



January 9, 2026

Honorable Carolyn Hugley
State Representative
609 Coverdell Legislative Office Building
Atlanta, Georgia 30334

SUBJECT: Fiscal Note
House Bill (LC 46 1042)

Dear Representative Hugley:

This bill would create a pilot program to provide coverage for doula care for pregnant Medicaid recipients. The program would be permitted to provide reimbursement for up to five doula visits for each recipient, including prepartum care, labor and delivery, and postpartum care. All doulas participating in the pilot would be required to complete appropriate training as determined by the Department of Community Health (DCH). DCH would be required to submit a written report on the implementation and effectiveness of the pilot program, as well as recommendations as to the expansion of the program. The pilot program would terminate on January 1, 2028.

As shown in Table 1, we estimate that the bill would have a state cost of approximately \$1.1 million if 5% of Medicaid pregnancies and births included doula services. DCH noted that other states' Medicaid programs have participation rates under 5%, though the data was several years old. The higher estimate of \$21.5 million in state funds assumes full participation based on the total number of Medicaid births in 2024. The state share is calculated at 66.5725%, a blended Federal Medical Assistance Percentage¹ (FMAP) for FY 2027.

Table 1: Additional Costs for DCH

	Cost Based on Participation in Other States (5% of births)	Max Cost (All births)
Cost for delivery visit	\$774*	\$774*
Cost per pre/postnatal visit	\$110*	\$110*
Number of pre/post-natal visits	4	4
Cost per member	\$1,213	\$1,213
Covered births	2,645	52,908
Projected Annual Cost	\$3,209,895	\$64,197,894
<i>State Share</i>	\$1,072,988	\$21,459,751
<i>Federal Share</i>	\$2,136,907	\$42,738,143

Note: Numbers may not total due to rounding

*National reimbursement average for 11 states (including Washington DC) was more than \$774 for delivery and \$110 for pre/postnatal visits.

¹ Due to a 3-month overlap between the beginning of the state fiscal year and the end of the federal fiscal year, for cost estimate purposes DCH calculates a "blended" FMAP rate utilizing one quarter of the current year's FMAP and three quarters of the upcoming year's FMAP.

DCH noted that Georgia does not currently license doulas, which is necessary for Medicaid reimbursement. Additionally, a State Plan Amendment (SPA) would be required, and the SPA would make the reimbursement permanent instead of a pilot program.

Respectfully,



Greg S. Griffin
State Auditor



Richard Dunn, Director
Office of Planning and Budget

GSG/RD/jm