

# STATE OF NEW YORK

9651

## IN ASSEMBLY

January 21, 2026

Introduced by M. of A. SOLAGES -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to establishing a maternal health monitoring pilot program

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section  
2 2500-n to read as follows:

3 § 2500-n. Maternal health monitoring pilot program. 1. As used in this  
4 section:

5 (a) "Eligible participant" means a patient who meets all of the  
6 following criteria:

7 (i) the patient is a recipient of medical assistance;

8 (ii) the patient is a member of a participating managed care organiza-  
9 tion; and

10 (iii) the patient is pregnant.

11 (b) "Escalation pathway" means an agreement between the participating  
12 managed care organizations and the technology vendor on a process to  
13 follow when an eligible participant's measurements are concerning and  
14 warrant further review and investigation.

15 (c) "Health care provider" means an obstetrician or maternal fetal  
16 medicine physician who meet all of the following criteria:

17 (i) such person is licensed in the state of New York;

18 (ii) such person is an in-network provider for the participating  
19 managed care organizations; and

20 (iii) such person provides care for an eligible participant during  
21 pregnancy.

22 (d) "Participating managed care organization" means a managed care  
23 organization selected by the department to administer the pilot program.

24 (e) "Pilot program" means the maternal health monitoring pilot program  
25 established by this section.

26 (f) "Remote monitoring clinical care team" means a group made up of  
27 nurses licensed to practice in New York state, dietitians, and certified  
28 diabetes education specialists who are monitoring eligible participants'

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

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1 measurements, and providing nutrition guidance, diabetes and hyperten-  
2 sion condition management counseling, and pregnancy and postpartum  
3 advice.

4 (g) "Remote patient monitoring for maternal hypertension and maternal  
5 diabetes" means technology provided by the technology vendor that:

6 (i) collects health data from an eligible participant and electron-  
7 ically transmits that information securely for interpretation and recom-  
8 mendation;

9 (ii) uses devices that are authorized by the U.S. Food and Drug Admin-  
10 istration;

11 (iii) monitors health data, including blood pressure, weight, blood  
12 glucose levels, or other physiological health data as determined by the  
13 eligible participant's health care provider;

14 (iv) transmits health data through cellular networks; and

15 (v) provides preprogrammed equipment specifically for each eligible  
16 participant.

17 (h) "Technology vendor" means a technology company selected by the  
18 department to contract with the participating managed care organizations  
19 in administering the pilot program.

20 2. (a) A maternal health monitoring pilot program is hereby estab-  
21 lished within the department to offer eligible participants improved  
22 maternal health care through remote patient monitoring for maternal  
23 hypertension and maternal diabetes. The department shall select one or  
24 more participating managed care organizations and one technology vendor  
25 to administer the pilot program in a manner to be determined by the  
26 department.

27 (b) Each participating managed care organization shall contract  
28 directly with the technology vendor to offer remote patient monitoring  
29 for maternal hypertension and maternal diabetes and ensure that eligible  
30 participants have access to the pilot program.

31 (c) The technology vendor shall meet the following requirements when  
32 offering remote patient monitoring for maternal hypertension and mater-  
33 nal diabetes to an eligible participant under the pilot program:

34 (i) ensuring that remote patient monitoring for maternal hypertension  
35 and maternal diabetes is possible during pregnancy and for up to three  
36 months postpartum;

37 (ii) ensuring that a remote patient monitoring device is delivered to  
38 each eligible participant;

39 (iii) ensuring that each eligible participant is trained on how to use  
40 the remote patient monitoring device;

41 (iv) assigning a program manager to support the implementation and  
42 administration of the program and to coordinate efforts with the partic-  
43 ipating managed care organizations and the department; and

44 (v) employing a remote monitoring clinical care team that is capable  
45 of:

46 (A) monitoring and reviewing eligible participant's health data;

47 (B) creating an escalation pathway with the participating managed care  
48 organizations if the eligible participant's remote patient monitoring  
49 readings, in conjunction with the eligible participant's symptoms,  
50 require additional medical attention;

51 (C) providing health coaching to participants in matters including  
52 nutrition, condition management, and healthy behavior modification; and

53 (D) coordinating with the eligible participant's health care provider  
54 as needed.

55 3. (a) The department shall implement the pilot program in as many  
56 counties as necessary to ensure participation of up to five hundred

1 eligible participants. The program must include counties that are  
2 considered maternity care deserts based on the March of Dimes latest  
3 maternity care desert report.

4 (b) The pilot program shall be operational no later than one hundred  
5 eighty days after the contract date between the participating managed  
6 care organization and the technology vendor. The pilot program will  
7 conclude two years after the pilot program is operational.

8 4. The department shall pay a fee to the participating managed care  
9 organizations to administer the pilot program. The participating managed  
10 care organizations shall use the fee payment to cover the costs of  
11 contracting with the technology vendor and administering the pilot  
12 program. The department shall provide six hundred thousand dollars to  
13 offset the costs of the pilot program.

14 5. (a) Within two years of the pilot program's implementation, the  
15 department shall collaborate with the participating managed care organ-  
16 izations and any other relevant stakeholders to develop a report on  
17 evaluating the outcomes of the pilot program. The report will look at  
18 available data of program participants, including claims data, vital  
19 stats data, EHR/EMR data, to determine the pilot program's impact on the  
20 following maternal, fetal and neonatal health outcomes to determine  
21 whether the program improves maternal, fetal and neonatal health and  
22 whether the program will lead to savings to Medicaid.

23 (b) Maternal outcomes to be considered shall include maternal mortal-  
24 ity rate, severe maternal morbidity rate, incidences of preeclampsia,  
25 the cesarian section rate, the mean length of the eligible participants'  
26 hospital stays, the intensive care unit admission rate, the mean length  
27 of the intensive care unit stay, and the postpartum hospital readmission  
28 rate. Fetal/Neonatal outcomes to be considered shall include the fetal  
29 mortality rate, the rate of fetal growth restriction, the neonatal  
30 mortality rate, the NICU admissions rate, the mean length of NICU stay,  
31 the rate of neonatal hypoglycemia, the preterm birth rate, the gesta-  
32 tional age at delivery, and the birthweight.

33 (c) The report will include recommendations regarding whether the  
34 pilot program should be expanded throughout New York.

35 (d) The department shall submit the report to the governor, the presi-  
36 dent of the senate, the speaker of the assembly, the chair of the assem-  
37 bly committee on health, the chair of the assembly committee on insur-  
38 ance, the chair of the senate committee on health, the chair of the  
39 senate committee on insurance and the chair of the senate committee on  
40 women's issues.

41 § 2. This act shall take effect on the sixtieth day after it shall  
42 have become a law.