25103505D

HOUSE BILL NO. 1976

Offered January 13, 2025

Prefiled January 7, 2025

A BILL to amend the Code of Virginia by adding in Chapter 3 of Title 32.1 an article numbered 2.1, consisting of sections numbered 32.1-78.1 through 32.1-78.7, relating to Maternal Health Monitoring Pilot Program.

Patrons—Laufer, Callsen, Keys-Gamarra, LeVere Bolling, Mundon King and Simonds

Referred to Committee on Health and Human Services

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 3 of Title 32.1 an article numbered 2.1, consisting of sections numbered 32.1-78.1 through 32.1-78.7, as follows:

Article 2.1.

Maternal Health Monitoring Pilot Program.

§ 32.1-78.1. Definitions.

As used in this article, unless the context requires a different meaning:

"Eligible participant" means a patient who is (i) a recipient of medical assistance services; (ii) a member of the participating managed care organization; and (iii) pregnant.

"Health care provider" means an obstetrician or maternal fetal medicine physician who is licensed in the Commonwealth and caring for an eligible patient during pregnancy.

"Participating managed care organization" means the managed care organization selected by the Department to administer the pilot program.

"Pilot program" means the Maternal Health Monitoring Pilot Program.

"Technology vendor" means the technology company selected by the Department to contract with the participating managed care organization in administering the pilot program.

§ 32.1-78.2. Establishment and administration of Maternal Health Monitoring Pilot Program.

A. For fiscal years 2027 and 2028, the pilot program is established within the Department to offer eligible participants improved maternal health care through remote patient monitoring for maternal hypertension and maternal diabetes.

B. The Department shall select a managed care organization and technology vendor to administer the pilot program in a manner determined by the Department. For the purpose of administering the pilot program, the participating managed care organization shall contract directly with a technology vendor to offer remote patient monitoring for maternal hypertension and maternal diabetes.

§ 32.1-78.3. Remote patient monitoring for maternal hypertension and maternal diabetes.

A. Technology for remote patient monitoring for maternal hypertension and maternal diabetes provided by the technology vendor shall:

1. Collect health data from an eligible participant and electronically transmit that information securely for interpretation by a health care provider;

2. Be authorized by the U.S. Food and Drug Administration;

3. Monitor health data, including blood pressure, weight, blood glucose levels, or other physiological health data as determined by the eligible participant's health care provider;

4. Be capable of transmitting health data through cellular networks; and

5. Be pre-programmed specifically for each eligible participant so that it works directly out-of-the-box for that specific eligible participant.

B. The technology vendor shall ensure that:

1. Remote patient monitoring for maternal hypertension and maternal diabetes is possible for up to three months postpartum;

2. Remote patient monitoring devices are delivered to the eligible participant; and

3. The eligible participant has a process to be trained on use of the remote patient monitoring devices.

C. The technology vendor shall verify that the health care provider or nursing team receiving information from the remote patient monitoring device is licensed in the Commonwealth and includes registered dieticians and certified diabetes care and education specialists. The technology vendor shall require such health care provider or nursing team to be capable of:

1. Monitoring and reviewing eligible participants' health data;

2. Creating an escalation pathway with an eligible participant's health care provider if the eligible participant's remote patient monitoring readings, in conjunction with the eligible participant's symptoms, require immediate attention from the eligible participant's health care provider as determined by clinical

practice guidelines; and

3. Providing health coaching to participants, including nutrition, condition management, and healthy behavior modification.

§ 32.1-78.4. Eligible localities.

The Department shall implement the pilot program in as many localities as necessary to ensure participation of no less than 300 eligible participants. The participating managed care organization shall ensure that eligible participants in the localities selected by the Department have access to the pilot program.

§ 32.1-78.5. Fee payment for administration of pilot program.

A. The Department shall pay a fee to the participating managed care organization to administer the pilot program.

B. The participating managed care organization shall use the fee paid pursuant to subsection A to cover the costs of:

1. Contracting with the technology vendor, including the costs of remote patient monitoring devices, nonstop clinical monitoring of health information received from remote patient monitoring devices, and health coaching; and

2. Administrating the pilot program.

§ 32.1-78.6. Operation of pilot program.

The Department shall ensure that the pilot program has no less than 300 eligible participants. The pilot program shall be operational no later than 180 days after the contract date between the participating managed care organization and the technology vendor.

§ 32.1-78.7. Report.

No later than 18 months after the first eligible participant is enrolled in the pilot program, the Department shall develop a report on the implementation of the pilot program, including recommendations regarding whether the pilot program should be expanded throughout the Commonwealth. The Department shall submit the report to:

1. The Governor;

2. The Chair of the Senate Committee on Finance and Appropriations;

3. The Chair of the House Committee on Appropriations;

4. The Chair of the Senate Committee on Education and Health Committee; and

5. The Chair of the House Committee on Health and Human Services.