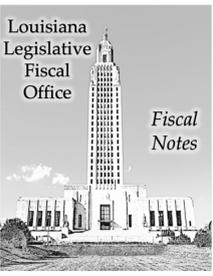


LEGISLATIVE FISCAL OFFICE
Fiscal Note



Fiscal Note On: **SB 70** SLS 25RS 287
 Bill Text Version: **ORIGINAL**
 Opp. Chamb. Action:
 Proposed Amd.:
 Sub. Bill For.:

| | | |
|--|---------|--------------------------------|
| Date: April 22, 2025 | 6:36 PM | Author: MYERS |
| Dept./Agy.: Health | | |
| Subject: Remote Patient Monitoring Services | | Analyst: Anthony Shamis |

HEALTH SERVICES OR INCREASE GF EX See Note Page 1 of 1
 Provides relative to remote patient monitoring services. (gov sig)

Present law authorizes remote patient monitoring services and provides the criteria to qualify.

Proposed law updates present law by updating the requirement that a patient must meet any two of the qualifying criteria to requiring patients to meet one of the listed criteria.

Proposed law added eligible criteria for (1) Pregnant or postpartum women diagnosed with one or more conditions related to pregnancy; (2) Infants requiring neonatal intensive care.

| EXPENDITURES | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 5 -YEAR TOTAL |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|
| State Gen. Fd. | INCREASE | INCREASE | INCREASE | INCREASE | INCREASE | |
| Agy. Self-Gen. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Ded./Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Federal Funds | INCREASE | INCREASE | INCREASE | INCREASE | INCREASE | |
| Local Funds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Annual Total | | | | | | |
| REVENUES | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 5 -YEAR TOTAL |
| State Gen. Fd. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Agy. Self-Gen. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Ded./Other | INCREASE | INCREASE | INCREASE | INCREASE | INCREASE | |
| Federal Funds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Local Funds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Annual Total | | | | | | |

EXPENDITURE EXPLANATION

Proposed law providing Medicaid coverage for remote patient monitoring services for qualifying Medicaid enrollees is anticipated to result in significant Medicaid expenditure in FY 26 and subsequent years. Based on the updated number of projected eligibles and specific at-home services referenced in the proposed legislation, Medicaid expenditures are anticipated to increase by a minimum of \$193.7 M annually (\$31.3 M SGF, \$157.2 M Federal Match in FY 26). In addition, this estimate is understated based on excluding the cost of the at-home monitoring technology, which will be reimbursed by LDH as required in the legislation. This measure modifies eligibility criteria associated with the Remote Patient Monitoring Program Law established by ACT 749 of the 2024 Regular session, and adds two new recipient groups (Pregnant/postpartum women diagnosed with pregnancy-related conditions and infants requiring neonatal intensive care).

The estimate is based on the following assumptions.

- 1). Remote patient monitoring is the delivery of home health services using telecommunications technology.
- 2). Approximately 506,798 Medicaid members are estimated to qualify for the new services (including members diagnosed with a chronic condition as defined by the Centers for Medicare and Medicaid Services (CMS) and had 2 or more chronic condition related hospitalizations. Additionally added in SB 70, pregnant or postpartum women with preeclampsia, gestational diabetes, or gestational hypertension, as well as infants requiring neonatal intensive care.
- 3). Total annual cost calculated using a 20% initial utilization uptake (101,360) in FY 26, and 3% year over year. To the extent initial utilization is higher than estimated, the cost will increase proportionately.
- 4). Remote patient monitoring program calculated using procedure codes 99453, 99454, 99457, and 99458. Codes reimburse providers for initial technology setup, data transmit to providers, initial treatment, and add on treatment time
- 5). Based on an average cost of \$1,911 per patient. Some services are provided monthly for 12 months.
- 6). Overall cost per individual is understated, as the estimate does not consider the cost of monitoring devices, as specific types of devices would vary on a case by case basis, depending on patient need.

REVENUE EXPLANATION

Any additional payments in managed care under this measure will result in additional tax revenues based on the 5.5% managed care premium tax.

Senate Dual Referral Rules
 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}
 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

House
 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}
 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

Patrice Thomas
 Deputy Fiscal Officer