



LEGISLATIVE FISCAL OFFICE
Fiscal Note

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

Date: May 6, 2025	11:47 AM	Author: MYERS
Dept./Agy.: Health		
Subject: Remote Patient Monitoring Services		Analyst: Anthony Shamis

HEALTH SERVICES EG 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; and (2) Infants who have been discharged from a hospital after requiring neonatal intensive care.

Proposed law amends R.S. 40:1227.5 to modify eligibility criteria of the Remote Patient Monitoring Program Law, established by Act 749 of the 2024 Regular Session (R.S. 40:1221.1 & R.S. 40:1227.1-1227.8).

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 \$206 M annually (\$33.8 M SGF, \$166.7 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 and infants who have been discharged from a hospital after requiring neonatal intensive care). **While proposed law is limited to eligibility, R.S. 40:1221.1 specifies that provisions of the program shall be applicable only upon either a specific appropriation or funds made available by the Louisiana Department of Health.**

The estimate is based on the following assumptions.

- 1). Remote patient monitoring is the delivery of home health services using telecommunications technology.
- 2). Approximately 538,955 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 and infants who have been discharged from a hospital after requiring neonatal intensive care.
- 3). Total annual cost calculated using a 20% initial utilization uptake (107,791) 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