

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 3700
STATE OF NEW JERSEY
221st LEGISLATURE

DATED: MARCH 20, 2025

SUMMARY

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

Types of Impact: Annual increase in State expenditures and revenues.

Agencies Affected: Department of Human Services.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Expenditure Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that annual State costs will increase by an indeterminate amount to establish a voluntary, three-year pilot program to provide remote maternal health services to certain pregnant Medicaid beneficiaries. Because the OLS cannot anticipate the number of pregnant Medicaid beneficiaries who may participate in the pilot program, the specific remote services that will be covered, and the Medicaid reimbursement rates that will be paid for these remote services, the OLS lacks the informational basis to determine the amount by which annual Medicaid costs will increase under the bill.
- Any increase in State Medicaid costs under the bill will also increase State revenues by an indeterminate amount, in the form of federal Medicaid cost reimbursements for State expenditures under the federal Medicaid program.

BILL DESCRIPTION

The bill establishes a voluntary, three-year pilot program to provide certain pregnant Medicaid beneficiaries with remote maternal health services, upon referral by the beneficiaries’ health care provider.

Based on clinical evidence and the recommendations of experts in obstetrics and maternal-fetal medicine, the Department of Human Services will determine the remote services to be

provided through the pilot program. The program will provide remote patient monitoring, remote non-stress tests, and tele-ultrasound services for pregnant Medicaid beneficiaries.

State-licensed physicians, certified nurse midwives, professional midwives, or midwives may refer a pregnant Medicaid beneficiary to the pilot program if the health care provider determines that remote maternal health services are in the beneficiary's best interests, or that the beneficiary has an increased likelihood of a high-risk pregnancy due to pre-existing medical conditions, age, lifestyle factors, or a diagnosed pregnancy-related condition.

Remote maternal health services also will be available to a pregnant Medicaid beneficiary whose pregnancy is not high-risk, but who resides in a community that lacks a sufficient number of obstetric care providers who participate in the Medicaid program, or who is unable to access consistent obstetric care due to socioeconomic factors, such as a lack of reliable transportation or child care.

The establishment of the remote maternal health services pilot program will be contingent upon federal approval of the State's Medicaid waiver application or State plan amendment, in order to ensure federal reimbursement for State Medicaid expenditures under the federal Medicaid program.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

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Any increase in State Medicaid costs to implement the program will also increase State revenues by an indeterminate amount, in the form of federal Medicaid cost reimbursements for State expenditures under the federal Medicaid program.

According to the New Jersey State Health Assessment Data system, 30.1 percent of all births in 2022, the most recent year for which data are available, were to women who were covered under the State Medicaid program.

Section: Human Services

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This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).