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

PUBLISHED: 1/22/2025 11:04 AM ORIGINAL

Bill Number: HB1976 Patron: Laufer

Bill Title: Maternal Health Monitoring Pilot Program.

Bill Summary: Directs the Department of Health to implement a pilot program that provides for remote patient monitoring for maternal hypertension and maternal diabetes. The bill requires the Department to select a managed care organization and technology vendor to administer the pilot program. The bill requires the Department to submit a report to the Governor and General Assembly no later than 18 months after the first eligible participant is enrolled in the pilot program.

Budget Amendment Necessary: Yes **Items Impacted:** 277

Fiscal Summary: The provisions of this legislation would require the Virginia Department of Health (VDH) to establish a maternal health remote patient monitoring program for eligible patients with maternal hypertension and maternal diabetes through a managed care organization and a technology vendor. 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. The pilot program shall be established for fiscal years 2027 and 2028.

The technology used for the program should meet the following requirements: 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.

The bill also outlines a fee payment schedule to administer the program and specifies requirements around a launch date and reporting. 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 to contract 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; administrating the pilot program.

The Department shall implement the pilot program in as many localities as necessary to ensure participation of 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.

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General Fund Expenditure Impact:

<u>Agency</u>	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030
∨DH			\$1,476,147	\$1,295,047		
TOTAL			\$1,476,147	\$1,295,047		

Fiscal Analysis: The Department shall implement the pilot program in as many localities as necessary to ensure participation of no less than 300 eligible participants. Since the pilot is two years in length, this would be at least 150 participants per year. The participating managed care organization will use the fee paid by VDH to cover the costs of 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 for administrating the pilot program. Estimated costs for an MCO to contract with a vendor for technology services would cost \$925,092 for 150 patients per year. This estimate includes hypertension remote patient monitoring services (\$333,414), diabetes remote patient monitoring services (\$401,328), at-home blood pressure monitoring (\$10,350), and glucose monitors (\$180,000). Costs for a data analyst to administer the pilot program are 138,000 (salary, fringe, and VITA).

VDH would also incur implementation and monitoring costs. There would be costs to set up the data infrastructure to receive data from the MCO and to establish/maintain security protocols. For example, VDH has to ensure that data isn't lost and maintain security, which are standard procedures that VDH uses regarding patient data. A data architect to establish the data infrastructure to receive data from the Managed Care Organization would cost \$35,000 the first year and \$10,000 the second year. VDH would need a contract administrator (\$138,000 each year) to administer the contract with the Managed Care Organization, monitor performance, track spending and budget, and develop the report. Other implementation costs include costs for the contractor to oversee and coordinate data infrastructure development, information security processes, and data reporting (\$25,000 in the first year and \$10,000 in the second year). Costs for COV RAMP (\$10,000 the first year and \$2,400 the second year), which is a service specifically created for third party vendors offering software as a service (SaaS) applications and is used when an agency is requesting the provider to act on behalf of a Commonwealth entity, is accepting commonwealth data, serving as the data custodian or system administrator of that data for purposes of making it available back to the Commonwealth via an interface for fee. There would be GCP/Tableau costs for storing and analyzing data (\$150,000 the first year and \$75,000 the second year). VDH would need Information Security Office (ISO) support for the ISO team to initiate processes prior to initiating a contract with the MCO to prevent data breaches (\$30,000 one-time). Once these initial data security processes are in place, there would be costs associated with ongoing monitoring to prevent data breaches (\$7,500 each year). VDH estimates it would need request for proposal support to ensure applicants meet data security benchmarks (\$25,000 one-time), and lastly costs for a data sharing agreement (\$4,000 in the first year and \$500 in the second year). Below is a spreadsheet identifying estimated costs:

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		FY27	FY28
<u>OFHS</u>			
Contract administrator	\$	122,859	\$ 122,859
VITA	\$	3,696	\$ 3,696
<u>OIM</u>			
Program Administration		25,000	\$ 10,000
Data Architect		35,000	\$ 10,000
COV Ramp		10,000	\$ 2,400
GCP/Tableau		150,000	\$ 75,000
Information Security Office Support	\$	30,000	\$ -
ISO ongoing	\$	7,500	\$ 7,500
RFP Support	\$	25,000	\$ -
Data Sharing Agreement	\$	4,000	\$ 500
Contract with MCO			
Personell to manage MCO		138,000	\$ 138,000
Vendor Fees	\$	925,092	\$ 925,092
Total	\$	1,476,147	\$ \$1,295,047

Other: None.