Department of Planning and Budget 2025 General Assembly Session State Fiscal Impact Statement

PUBLISHED: 1/21/2025 4:58 PM ORIGINAL

Bill Number: HB 1927 **Patron:** LeVere Bolling

Bill Title: Department of Medical Assistance Services; remote monitoring services for pregnant and

postpartum patients; reimbursement

Bill Summary: The proposed legislation expands provision for payment of medical assistance for remote patient monitoring services provided via telemedicine to include all pregnant and postpartum persons. Under current law, only high-risk pregnancies are covered.

Budget Amendment Necessary: Yes **Items Impacted:** 287, 288, and 290

Explanation: Funding is required under Children's Health Insurance Program Delivery, Medicaid Program

Services and Medical Assistance Services for Low Income Children.

Fiscal Summary: The proposed legislation will require expenditures for which the agency is not currently appropriated. See table and fiscal analysis below.

General Fund Expenditure Impact:

<u>Agency</u>	FY2025	<u>FY2026</u>	FY2027	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>			
DMAS (602)	-	\$2,114,450	\$2,422,006	\$2,543,107	\$2,670,262	\$2,803,775			
Nongeneral Fund Expenditure Impact:									

	<u>Agency</u>	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	
_	DMAS (602)	-	\$3,802,256	\$4,355,311	\$4,573,077	\$4,801,731	\$5,041,817	_

Fiscal Analysis: Using available maternity claims, DMAS estimates that approximately 33,135 pregnant women per month would be made eligible for remote patient monitoring under the provisions of this bill. This number excludes those high-risk pregnancies that are already provided remote patient monitoring services. It is unclear as to how many newly eligible members would utilize remote patient monitoring services. For the purposes of this statement, it is assumed that 40 percent of these members would utilize services each month. Based on a twelve-month average of actual remote monitoring expenditures, the monthly cost of providing services is estimated to be \$24.54. The service duration is projected to cover six months during pregnancy and 12 months postpartum. The total cost of expanding remote patient monitoring services, as provided for in the bill, is estimated to be \$5.9 million (\$2.1 million general fund) in FY 2026. A typical growth rate of five percent is assumed for subsequent years.

Other: The introduced budget includes language in Item 288 that requires a reserve amount be appropriated for new Medicaid initiatives. In addition to the cost of the initiative, the reserve equals the difference between the general fund appropriated for the initiative in FY 2026 and the highest annual general fund cost of the initiative over the next six fiscal years. While not reflected in the table above, the reserve amount is estimated at \$0.8 million general fund for the initiative required by this bill. Act language also delays initiative implementation until the reserve requirement is met. This bill is a companion to SB 758.