

VOICES FOR VIRGINIA'S CHILDREN

2022 MATERNAL & INFANT HEALTH LEGISLATIVE OUTCOMES

Bills We Supported

[SB 456](#) **Board of Medicine; implicit bias and cultural competency | Senator Locke**

Status: Carried over to 2023 session to continue bill in a study.

Summary: Requires all practitioners licensed by the Board of Medicine to complete two hours of continuing education in each biennium on topics related to implicit bias and cultural competency.

[HB 1105](#) **Implicit Bias and Cultural Competency | Delegate McQuinn**

Status: Carried over to 2023 session to continue bill in a study.

Summary: Requires all practitioners licensed by the Board of Medicine to complete two hours of continuing education in each biennium on topics related to implicit bias and cultural competency.

[HB 538](#) **Perinatal Health Care Providers Implicit Bias Training | Delegate Clark**

Status: Carried over to 2023 session to continue bill in a study.

Summary: Requires the Board of Health to amend its regulations to require that each hospital develop and implement policies requiring all perinatal health care providers to complete an in-person and interactive training on implicit bias.

[SB 344](#) **Health insurance; coverage for donated human breast milk | Senator Barker**

Status: Tabled in House Commerce and Energy.

Summary: Requires health insurers, corporations providing health care coverage subscription contracts, and health maintenance organizations to provide coverage for expenses incurred in the provision of pasteurized donated human breast milk. The requirement applies if the covered person is an infant under the age of six months, the milk is obtained from a human milk bank that meets quality guidelines established by the Department of Health, and a licensed medical practitioner has issued an order for an infant who satisfies certain criteria. The measure applies to policies, contracts, and plans delivered, issued for delivery, or renewed on or after January 1, 2023. The measure also requires the state plan for medical assistance services to include a provision for payment of medical assistance services incurred in the provision of pasteurized donated human breast milk. This bill is a recommendation of the Health Insurance Reform Commission.



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Budget Amendments We Supported

[Item 295](#) **Home Visiting Evidenced Based Research | Senator Lucas**

[#8s](#)

Status: Not included in the House or Senate budget.

Summary: This amendment provides \$1.8 million each year from the general fund for Families Forward Virginia to conduct randomized controlled trials, which is required for the Children's Health Investment Program (CHIP) home-visiting programs to receive the designation of an evidence-based model. This will allow CHIP programs in the Commonwealth to diversify their funding sources and be eligible for more federal funding. It will also offer state agencies another evidence-based model, founded and managed in Virginia, to support their achievement of state goals for family self-sufficiency and maternal and child health.

[Item 289](#) **Fetal and Infant Mortality Review Team | Delegate Sickles**

[#3h](#)

Status: Not included in the House or Senate budget.

Summary: his amendment adds \$1.0 million each year from the general fund to establish a permanent Fetal and Infant Mortality Review Team to provide needed statistics and data on rates of mortality and trends to identify and address Virginia's infant mortality rate. Chapter 164, 2021 Acts of Assembly, directed the Office of the Chief Medical Examiner of the Department of Health to convene a work group to develop a plan for establishing a Fetal and Infant Mortality Review Team.

Governor's Budget Items



Obstetrics & Gynecology Services

Summary: Increases the Medicaid reimbursement rate for obstetrics and gynecology services by 15 percent. \$10.9M provided the first year and 10.9M provided the second year.

Continuous Medicaid & FAMIS Eligibility for Pregnant & Postpartum Women



Summary: Clarifies current budget language to ensure that Virginia meets federal requirements to provide continuous coverage to enrollees for the duration of pregnancy through 12 months postpartum.