

# HOUSE BILL 158

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(PRE-FILED)

**By: Delegate Woods**

Requested: October 29, 2025

Introduced and read first time: January 14, 2026

Assigned to: Health

A BILL ENTITLED

## 1 AN ACT concerning

## **Maryland Medical Assistance Program – Maternal Health Monitoring Pilot Program**

4 FOR the purpose of establishing the Maternal Health Monitoring Pilot Program in the  
5 Maryland Department of Health to support pregnant and postpartum Maryland  
6 Medical Assistance Program recipients who have higher risks of pregnancy  
7 complications because of maternal hypertension or maternal diabetes; and generally  
8 relating to the Maternal Health Monitoring Pilot Program.

9 BY repealing and reenacting, without amendments,

10 Article – Health – General

## 11 Section 15–101(a) and (h)

12 Annotated Code of Maryland

## 13 (2023 Replacement Volume and 2025 Supplement)

14 BY adding to

15 Article – Health – General

16 Section 15–1301 and 15–1302 to be under the new subtitle “Subtitle 13. Maternal  
17 Health Monitoring Pilot Program”

18 Annotated Code of Maryland

## 19 (2023 Replacement Volume and 2025 Supplement)

20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

21 That the Laws of Maryland read as follows:

**Article – Health – General**

23 15-101.

24 (a) In this title the following words have the meanings indicated.

**EXPLANATION: CAPITALS INDICATE MATTER ADDED**  
[Bracketed indicates matter deleted from a section]



1                   (h) "Program" means the Maryland Medical Assistance Program.

2                   **SUBTITLE 13. MATERNAL HEALTH MONITORING PILOT PROGRAM.**

3                   **15-1301.**

4                   (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
5 INDICATED.

6                   (B) "ESCALATION PATHWAY" MEANS AN AGREEMENT BETWEEN A  
7 PARTICIPATING MANAGED CARE ORGANIZATION AND A TECHNOLOGY VENDOR ON  
8 THE PROCEDURE TO BE USED WHEN AN ELIGIBLE PARTICIPANT'S HEALTH DATA  
9 WARRANTS FURTHER REVIEW AND INVESTIGATION.

10                  (C) "HEALTH CARE PROVIDER" MEANS AN OBSTETRICIAN OR A  
11 MATERNAL-FETAL MEDICINE PHYSICIAN WHO IS:

12                  (1) LICENSED IN THE STATE; AND

13                  (2) CARING FOR A PARTICIPANT.

14                  (D) "MATERNAL DIABETES" MEANS DIABETES THAT:

15                  (1) DEVELOPED PRIOR TO PREGNANCY AND CONTINUES DURING  
16 PREGNANCY; OR

17                  (2) DEVELOPS DURING PREGNANCY.

18                  (E) "MATERNAL HYPERTENSION" MEANS HYPERTENSION THAT:

19                  (1) DEVELOPED PRIOR TO PREGNANCY AND CONTINUES DURING  
20 PREGNANCY; OR

21                  (2) DEVELOPS DURING PREGNANCY.

22                  (F) "PARTICIPANT" MEANS AN INDIVIDUAL WHO MEETS THE  
23 REQUIREMENTS OF § 15-1302 OF THIS SUBTITLE AND IS PARTICIPATING IN THE  
24 PILOT PROGRAM.

25                  (G) "PARTICIPATING MANAGED CARE ORGANIZATION" MEANS A MANAGED  
26 CARE ORGANIZATION SELECTED BY THE DEPARTMENT TO ADMINISTER THE PILOT  
27 PROGRAM.

1       (H) "PILOT PROGRAM" MEANS THE MATERNAL HEALTH MONITORING  
2 PILOT PROGRAM.

3       (I) "REMOTE PATIENT MONITORING" MEANS THE USE OF TECHNOLOGY  
4 THAT:

5           (1) COLLECTS HEALTH DATA FROM AN ELIGIBLE PARTICIPANT AND  
6 ELECTRONICALLY TRANSMITS THE DATA SECURELY THROUGH CELLULAR  
7 NETWORKS;

8           (2) IS AUTHORIZED BY THE FEDERAL FOOD AND DRUG  
9 ADMINISTRATION; AND

10          (3) MONITORS HEALTH DATA, INCLUDING:

11              (I) BLOOD PRESSURE;

12              (II) WEIGHT;

13              (III) BLOOD GLUCOSE LEVELS; AND

14              (IV) ANY OTHER PHYSIOLOGICAL HEALTH DATA DETERMINED  
15 NECESSARY BY THE PARTICIPANT'S HEALTH CARE PROVIDER.

