

SENATE BILL NO. 721

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Education and Health

on _____)

(Patron Prior to Substitute—Senator Carroll Foy)

A BILL to amend the Code of Virginia by adding in Chapter 10 of Title 32.1 an article numbered 5, consisting of sections numbered 32.1-331.18 through 32.1-331.24, relating to Maternal Health Monitoring Pilot Program established; report.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 10 of Title 32.1 an article numbered 5, consisting of sections numbered 32.1-331.18 through 32.1-331.24, as follows:

*Article 5.**Maternal Health Monitoring Pilot Program.***§ 32.1-331.18. Definitions.**

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

"Department" means the Department of Medical Assistance Services.

"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.

"Escalation pathway" means an agreement between the participating managed care organizations and the technology vendor on a process to follow when an eligible participant's medical indicators are concerning and warrant further review and investigation.

"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 established pursuant to this article.

"Remote monitoring clinical care team" means a team consisting of nurses licensed in the Commonwealth, dietitians, and certified diabetes care and education specialists that monitor eligible participants' medical indicators and provide nutrition guidance, diabetes and hypertension management counseling, and pregnancy and postpartum advice.

"Technology vendor" means the technology company selected by the Department to contract with the

participating managed care organization in administering the Pilot Program.

§ 32.1-331.19. Establishment and administration of Maternal Health Monitoring Pilot Program.

A. For fiscal years 2027 and 2028, 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.

B. The Department shall select one or more managed care organizations and one 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 organizations shall contract directly with the technology vendor to offer remote patient monitoring for maternal hypertension and maternal diabetes and ensure that eligible participants have access to the Pilot Program.

§ 32.1-331.20. 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 during pregnancy and for up to three months postpartum;
2. Remote patient monitoring devices are provided and delivered to each 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 ensure that the remote monitoring clinical care team is capable of:

1. Monitoring and reviewing eligible participants' health data;
2. Creating an escalation pathway with an eligible participant's participating managed care organization and 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;

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

4. Coordinating with the eligible participant's health care provider as needed.

§ 32.1-331.21. Eligible localities.

The Department shall implement the Pilot Program in as many localities as necessary to ensure participation of up to 500 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.

§ 32.1-331.22. Fee payment for administration of Pilot Program.

A. The Department shall pay a fee of no more than \$500,000 to participating managed care organizations 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 contracting with the technology vendor and administering the Pilot Program.

§ 32.1-331.23. Operation of Pilot Program.

The Department shall ensure that the Pilot Program has up to 500 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.

§ 32.1-331.24. Report.

A. No later than 18 months after the first eligible participant is enrolled in the Pilot Program, the Department shall collaborate with participating managed care organizations and other relevant stakeholders to develop a report evaluating the outcomes of the Pilot Program, including recommendations regarding whether the Pilot Program should be expanded throughout the Commonwealth.

B. The report shall evaluate claims data, vital stats data, and EHR/EMR data of participants to determine the Pilot Program's impact on the following maternal, fetal, and neonatal health outcomes and evaluate whether the Pilot Program improves those outcomes while reducing Medicaid costs:

1. Maternal outcomes:

a. Maternal mortality rate;

b. Severe maternal morbidity rate;

c. Preeclampsia;

d. C-section rate;

e. Mean length of hospital stay;

- 95 *f. ICU admission rate;*
- 96 *g. Mean length of ICU stay; and*
- 97 *h. Postpartum hospital readmission rate.*
- 98 *2. Fetal and neonatal outcomes:*
- 99 *a. Fetal mortality rate;*
- 100 *b. Fetal growth restriction;*
- 101 *c. Neonatal mortality rate;*
- 102 *d. NICU admission rate;*
- 103 *e. Mean length of NICU stay;*
- 104 *f. Neonatal hypoglycemia;*
- 105 *g. Preterm birth rate;*
- 106 *h. Gestational age at delivery; and*
- 107 *i. Birthweight.*
- 108 *C. The Department shall submit the report to:*
- 109 *1. The Governor;*
- 110 *2. The Chair of the Senate Committee on Finance and Appropriations;*
- 111 *3. The Chair of the House Committee on Appropriations;*
- 112 *4. The Chair of the Senate Committee on Education and Health; and*
- 113 *5. The Chair of the House Committee on Health and Human Services.*