

ASSEMBLY, No. 5608

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED JUNE 15, 2023

Sponsored by:

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex)

SYNOPSIS

Establishes pilot program to provide Medicaid coverage of remote maternal health services for eligible beneficiaries.

CURRENT VERSION OF TEXT

As introduced.



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1 AN ACT concerning Medicaid coverage of maternal health services
2 and supplementing Title 30 of the Revised Statutes.

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4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

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7 1. As used in this act:

8 “Department” means the Department of Human Services.

9 “Health care provider” means a physician, a certified nurse
10 midwife, a professional midwife, or a midwife who is licensed
11 pursuant to Title 45 of the Revised Statutes.

12 “Medicaid” means the New Jersey Medical Assistance and
13 Health Services Program established pursuant to P.L.1968, c.413
14 (C.30:4D-1 et seq.)

15 “Remote maternal health services” means the use of digital
16 technology to collect medical and other forms of health data from a
17 pregnant Medicaid beneficiary and electronically transmit this
18 information, in a secure manner, to a health care provider at a
19 distant site for interpretation and use as part of a diagnosis or a
20 treatment plan.

21 “Remote non-stress test” means the use of a fetal monitoring
22 device, which is FDA cleared for at-home use to transmit fetal heart
23 rate, maternal heart rate, and uterine activity to a remote health care
24 provider.

25 “Remote patient monitoring” means the use of digital
26 technologies to collect medical and other forms of health data from
27 patients in one location and electronically transmit that information
28 securely to health care providers at a different location for analysis,
29 interpretation, and to make recommendations to, and manage the
30 treatment of, such patients. “Remote patient monitoring” shall
31 include the monitoring of clinical patient data such as weight, blood
32 pressure, pulse oximetry, respiratory flow rate, musculoskeletal
33 system status, blood glucose levels, and other patient-generated
34 physiological data.

35 “Tele-ultrasound” means the use of an ultrasound device that is
36 capable of sharing live streaming of ultrasound images that are
37 interpreted in real time by a health care provider that is in a
38 different location than the patient. Two-way audiovisual
39 communication with the remote healthcare provider may happen
40 through the ultrasound system or another device that is compliant
41 with the provisions of the federal “Health Insurance Portability and
42 Accountability Act of 1996.”

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44 2. a. Contingent upon the receipt of federal reimbursement for
45 eligible State Medicaid expenditures, the Commissioner of Human
46 Services shall establish a voluntary, three-year pilot program to
47 provide remote maternal health services to pregnant Medicaid

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1 beneficiaries who are referred to the program by the beneficiary's
2 health care provider.

3 b. The Commissioner of Human Services shall, based upon
4 clinical evidence and the recommendations of experts in the
5 practice of obstetrics and maternal-fetal medicine, determine the
6 menu of remote maternal health services that will be available
7 through the pilot program, which services shall, at a minimum,
8 include:

- 9 (1) remote patient monitoring;
- 10 (2) remote non-stress tests; and
- 11 (3) tele-ultrasound.

12 c. Any patient health data collected and transmitted, pursuant
13 to the remote maternal health services pilot program, shall be
14 collected and transmitted by a device that is compliant with the
15 requirements of the federal "Health Insurance Portability and
16 Accountability Act of 1996" (42 U.S.C. s.1320d et seq.) and that
17 has received approval for use in this capacity by the United States
18 Food and Drug Administration.

19

20 3. a. A pregnant individual who is enrolled in the Medicaid
21 program is eligible to participate, on a voluntary basis, in the
22 remote maternal health services pilot program, established pursuant
23 to section 2 of this act, provided the Medicaid beneficiary's health
24 care provider determines that:

- 25 (1) remote maternal health services meet the standard of care; or
- 26 (2) the beneficiary has an increased likelihood of a high-risk
27 pregnancy due to:

28 (a) pre-existing medical conditions, which shall include, but
29 shall not be limited to: HIV or AIDS, diabetes, high blood pressure,
30 kidney disease, obesity, or polycystic ovary syndrome;

31 (b) age at the time of pregnancy, including beneficiaries
32 between the ages of ten and 19, and those aged 35 years and older;

33 (c) lifestyle factors, including the beneficiary's use of alcohol,
34 tobacco, or recreational drugs during pregnancy; or

35 (d) diagnosed pregnancy-related conditions, which shall include,
36 but shall not be limited to: multiple gestation, gestational diabetes,
37 preeclampsia, eclampsia, previous preterm births, or the existence
38 of birth defects or genetic conditions in the fetus.

