


Government of the District of Columbia
Office of the Chief Financial Officer



Glen Lee
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Glen Lee
Chief Financial Officer 

DATE: April 6, 2026

SUBJECT: Fiscal Impact Statement – Prenatal and Postpartum Remote Patient Monitoring Clarification Amendment Act of 2025

REFERENCE: Bill 26-356, Draft Committee Print as provided to the Office of Revenue Analysis on February 4, 2026

Conclusion

Funds are not sufficient in the fiscal year 2026 through fiscal year 2029 budget and financial plan to implement the bill. The bill costs \$3.89 million (\$1.33 million Local; \$2.56 million Federal) in fiscal year 2027 and \$11.90 million (\$4.08 million Local; \$7.82 million Federal) over the financial plan.

Background

The 2019 Postpartum Coverage Act required the District's Medicaid and Alliance program to cover and reimburse health care services and expenses for home visits via telehealth, face-to-face interaction, or digital health for a pregnant woman, and for provider-delivered digital health interventions used to directly manage a patient's pregnancy. The bill clarifies¹ that this language was intended to mean that Medicaid and Alliance must cover remote monitoring of a patient's blood pressure and blood glucose levels during pregnancy and for up to 12 months postpartum.

Financial Plan Impact

Funds are not sufficient in the fiscal year 2026 through fiscal year 2029 budget and financial plan to implement the bill. The bill costs \$3.89 million (\$1.33 million Local; \$2.56 million Federal) in fiscal year 2027 and \$11.9 million (\$4.08 million Local; \$7.82 million Federal) over the financial plan.

¹ By amending Section 3a(2) of the Telehealth Reimbursement Act of 2013, effective October 20, 2020 (D.C. Law 23-132; DC Official Code § 31-3862.01(2)).

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On average, there are approximately 2,200 high-risk pregnancies among the District's Medicaid and Alliance² population each year. Regular monitoring of key health indicators, such as blood pressure and blood glucose levels, can help detect serious maternal and fetal health conditions early. The Department of Health Care Finance (DHCF) projects that 1,931 pregnant individuals will use remote patient monitoring (RPM) devices for blood pressure or glucose monitoring under the Medicaid and Alliance program annually. The cost of covering RPM is driven by the cost of RPM equipment, initial equipment setup, and monthly provider collection and review of RPM data.

The RPM program has devices that providers can distribute to pregnant and postpartum patients to monitor blood pressure and glucose levels include blood pressure cuffs, Holter monitors, glucose monitors, and pulse oximeters. The cost of these RPM devices used in the projection of Medicaid coverage costs is listed below:

RPM Equipment Type	Unit Price	Total Equipment Price over RPM Duration
Blood Pressure Cuff ^(a)	\$104	\$104
Holter Monitor ^(a)	\$138	\$138
Glucose Monitor ^{(b)(c)}	\$70	\$2,954
Pulse Oximeter ^(a)	\$155	\$155

Table Notes:

- (a) Assumes one-time cost.
- (b) Uses the cost of the lowest priced glucose monitor (Abbott Freestyle Libre 14 Day Reader) and assumes glucose monitor replacement every 14 days (approximately 2 times a month).
- (c) Assumes RPM duration of 19.5 months (7.5 months of pregnancy, 12 months postpartum).

These RPM equipment costs, along with the prevalence of certain medical conditions³ among currently enrolled Medicaid and Alliance beneficiaries, were used to calculate a weighted average per-member-per-month cost. The total cost of RPM equipment is \$1.62 million (\$486,000 Local; \$1.13 million Federal) in fiscal year 2027 and \$4.96 million (\$1.49 million Local; \$3.47 million Federal) over the financial plan.

It is assumed that each of the 1,931 pregnant individuals using RPM will visit their provider for an initial setup and to learn how to use the RPM device. The total cost of the initial setup of RMP devices is \$51,000 (\$15,000 Local; \$36,000 Federal) in fiscal year 2027 and \$156,000 (\$47,000 Local; \$109,000 Federal) over the financial plan.

² Pregnant Alliance beneficiaries are included as part of the Medicaid pregnant population in this analysis since they are eligible for Medicaid under the From-Conception-to-the-End-of-Pregnancy (FCEP) option. FCEP permits states to cover low-income children from conception to birth under the Children's Health Insurance Program (CHIP) regardless of the pregnant person's immigration status. After a child is born, post-partum services are covered through the Alliance program.

³ Including eclampsia, preeclampsia, diabetes, hypertension, pulmonary embolism, and postpartum hemorrhage.

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The number of times a provider bills Medicaid for monthly collection and review of RPM data depends on how often a patient complies with monthly RPM reporting. DHCF assumes that approximately 1,400 individuals (76 percent) will be compliant with monthly RPM reporting based on compliance observed during an RPM pilot program conducted by DHCF. The total cost of monthly collection and review of RPM data is \$2.22 million (\$832,000 Local; \$1.39 million Federal) in fiscal year 2027 and \$6.79 million (\$2.55 million Local; \$4.24 million Federal) over the financial plan.

Prenatal and Postpartum Remote Patient Monitoring Clarification Amendment Act of 2025 Total Costs (\$ thousands)					
	FY 2026	FY 2027	FY 2028	FY 2029	Total
Equipment Costs	\$0	\$1,620	\$1,652	\$1,685	\$4,957
- Local	\$0	\$486	\$496	\$506	\$1,487
- Federal ^(a)	\$0	\$1,134	\$1,156	\$1,180	\$3,470
Device Set-up	\$0	\$51	\$52	\$53	\$156
- Local	\$0	\$15	\$16	\$16	\$47
- Federal ^(a)	\$0	\$36	\$36	\$37	\$109
Monthly Monitoring	\$0	\$2,218	\$2,263	\$2,308	\$6,789
- Local	\$0	\$832	\$849	\$865	\$2,546
- Federal ^(b)	\$0	\$1,386	\$1,414	\$1,442	\$4,243
Total^(c)	\$0	\$3,889	\$3,967	\$4,046	\$11,901
- Local	\$0	\$1,333	\$1,360	\$1,387	\$4,080
- Federal	\$0	\$2,556	\$2,607	\$2,659	\$7,822

Table Notes:

- (a) Assumes Federal Medical Assistance Percentage of 70 percent.
- (b) Assume Federal Medical Assistance Percentage 70 percent for patients eligible for Medicaid. Assume a Federal Medical Assistance Percentage of 70 percent for Alliance beneficiaries shifted to the Children's Health Insurance Program (CHIP) until the end of pregnancy.
- (c) Assumes 2 percent cost growth.
- (d) Note: Fiscal years 2028 and 2029 do not include post-partum RPM savings that may occur due to Alliance eligibility changes. The extent of savings is currently unknown, as the medical conditions of pregnant Alliance beneficiaries were unavailable by age. Alliance will no longer cover beneficiaries age 21 or older beginning in fiscal year 2028. The effect on total coverage costs is expected to be minimal.