

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

Senate Bill 470

**FISCAL
NOTE**

By Senator Chapman

[Introduced January 16, 2026; referred
to the Committee on Health and Human Resources;
and then to the Committee on Finance]

1 A BILL to amend and reenact §9-5-12 of the Code of West Virginia, 1931, as amended, relating to
2 requiring Medicaid to cover doula services.

Be it enacted by the Legislature of West Virginia:

ARTICLE	5.	MISCELLANEOUS	PROVISIONS.
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§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 (6) File a state plan amendment to extend Medicaid coverage to include doula services.

24 The state plan amendment shall define a doula as a trained professional, providing continuous,
25 physical, emotional, and informational support during the antepartum, intrapartum, and
26 postpartum periods. The services may be provided from confirmed conception through 180 days
27 after delivery. All services are contingent upon the client maintaining Medicaid eligibility. The state
28 plan amendment shall include coverage for the doula to provide two prenatal visits and two
29 postpartum visits with a reimbursement rate of \$125 for each visit to be adjusted annually by the
30 consumer price index. The Bureau for Medical Services shall file the state plan amendment no
31 later than October 1, 2027.

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

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

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

NOTE: The purpose of this bill is to require doula services to be covered by Medicaid.

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