



DOAA

Georgia Department
of Audits & Accounts

Greg S. Griffin
State Auditor

January 16, 2026

Honorable Karen Bennett
State Representative
507-A Coverdell Legislative Office Building
Atlanta, Georgia 30334

SUBJECT: Fiscal Note
House Bill 649 (LC 46 1202S)

Dear Representative Bennett:

The bill would require health plans to provide for medically necessary maternal mental health screening during the prenatal period and 12 months postpartum and treatment for those found to have mental health conditions. Screening for perinatal mood and anxiety disorders for those on Medicaid would occur at various stated healthcare visits. The Department of Community Health (DCH) would be required to report on a list of quality metrics found in the bill. Finally, DCH must establish a three-year pilot program for remote maternal mental health screening and monitoring. Funds may be used for technology support, provider training, and program evaluation and reporting. DCH would be required to provide annual reports to legislative committees for three years.

DCH would incur additional costs for the mental health screenings and the pilot program. As shown in Table 1, additional state costs would be approximately \$370,000 while the three-year pilot is estimated at \$1.8 million. Details of the estimates are shown below.

Table 1. DCH Costs for LC 46 1202S

Mental Health Screening	
Medicaid Pregnancies Per Year	52,908
GA Medicaid Reimbursement	\$4.18
Number of Screenings Per Pregnancy	5
Total Cost Per Year	\$1,105,777
Federal Share	\$736,144
State Share	\$369,634
Remote Pilot Program	
Total Cost (State)	\$1.8 million

- DCH reported almost 53,000 annual Medicaid pregnancies. Assuming five screenings as anticipated by the bill, the total cost would be approximately \$21 per pregnancy. The state

share is calculated at 66.5725%, a blended Federal Medical Assistance Percentage¹ (FMAP) for FY 2027.

- The estimate for the pilot program is based on the cost of a three-year pilot program for remote prenatal care recently implemented by DCH. That program has been implemented in 16 counties. The funding for the program pays for a program director, technology, an evaluation contract, and direct payments to service providers.

There are additional factors which could impact the cost of implementing the bill. These are explained below.

- Federal law requires that states defray the cost to marketplace plans of benefits not included in their essential health benefits benchmark plan. If the state does not update its benchmark plan to include the new benefits, it must pay for those benefits provided by marketplace plans. An actuarial study would be required to determine the defrayal costs.
- As written, the bill does not require State Health Benefit Plan (SHBP) or University System of Georgia (USG) health plans to provide this coverage. If these plans were included, there would be additional costs to implement the bill.

Respectfully,



Greg S. Griffin
State Auditor



Richard Dunn, Director
Office of Planning and Budget

GSG/RD/mt

¹ Due to the 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.