

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 5062

**FISCAL
NOTE**

By Delegate Young

[Introduced February 03, 2026; referred to the
Committee on Health and Human Resources then
Finance]

1 A BILL to amend and reenact §9-5-12 of the Code of West Virginia, 1931, as amended, relating to
2 improving maternity and infant care by creating the Healthy Moms, Healthy Babies Act.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-12. Medicaid program; maternity and infant care.

1 (a) The department shall:

2 (1) Extend Medicaid coverage to pregnant women and their newborn infants to 185
3 percent of the federal poverty level and to provide coverage up to 1-year postpartum care,
4 effective July 1, 2021 or as soon as federal approval has occurred.

5 (2) As provided under the Consolidated Omnibus Budget Reconciliation Act (COBRA),
6 Public Law 99-272, the Sixth Omnibus Budget Reconciliation Act (SOBRA), Public Law 99-509,
7 and the Omnibus Budget Reconciliation Act (OBRA), Public Law 100-203, effective July 1, 1988,
8 infants shall be included under Medicaid coverage with all children eligible for Medicaid coverage
9 born after October 1, 1983, whose family incomes are at or below 100 percent of the federal
10 poverty level and continuing until such children reach the age of eight years.

11 (3) Elect the federal options provided under COBRA, SOBRA, and OBRA impacting
12 pregnant women and children below the poverty level: *Provided*, That no provision in this article
13 shall restrict the department in exercising new options provided by or to be in compliance with new
14 federal legislation that further expands eligibility for children and pregnant women.

15 (4) The department is responsible for the implementation and program design for a
16 maternal and infant health care system to reduce infant mortality in West Virginia. The health
17 system design shall include quality assurance measures, case management, and patient outreach
18 activities. The department shall assume responsibility for claims processing in accordance with
19 established fee schedules and financial aspects of the program necessary to receive available
20 federal dollars and to meet federal rules and regulations.

21 (5) The department shall increase to no less than \$600 the reimbursement rates under the

22 Medicaid program for prenatal care, delivery, and post-partum care.

23 (b) In order to be in compliance with the provisions of OBRA through rules and regulations,
24 the department shall ensure that pregnant women and children whose incomes are above the Aid
25 to Families and Dependent Children (AFDC) payment level are not required to apply for
26 entitlements under the AFDC program as a condition of eligibility for Medicaid coverage. Further,
27 the department shall develop a short, simplified pregnancy/pediatric application of no more than
28 three pages, paralleling the simplified OBRA standards.

29 (c) Any woman who establishes eligibility under this section shall continue to be treated as
30 an eligible individual without regard to any change in income of the family of which she is a
31 member until the end of the 1 year period beginning on the last day of her pregnancy.

32 (d) The department shall make payment for tubal ligation without requiring at least 30 days
33 between the date of informed consent and the date of the tubal ligation procedure.

34 (e) To improve maternity and infant care in West Virginia, the department shall reimburse
35 for depression screening of a pregnant woman. The department shall apply for any federal waiver,
36 Medicaid state plan amendments, or other authority necessary to implement this section.

37 (f) The department shall reimburse up to 50 percent for prenatal, delivery, and postpartum
38 services separately in lieu of a global payment or an all-inclusive payment methodology for
39 maternity services. Prenatal, delivery, and postpartum services include without limitation:

40 (1) Office visits;

41 (2) Laboratory fees;

42 (3) Physician ordered testing;

43 (4) Blood work;

44 (5) Remote monitoring;

45 (6) Fetal nonstress tests; and

46 (7) Continuous glucose monitors or other services for gestational diabetes when medically
47 necessary.

48 (g) The department shall provide coverage and reimbursement for self-measurement
49 blood pressure monitoring services for pregnant women and postpartum women. Self-
50 measurement blood pressure monitoring services shall include:

51 (1) Validated blood pressure monitoring devices, such as a blood pressure cuff and
52 replacement cuffs, as medically necessary, to diagnose or treat hypertension;

53 (2) Patient education and training on the set-up and use of a self-measurement blood
54 pressure measurement device that is validated for clinical accuracy, device calibration, and the
55 procedure for obtaining self-measurement readings; and

56 (3) Collection of data reports by the patient or caregiver for submission to a healthcare
57 provider to communicate blood pressure readings and create or modify treatment plans.

58 (h)(1) The department shall reimburse for medically necessary remote ultrasound
59 procedures utilizing established Current Procedural Terminology codes for remote ultrasound
60 procedures when the patient is in a residence or other off-site location from the healthcare provider
61 of the patient and the same standard of care is met.

62 (2) Subdivision (h)(1) of this section shall apply to the fee-for-service categories of the
63 program and any managed care plan within the program.

64 (3) A remote ultrasound procedure shall be reimbursable when the healthcare provider
65 uses digital technology that:

66 (A) Collects medical and other forms of health data from a patient and electronically
67 transmits the information securely to a healthcare provider in a different location for interpretation
68 and recommendation;

69 (B) Is compliant with the Health Insurance Portability and Accountability Act of 1996, 42
70 U.S.C. §1320d *et seq.*, as it existed on January 1, 2026; and

71 (C) Is approved by the United States Food and Drug Administration.

72 (i) The department shall reimburse doulas and community health workers for home
73 visitation related to prenatal care and postpartum care.

74 (j) The department shall:

75 (A) Apply for any federal waiver, Medicaid state plan amendments, or other authority

76 necessary to implement this section; and

77 (B) Adopt rules to implement this section.

NOTE: The purpose of this bill is to improve maternity and infant care by creating the Healthy Moms, Healthy Babies Act.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.