Services

4. **Title:** Chief Medical Examiner; Maternal Mortality Review Team; work group; expansion plan; report.

5. **Summary:** Directs the Office of the Chief Medical Examiner and the Maternal Mortality Review Team to convene a work group to expand the work of the Maternal Mortality Review Team. The bill directs the work group to develop criteria and procedures related to the collection of maternal morbidity data. The bill specifies that the Maternal Mortality Review Team's expansion plan shall include certain plans for data collection, data review, and development and implementation of policies and recommendations. The work group is required to report its findings and provide its plan to the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions and the Senate Committees on Finance and Appropriations and Education and Health by December 1, 2025.

6. **Budget Amendment Necessary:** Yes, item 289.

7. **Fiscal Impact Estimates:** Preliminary.

7a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2024			
2025	\$115,000		01000
2026	\$48,000		01000
2027			
2028			
2029			
2030			

8. **Fiscal Implications** The provisions of this legislation would have a fiscal impact on the Virginia Department of Health (VDH). For the Maternal Morbidity Workgroup (MMW) to fulfill the requirements of this legislation, the Office of the Chief Medical Examiner (OCME) would need to hire a contractor to provide administrative and research support. This person would work under the direction of Chief Medical Examiner and the Director of the Division of Death Prevention. The contractor will ensure that the work is completed within the

timeframe allocated and has the appropriate experience and education. The cost of the contractor is \$115,000 in FY25 and partial funding is provided through November 30 of FY26 to ensure there is adequate support until the report is final and published.

The contractor will serve as program manager and will be responsible for project oversight, data collection and database management, as well as supporting data analysis, reporting, and evaluation. The program manager will also facilitate or co-facilitate some of the workgroup meetings or provide administrative support to the workgroup. Duties may include literature review, reaching out to other states or groups who may be conducting maternal morbidity review, speaking with workgroup members to solicit feedback, collating data, preparing and disseminating meeting materials, etc.

It is anticipated that the workgroup would meet monthly for the first year and every other month the second year with additional meetings as necessary. OCME does not have resources to allocate to this effort to hire a contractor, and the Division of Death Prevention, where this program would be housed, is 100 percent grant funded and none of those funds can be allocated or reallocated to this effort staff to support the workgroup.

Participation in the workgroup would have a minimal fiscal impact on the members identified in the legislation and can be handled within existing resources.

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

10. Technical Amendment Necessary: No.

11. Other Comments: SB490, introduced by Senator Aird, is a companion bill.