

Senate Bill 106

By: Senators Walker III of the 20th, Kennedy of the 18th, Gooch of the 51st, Robertson of the 29th, Anavitarte of the 31st and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated,
2 relating to medical assistance generally, so as to provide for a three-year pilot program to
3 provide coverage for remote maternal health clinical services under the Medicaid program;
4 to provide for eligibility; to provide for a final report; to provide for termination of the pilot
5 project and automatic repeal of the statute; to provide for related matters; to provide for a
6 short title; to repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 This Act shall be known and may be cited as the "Healthy Mothers, Healthy Babies Act."

10 **SECTION 2.**

11 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to
12 medical assistance generally, is amended by adding a new Code section to read as follows:

13 "49-4-159.2.

14 (a)(1) As used in this Code section, the term 'remote maternal health clinical services'
15 means the use of digital technology:

16 (A) To collect medical and other forms of health data from a patient and electronically
17 transmitting that information securely to a healthcare provider in a different location for
18 interpretation and recommendation; and

19 (B) Through a device that is compliant with the federal Health Insurance Portability
20 and Accountability Act of 1996 and approved by the federal Food and Drug
21 Administration.

22 (2) Such term includes a device that:

23 (A) Performs remote fetal monitoring, including maternal heart rate, fetal heart rate,
24 amniotic fluid, placenta location, fetal presentation, tone, and movement;

25 (B) Measures physiological data, including blood pressure, pulse, pulse oximetry,
26 weight, blood glucose levels, or other such data determined to be medically necessary;

27 (C) Uses remote non-stress test technology;

28 (D) Uses remote ultrasound technology; or

29 (E) Uses Doppler effect technology.

30 (b) The department shall develop and implement a pilot program during Fiscal Years 2025,
31 2026, and 2027 to provide:

32 (1) Remote maternal health clinical services to recipients of medical assistance who meet
33 the eligibility criteria in this Code section;

34 (2) Medically necessary remote maternal health clinical services to recipients of medical
35 assistance who are eligible pursuant to subsection (c) of this Code section for up to
36 12 months postpartum; and

37 (3) Payment to healthcare providers who provide remote maternal health clinical
38 services.

39 (c) A recipient of medical assistance is eligible to receive remote maternal health clinical
40 services pursuant to the pilot program established by this Code section, if:

41 (1) The recipient is pregnant;

- 42 (2) The recipient's healthcare provider determines that remote maternal health clinical
43 services are in the best interest of the patient; and
- 44 (3) The recipient's healthcare provider determines:
- 45 (A) The recipient has an increased likelihood of experiencing a higher-risk pregnancy
46 due to the presence of:
- 47 (i) Existing health conditions, such as high blood pressure, polycystic ovary
48 syndrome, diabetes, kidney disease, autoimmune disease, thyroid disease, obesity,
49 HIV/AIDS, or Zika infection;
- 50 (ii) Age factors, including teenage pregnancy or pregnancy after 35 years of age;
- 51 (iii) Lifestyle factors, such as alcohol, tobacco, or drug use; or
- 52 (iv) Conditions of pregnancy, including multiple gestation, gestational diabetes,
53 preeclampsia, eclampsia, previous preterm births, or birth defects or genetic
54 conditions in the fetus; or
- 55 (B) The recipient lives in a county without a licensed obstetrician/gynecologist who
56 participates in the state Medicaid program.
- 57 (d) No later than June 30, 2027, the department shall submit a detailed written report on
58 the implementation and effectiveness of the pilot program to the Governor, Lieutenant
59 Governor, Speaker of the House of Representatives, and the chairpersons of the House
60 Committee on Health, the Senate Health and Human Services Committee, the House
61 Committee on Appropriations, and the Senate Appropriations Committee. Such report
62 shall also include recommendations as to expansion of the pilot program state wide.
- 63 (e) The pilot program created by this Code section shall terminate June 30, 2027, and this
64 Code section shall be repealed by operation of law on such date."

65 **SECTION 3.**

66 All laws and parts of laws in conflict with this Act are repealed.