

**Department of Planning and Budget  
2026 General Assembly Session  
State Fiscal Impact Statement**

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**ORIGINAL**

**Bill Number:** SB721-S1 **Patron:** Carroll Foy  
**Bill Title:** Maternal Health Monitoring Pilot Program established; report.

**Bill Summary:** The bill, as amended, directs the Department of Medical Assistance Services (DMAS) to implement the Maternal Health Monitoring 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 (MCO) and technology vendor to administer the Pilot Program and 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:** 295  
**Explanation:** The bill requires resources for which DMAS is not currently appropriated.

**Fiscal Summary:** DMAS will require additional appropriation in order to pay an authorized fee to each MCO participating in the pilot program authorized by the bill. The bill includes a cap of \$500,000 per participating MCO for the duration of the pilot. As such, it is assumed that no more than \$2.5 million can be spent on this effort (\$500,000 x five MCOs). This statement assumes that costs are budgeted in FY 2027; however, costs may be spread across the biennium depending on DMAS implementation.

**General Fund Expenditure Impact:**

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
DMAS (602)	-	\$1,250,000	-	-	-	-

**Nongeneral Fund Expenditure Impact:**

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
DMAS (602)	-	\$1,250,000	-	-	-	-

**Fiscal Analysis:** The bill establishes the Maternal Health Monitoring Pilot Program for fiscal years 2027 and 2028. The program is aimed at offering participants improved maternal health care through remote patient monitoring for maternal hypertension and maternal diabetes. Participants must be recipients of medical assistance services, a member of a participating managed care organization, and pregnant.

DMAS is responsible for selecting one or more MCO and one technology vendor to administer the pilot program to up to 500 participants. The agency will pay each participating MCO a fee of no more than \$500,000 to administer the pilot program. It is assumed that this is the total fee for the duration of the pilot program;

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therefore, MCO fees are shown in the first year only. There are five MCOs in Virginia, and assuming all five participate in the pilot program, this would result in a one-time cost of \$2.5 million (\$1.25 million general fund). It is assumed that the one-time administrative fee would be paid to the participating MCOs at the beginning of the program, so appropriation is needed in FY 2027.

DMAS is required to have the pilot program operational no later than 180 days after the contract date between the MCO and the technology vendor. No later than 18 months after the first eligible participant enrolls in the program, DMAS shall, in coordination with MCOs and other stakeholders, develop a report on the outcomes of the pilot program and submit it to the Governor and Chairs of the Senate Committee on Finance and Appropriations, the House Committee on Appropriations, the Senate Committee on Education and Health, and the House Committee on Health and Human Services.

If the intent of the bill differs from what is assumed above, funding needs may vary.

**Other:** Remote patient monitoring for high-risk pregnancies is already a covered service in the Medicaid state plan. Maternal hypertension and maternal diabetes are two factors that could result in having a pregnancy considered “high-risk”.