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SENATE BILL NO. 1457

Offered January 17, 2025

A BILL to amend the Code of Virginia by adding sections numbered 32.1-23.02 and 32.1-77.2, relating to Maternal Health Monitoring Pilot Program; pregnancy mobile application; report.

Patron—Carroll Foy

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding sections numbered 32.1-23.02 and 32.1-77.2 as follows:

§ 32.1-23.02. Pregnancy mobile application.

A. The Department shall create a membership-based mobile application available to prenatal, pregnant, and postpartum individuals who are eligible for Medicaid.

B. The Department is authorized to contract with a mobile application developer to create and operate such application on a statewide basis following a competitive bidding process pursuant to the Virginia Public Procurement Act (§ 2.2-4300 et seq.).

C. The Department, in consultation with the General Assembly, shall include the following application deliverables in its request for proposal:

1. The application shall have the capability to deliver education, resources, and support to prenatal, pregnant, and postpartum individuals and their families, including information specific to the Commonwealth such as links to Department and other state agency programs and resources available to prenatal, pregnant, and postpartum individuals;

2. The application shall demonstrate a consistent workflow to increase awareness of state agency programs and resources available to users of the mobile application;

3. The application shall be able to respond to the mobile application user's specific questions as determined by the Department or other agencies in the Commonwealth;

4. The selected vendor shall include information and resources in the mobile application that meet acceptable clinical standards, including standards defined by:

a. The Centers for Disease Control and Prevention;

b. The National Institutes of Health;

c. The American College of Obstetricians and Gynecologists;

d. The American Medical Association; and

e. The American Academy of Pediatrics;

5. The application shall provide information in multiple languages;

6. The application shall be made available on both Android and iOS platforms; and

7. The selected mobile developer shall regularly provide the Department with aggregate, de-identified data concerning:

a. The number of users of the mobile application who are eligible for Medicaid;

b. The number of users of the mobile application who are engaging with Virginia-specific content;

c. The number of users of the mobile application seeking additional information about enrollment in the Medicaid program or other available resources;

d. The number of monthly users of the mobile application;

e. The number of daily users of the mobile application;

f. The average length of time a user uses the mobile application; and

g. Any other information requested by the Department or other agencies in the Commonwealth.

§ 32.1-77.2. Maternal Health Monitoring Pilot Program.

A. As used in this section:

"Eligible participant" means a patient who is (i) a recipient of medical assistance, (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 is caring for an eligible participant.

"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 established in this section.

"Remote patient monitoring for maternal hypertension and maternal diabetes" means technology provided by the technology vendor that (i) collects health data from an eligible participant and electronically transmits that information securely for interpretation and recommendation; (ii) is authorized by the U.S.

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Food and Drug Administration to provide technology services; (iii) monitors health data, including blood pressure, weight, blood glucose levels, or other physiological health data as determined by the eligible participant's health care provider; (iv) is capable of transmitting health data through cellular networks so eligible participants who lack broadband or a smart phone can still benefit; and (v) is capable of providing preprogrammed equipment specifically for each eligible participant so it works directly out of the box for that specific eligible participant.

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

B. For fiscal years 2026 and 2027, the Maternal Health Monitoring 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.

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.

C. When offering remote patient monitoring for maternal hypertension and maternal diabetes to an eligible participant under the Pilot Program, 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;

3. The eligible participant has a process to be trained in how to use the remote patient monitoring devices;

4. The health care provider or nursing team is licensed in the Commonwealth and includes registered dietitians and a certified diabetes care and education specialist;

5. The health care provider or nursing team shall be capable of supporting the eligible participant by:

a. Monitoring and reviewing health data of eligible participants;

b. 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

c. Providing health coaching to participants in matters including nutrition, condition management, and healthy behavior modification.

D. The Department shall implement the Pilot Program in as many cities and counties as necessary to ensure participation of no less than 300 eligible participants. The participating managed care organization shall ensure that eligible participants in the cities and counties selected by the Department have access to the Pilot Program. 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.

E. The Department shall pay a fee to the participating managed care organization to administer the Pilot Program. The participating managed care organization shall use the fee payment to administer the Pilot Program and contract with the technology vendor. Payment for contracting with the technology vendor shall include costs of remote patient monitoring devices, around-the-clock monitoring, and health coaching by the health care provider or nursing team.

F. No later than 18 months after the first eligible participant is enrolled, 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 (i) the Governor, (ii) the President Pro Tempore of the Senate, (iii) the Speaker of the House of Delegates, and (iv) the Chairmen of the Senate Committees on Finance and Appropriations and Education and Health and the House Committees on Appropriations and Health and Human Services.

2. That the Department of Health shall issue a request for proposal pursuant to §§ 32.1-23.02 and 32.1-77.2 of the Code of Virginia, as created by this act, within 180 days of the effective date of this act.