39 b. The remote maternal health services pilot program shall be
40 offered to a pregnant Medicaid beneficiary who does not meet the
41 eligibility requirements established under paragraph a. of this
42 section, but who resides in a community that lacks a sufficient
43 number of health care providers who offer obstetric care and
44 participate in the Medicaid program.

45 c. Participation in the remote maternal health services pilot
46 program shall be offered to a pregnant Medicaid beneficiary who
47 does not meet the eligibility requirements under paragraphs a. and
48 b. of this section, but whose health care provider determines is

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1 unable to access consistent obstetric care due to socioeconomic
2 factors, such as: the beneficiary's employment schedule, a lack of
3 reliable transportation, or a lack of reliable child care.

4 d. A pregnant Medicaid beneficiary shall only participate in the
5 remote maternal health services pilot program upon referral by the
6 beneficiary's health care provider.

7 e. Under no circumstances shall the State or a health care
8 provider require that a pregnant Medicaid beneficiary participate in
9 the remote maternal health services pilot program.

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11 4. The Commissioner of Human Services shall apply for such
12 State plan amendments or waivers as may be necessary to
13 implement the provisions of this act and to secure federal financial
14 participation for State Medicaid expenditures under the federal
15 Medicaid program.

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17 5. The Commissioner of Human Services shall adopt rules and
18 regulations pursuant to the "Administrative Procedure Act"
19 P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of
20 this act.

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22 6. This act shall take effect immediately, but shall remain
23 inoperative until the Commissioner of Human Services receives any
24 federal approvals following the submission of applications for State
25 plan amendments or waivers pursuant to section 4 of this act.

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STATEMENT

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30 This bill establishes a voluntary, three-year pilot program to
31 provide certain pregnant Medicaid beneficiaries with remote
32 maternal health services, upon referral by the beneficiaries' health
33 care provider. It is the intent of the bill's sponsor to expand access
34 to obstetric care for pregnant patients who live in the State's rural
35 communities or in medically underserved communities.

36 The bill provides that the Commissioner of Human Services,
37 based upon clinical evidence and the recommendations of experts in
38 the fields of obstetrics and maternal-fetal medicine, will determine
39 the remote services to be provided through the pilot program. At
40 minimum, the program will provide remote patient monitoring,
41 remote non-stress tests, and tele-ultrasound services for pregnant
42 Medicaid beneficiaries. The bill defines "remote maternal health
43 services" as the use of digital technology to collect medical and
44 health data from a pregnant patient and securely transmit this
45 information to a health care provider at a distant site for
46 interpretation and use as part of a diagnosis or a treatment plan.
47 "Remote patient monitoring" is defined as the use of digital

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1 technology to collect and transmit patient health data to a healthcare
2 provider at a distant site for review and treatment management.

3 The bill stipulates that the devices and digital technologies used
4 to provide remote maternal health services must comply with the
5 requirements of the federal “Health Insurance Portability and
6 Accountability Act of 1996,” and be used in an FDA-approved
7 capacity.

8 The bill provides that State licensed physicians, certified nurse
9 midwives, professional midwives, or midwives may refer a
10 pregnant Medicaid beneficiary to the pilot program if the health
11 care provider determines that remote maternal health services are in
12 the beneficiary’s best interests; or that the beneficiary has an
13 increased likelihood of a high-risk pregnancy due to: pre-existing
14 medical conditions; age; lifestyle factors; or a diagnosed pregnancy-
15 related condition, such as preeclampsia.

16 The bill also provides that remote maternal health services will
17 be available to a pregnant Medicaid beneficiary whose pregnancy is
18 not high-risk, but who resides in a community that lacks a sufficient
19 number of health care providers who offer obstetric care and
20 participate in the Medicaid program. Eligibility for the pilot
21 program will also be extended to a pregnant Medicaid beneficiary
22 who is unable to access consistent obstetric care due to
23 socioeconomic factors, such as the beneficiary’s work schedule, a
24 lack of reliable transportation, or a lack of reliable child care.

25 Pursuant to the bill, the establishment of the remote maternal
26 health services pilot program is contingent upon federal approval of
27 the State’s Medicaid waiver application or State plan amendment, in
28 order to ensure federal financial participation for State Medicaid
29 expenditures under the federal Medicaid program.