**HB 158**

# Department of Legislative Services

Maryland General Assembly
2026 Session

## FISCAL AND POLICY NOTE
**First Reader**

House Bill 158 (Delegate Woods)
Health

**Maryland Medical Assistance Program - Maternal Health Monitoring Pilot Program**

This bill establishes a Maternal Health Monitoring Pilot Program in the Maryland Department of Health (MDH) to support pregnant and postpartum Medicaid recipients who have a higher risk of pregnancy complications because of "maternal hypertension" or "maternal diabetes." The pilot must operate during fiscal 2027 and 2028 and be administered by at least one Medicaid managed care organization (MCO) through a "technology vendor," as specified. For fiscal 2028, the Governor must include in the annual budget bill an appropriation of $600,000 to the program. MDH must ensure that participation in the pilot program represents the geographic diversity of the State and includes a statistically relevant number of participants. By October 1, 2028, MDH must report its findings and recommendations to the Governor and the General Assembly. **The bill takes effect July 1, 2026, and terminates June 30, 2029.**

## Fiscal Summary

**State Effect:** Medicaid expenditures increase by up to $300,000 (50% general funds, 50% federal funds) in FY 2027 and 2028 for the pilot program, as discussed below, and by $86,000 (50% general funds, 50% federal funds) in FY 2028 to complete the required report; federal fund revenues increase accordingly. **This bill establishes a mandated appropriation for FY 2028.**

| (in dollars) | FY 2027 | FY 2028 | FY 2029 | FY 2030 | FY 2031 |
|---|---|---|---|---|---|
| FF Revenue | $150,000 | $150,000 | $43,000 | $0 | $0 |
| GF/FF Exp. | $300,000 | $300,000 | $86,000 | $0 | $0 |
| Net Effect | ($150,000) | ($150,000) | ($43,000) | $0 | $0 |

*Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

**Bill Summary:** MDH must select at least one MCO to administer the pilot program and pay an MCO $2,000 per participant to administer the pilot program. The total amount paid to participating MCOs for the pilot program may not exceed $600,000.

A participating MCO must contract with a technology vendor to offer remote patient monitoring (RPM) services to participants, reimburse the vendor for the cost of providing RPM services and devices, and ensure participants have access to remote monitoring services.

The technology vendor must provide preprogrammed technology specific to each participant and ensure that (1) RPM occurs during the participants' second and third trimesters and for up to three months postpartum; (2) RPM services are delivered to each participant; and (3) each participant is trained on how to use the RPM device. The technology vendor must employ a clinical team that includes a nurse licensed in Maryland, a dietician-nutritionist licensed in Maryland, and a certified diabetes care and education specialist. The technology vendor must assign a program manager to support implementation of the pilot program and coordinate efforts between MDH and the MCO(s).

The clinical team must support each participant by (1) monitoring and reviewing the participant's health data; (2) establishing (in collaboration with a participating MCO) an escalation pathway to be complied with if the participant's RPM readings and symptoms require immediate attention from the participant's health care provider (obstetrician or maternal-fetal medicine physician); and (3) providing health coaching on condition management, health behavior modification, and nutrition.

**Current Law:** Chapters 669 and 670 of 2022 require Medicaid to provide coverage for self-measured blood pressure monitoring for all Medicaid recipients diagnosed with uncontrolled high blood pressure. Coverage must include (1) the provision of validated home blood pressure monitors and (2) reimbursement of health care provider and other staff time used for patient training, transmission of blood pressure data, interpretation of blood pressure readings and reporting, and the delivery of co-interventions, including educational materials or classes, behavioral change management, and medication management.

"Self-measured blood pressure monitoring" means the regular management of blood pressure by the patient outside the clinical setting, either at home or elsewhere, requiring the use of a home blood pressure measurement device by the patient. "Validated home blood pressure monitor" means a blood pressure measurement device that has been validated for accuracy and is listed in the U.S. Blood Pressure Validated Device Listing.

Coverage is available to any Medicaid participant who qualifies based on medical necessity and is capable of using the equipment. Participants may receive up to 60 days of monitoring per episode of care, and up to four episodes of care per year. MDH reimburses providers at a rate of $125 per member per month to cover equipment installation in the patient's home, patient education on how to use the device, and ongoing monitoring of the data collected. The cost of the equipment is covered separately under MDH's durable medical equipment benefit.

As part of the Postpartum Maternal Health Collaborative, Maryland established a project at a hospital in Prince George's County to address pregnant and postpartum individuals with hypertensive conditions through collaboration with Maryland's Perinatal Quality Collaborative, MCOs, local health departments (LHDs), and community-based organizations through frequent meetings and close communication. As part of the collaborative, all nine of Medicaid's MCOs provide remote blood pressure monitoring to the population of pregnant and postpartum individuals with hypertension, in addition to partnering with a home visiting service from an LHD.

**State Fiscal Effect:** Under the bill, the pilot program *must* operate during fiscal 2027 and 2028. MDH must select at least one MCO to administer the pilot program and cannot pay MCOs more than $600,000 to do so. Further, in fiscal 2028, the Governor must appropriate $600,000 for the pilot program. By October 1, 2028, MDH must report its findings and recommendations related to the program to the Governor and the General Assembly.

Given the bill's requirement that the program operate over two years (in both fiscal 2027 and 2028), this analysis assumes that (1) the cap on payment to the MCO controls the total amount of funding provided (no more than $600,000 for that purpose); (2) to operate as required in fiscal 2027 and 2028, discretionary funding must be provided in fiscal 2027; (3) funding for the program is split evenly across both years; and (4) provision of that discretionary funding reduces the amount of the mandated appropriation for fiscal 2028 ($600,000) that may be *expended* to $300,000. (Should the full mandated amount still be appropriated in fiscal 2028, this analysis assumes that one-half of that amount would not be expended and would revert due to the total cap on spending. Under an alternative scenario, discretionary funding is not provided in fiscal 2027 so the program does not operate that year; instead, the program operates only in fiscal 2028 and the full mandated appropriation of $600,000 is provided and expended that year.)

Thus, Medicaid expenditures increase by up to $300,000 (50% general funds, 50% federal funds) in fiscal 2027 and 2028 to reimburse at least one MCO for administering the pilot program, which may serve up to 150 participants each fiscal year. Medicaid expenditures increase in fiscal 2029 by an estimated $86,000 (50% general funds,

50% federal funds) for costs associated with evaluating the program and preparing the final report, which is due by October 1, 2028. Federal fund revenues increase accordingly.

MDH advises that full claims and encounter data for pilot program participants for fiscal 2028 (the second year of the pilot program) will not be available until January 2029 due to the six-month MCO claims run-out period. Thus, additional time would be needed to complete a comprehensive evaluation of the pilot program.

**Additional Comments:** MDH advises that Medicaid must apply for a § 1115(a) demonstration waiver from the federal Centers for Medicare and Medicaid Services (CMS) to implement the bill. However, it is unclear whether CMS would approve the demonstration waiver as the bill requires MDH to establish a pilot program for services that are already covered, which may not be considered sufficiently innovative to be approved as a demonstration waiver.

## Additional Information

**Recent Prior Introductions:** Similar legislation has been introduced within the last three years. See HB 1538 of 2025.

**Designated Cross File:** None.

**Information Source(s):** Department of Budget and Management; Maryland Department of Health; Department of Legislative Services

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