16          (J) "TECHNOLOGY VENDOR" MEANS THE TECHNOLOGY COMPANY  
17 SELECTED AND CONTRACTED WITH BY A PARTICIPATING MANAGED CARE  
18 ORGANIZATION.

19       15-1302.

20          (A) THERE IS A MATERNAL HEALTH MONITORING PILOT PROGRAM IN THE  
21 DEPARTMENT.

22          (B) THE PURPOSE OF THE PILOT PROGRAM IS TO SUPPORT PREGNANT AND  
23 POSTPARTUM PROGRAM RECIPIENTS WHO HAVE A HIGHER RISK OF PREGNANCY  
24 COMPLICATIONS BECAUSE OF MATERNAL HYPERTENSION OR MATERNAL DIABETES.

25          (C) A PROGRAM RECIPIENT IS ELIGIBLE FOR THE PILOT PROGRAM IF THE  
26 PROGRAM RECIPIENT:

27              (1) IS PREGNANT;

1                   **(2) IS AN ENROLLEE IN A PARTICIPATING MANAGED CARE**  
2 **ORGANIZATION; AND**

3                   **(3) HAS BEEN DIAGNOSED WITH MATERNAL HYPERTENSION OR**  
4 **MATERNAL DIABETES.**

5                   **(D) (1) THE DEPARTMENT SHALL:**

6                   **(I) SELECT AT LEAST ONE MANAGED CARE ORGANIZATION TO**  
7 **ADMINISTER THE PILOT PROGRAM IN A MANNER DETERMINED BY THE**  
8 **DEPARTMENT; AND**

9                   **(II) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, PAY A**  
10 **\$2,000 FEE PER PARTICIPANT TO A PARTICIPATING MANAGED CARE ORGANIZATION**  
11 **TO ADMINISTER THE PILOT PROGRAM.**

12                  **(2) THE TOTAL AMOUNT AWARDED BY THE PROGRAM TO**  
13 **PARTICIPATING MANAGED CARE ORGANIZATIONS UNDER PARAGRAPH (1)(II) OF**  
14 **THIS SUBSECTION MAY NOT EXCEED \$600,000.**

15                  **(E) A PARTICIPATING MANAGED CARE ORGANIZATION SHALL:**

16                  **(1) CONTRACT WITH A TECHNOLOGY VENDOR TO OFFER REMOTE**  
17 **PATIENT MONITORING SERVICES TO PARTICIPANTS;**

18                  **(2) REIMBURSE THE TECHNOLOGY VENDOR FOR THE COST OF**  
19 **PROVIDING REMOTE PATIENT MONITORING SERVICES AND DEVICES; AND**

20                  **(3) ENSURE PARTICIPANTS HAVE ACCESS TO REMOTE MONITORING**  
21 **SERVICES UNDER THE PILOT PROGRAM.**

22                  **(F) THE TECHNOLOGY VENDOR SHALL:**

23                  **(1) PROVIDE PREPROGRAMMED TECHNOLOGY SPECIFIC TO EACH**  
24 **PARTICIPANT; AND**

25                  **(2) ENSURE THAT:**

26                  **(I) REMOTE PATIENT MONITORING OCCURS DURING THE**  
27 **PARTICIPANT'S SECOND AND THIRD TRIMESTERS AND FOR UP TO 3 MONTHS**  
28 **POSTPARTUM;**

(III) EACH PARTICIPANT IS TRAINED ON HOW TO USE THE  
REMOTE PATIENT MONITORING DEVICE.

5           (G) (1) THE TECHNOLOGY VENDOR SHALL EMPLOY A CLINICAL TEAM  
6 THAT INCLUDES:

**(II) A DIETITIAN-NUTRITIONIST LICENSED IN THE STATE; AND**

**(III) A CERTIFIED DIABETES CARE AND EDUCATION SPECIALIST.**

10                           **(2) THE CLINICAL TEAM EMPLOYED UNDER PARAGRAPH (1) OF THIS**  
11                           **SUBSECTION SHALL SUPPORT EACH PARTICIPANT BY:**

12 (I) MONITORING AND REVIEWING THE PARTICIPANT'S HEALTH  
13 DATA;

19 (III) PROVIDING HEALTH COACHING TO EACH PARTICIPANT  
20 REGARDING:

## 21                    1. CONDITION MANAGEMENT;

## **2. HEALTH BEHAVIOR MODIFICATION; AND**

### 3. NUTRITION.

**(H) THE TECHNOLOGY VENDOR SHALL ASSIGN A PROGRAM MANAGER TO:**

**(1) SUPPORT IMPLEMENTATION OF THE PILOT PROGRAM; AND**

(2) COORDINATE EFFORTS BETWEEN THE DEPARTMENT AND THE  
PARTICIPATING MANAGED CARE ORGANIZATION.

