

# JLBC Fiscal Note

**BILL #** HB 2251

**SPONSOR:** Bliss

**PREPARED BY:** Maggie Rocker

**TITLE:** midwives; medication administration; advisory committee

**STATUS:** As Amended by Senate RAGE

## Description

The bill would give licensed midwives the authority to dispense certain medications if they have completed a pharmacology continuing education course of at least 8 units. The bill would require the Department of Health Services (DHS) to establish the Arizona Midwifery Advisory Committee and would require each licensed midwife to report certain metrics annually.

## Estimated Impact

We expect the bill would generate ongoing costs of up to \$514,700 for personnel and professional and outside services and one-time costs of \$285,300 for equipment and system development, based on an analysis from DHS. All costs would be paid for via fee increases deposited into the department's Licensing Fund. To the extent expanding dispensing authority for midwives changes prescription utilization of state employees or Medicaid members, the bill could impact state costs associated with these populations.

Relative to state employee health insurance, the Arizona Department of Administration (ADOA) expects the bill would either be cost neutral or result in potential savings, based on clinical findings that midwife deliveries are cost effective in uncomplicated cases. However, this literature does not address the dispensing and administering of medications by midwives.

AHCCCS anticipates minimal to no fiscal impact, as there are only 2 licensed midwives registered with AHCCCS, and the department thinks midwife services would mostly be a substitution for a traditional doctor rather than an addition of new services.

## Analysis

Our estimate assumes the following:

- 1) Arizona funds health insurance for state employees via the Health Insurance Trust Fund (HITF) and shares costs with the federal government to fund services for Medicaid members (approximately 35% based on the FY 2026 federal match rate). If additional dispensing authority results in more medication utilization among HITF and Medicaid members, the state could experience additional costs. However, ADOA believes these costs may be offset by savings from using a midwife for delivery, as midwifery services are often cheaper compared to hospital deliveries. Similarly, AHCCCS notes that midwife services would likely be a substitute for traditional doctor services among Medicaid members.
- 2) DHS currently licenses 99 active midwives. The department thinks that the expansion of midwives' authority to administer and dispense medications would require additional technical, legal, and clinical support and regulatory oversight. Specifically, DHS would plan to hire 3 licensing FTE at a cost of \$290,500 annually and contract with subject matter experts to assist with application development, rulemaking, litigation risk mitigation, and medical consultation. The contracted services would have an initial cost of \$395,000 in FY 2027, with \$120,000 of this amount being ongoing.
- 3) Arizona rule requires each midwife to submit a report for each client following the termination of their midwifery services, detailing information related to the client, delivery, and newborn. Given that licensed midwives already submit detailed reports summarizing services, we do not expect a significant fiscal impact as a result of the bill's reporting provisions.

4/1/2026