1           **(I) THE DEPARTMENT SHALL ENSURE THAT PARTICIPATION IN THE PILOT**  
2   **PROGRAM REPRESENTS THE GEOGRAPHIC DIVERSITY OF THE STATE AND INCLUDES**  
3   **A STATISTICALLY RELEVANT NUMBER OF PARTICIPANTS.**

4           **(J) FOR FISCAL YEAR 2028, THE GOVERNOR SHALL INCLUDE IN THE**  
5   **ANNUAL BUDGET BILL AN APPROPRIATION OF \$600,000 TO THE PROGRAM.**

6           **(K) THE PILOT PROGRAM SHALL OPERATE DURING FISCAL YEARS 2027**  
7   **AND 2028.**

8           **(L) (1) ON OR BEFORE OCTOBER 1, 2028, THE DEPARTMENT, IN**  
9   **CONJUNCTION WITH THE PARTICIPATING MANAGED CARE ORGANIZATIONS AND THE**  
10   **TECHNOLOGY VENDORS, SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS TO**  
11   **THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT**  
12   **ARTICLE, THE GENERAL ASSEMBLY.**

13           **(2) IN ACCORDANCE WITH PARAGRAPH (3) OF THIS SUBSECTION, THE**  
14   **REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL PROVIDE**  
15   **INFORMATION ON THE IMPACT OF THE PILOT PROGRAM ON:**

16           **(I) MARYLAND MEDICAL ASSISTANCE PROGRAM COSTS;**

17           **(II) MATERNAL OUTCOMES, INCLUDING:**

18            **1. THE RATE OF:**

19            **A. MATERNAL MORTALITY;**

20            **B. SEVERE MATERNAL MORBIDITY;**

21            **C. CAESAREAN SECTIONS;**

22            **D. INTENSIVE CARE UNIT (ICU) ADMISSIONS; AND**

23            **E. POSTPARTUM HOSPITAL READMISSIONS;**

24            **2. THE MEAN LENGTH OF HOSPITAL STAY; AND**

25            **3. PREECLAMPSIA; AND**

26           **(III) FETAL AND NEONATAL OUTCOMES, INCLUDING:**

27           **1. THE RATE OF:**

- 1                   **A. FETAL MORTALITY;**
- 2                   **B. FETAL GROWTH RESTRICTION;**
- 3                   **C. NEONATAL MORTALITY; AND**
- 4                   **D. NEONATAL INTENSIVE CARE UNIT (NICU)**
- 5   **ADMISSIONS;**
- 6                   **2. THE MEAN LENGTH OF STAY IN THE NICU;**
- 7                   **3. NEONATAL HYPOGLYCEMIA;**
- 8                   **4. PRETERM BIRTHS;**
- 9                   **5. GESTATIONAL AGE AT DELIVERY; AND**
- 10                  **6. BIRTHWEIGHT.**

11                   **(3) IN DETERMINING THE PILOT PROGRAM'S IMPACT ON THE ITEMS**  
12   **LISTED IN PARAGRAPH (2) OF THIS SUBSECTION, THE DEPARTMENT SHALL**  
13   **EXAMINE AVAILABLE PARTICIPANT DATA, INCLUDING:**

- 14                  **(I) CLAIMS DATA;**
- 15                  **(II) VITAL STATISTICS DATA;**
- 16                  **(III) ELECTRONIC HEALTH RECORDS; AND**
- 17                  **(IV) ELECTRONIC MEDICAL RECORDS.**

18                   **(4) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS**  
19   **SUBSECTION SHALL INCLUDE RECOMMENDATIONS REGARDING WHETHER THE**  
20   **PILOT PROGRAM SHOULD BE IMPLEMENTED STATEWIDE.**

21                   SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
22   1, 2026. It shall remain effective for a period of 3 years and, at the end of June 30, 2029,  
23   this Act, with no further action required by the General Assembly, shall be abrogated and  
24   of no further force and effect.