Telehealth Maternity Care Program

Florida Department of Health

Legislative Report
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Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
Surgeon General

Florida HEALTH

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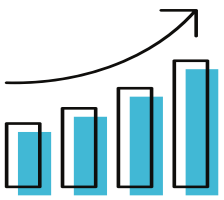


Summary

Overview and Objectives

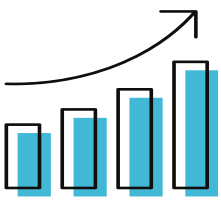
The Florida Department of Health (Department) launched the Telehealth Maternity Care Program (TMCP) to implement section 383.2163, Florida Statutes. This established the statewide TMCP to enhance maternal health outcomes through the strategic use of telehealth services. TMCP providers utilize telehealth technology to assess the needs of pregnant and postpartum women and to facilitate access to essential services, educational resources, and coordinated care. In addition, providers offer select services that may not be covered by insurance. TMCP aims to reduce severe maternal morbidities, which can have significant short-term and long-term impacts on a woman's health.

Screening and Treatment

TMCP offers screening and treatment for a range of common pregnancy-related complications. These include mental health conditions such as anxiety, depression, and substance use disorder, as well as physical health concerns like hemorrhage, infection, amniotic fluid embolism, thrombotic pulmonary or other embolisms, hypertensive disorders of pregnancy, diabetes, cerebrovascular accidents, cardiomyopathy, and other cardiovascular conditions.

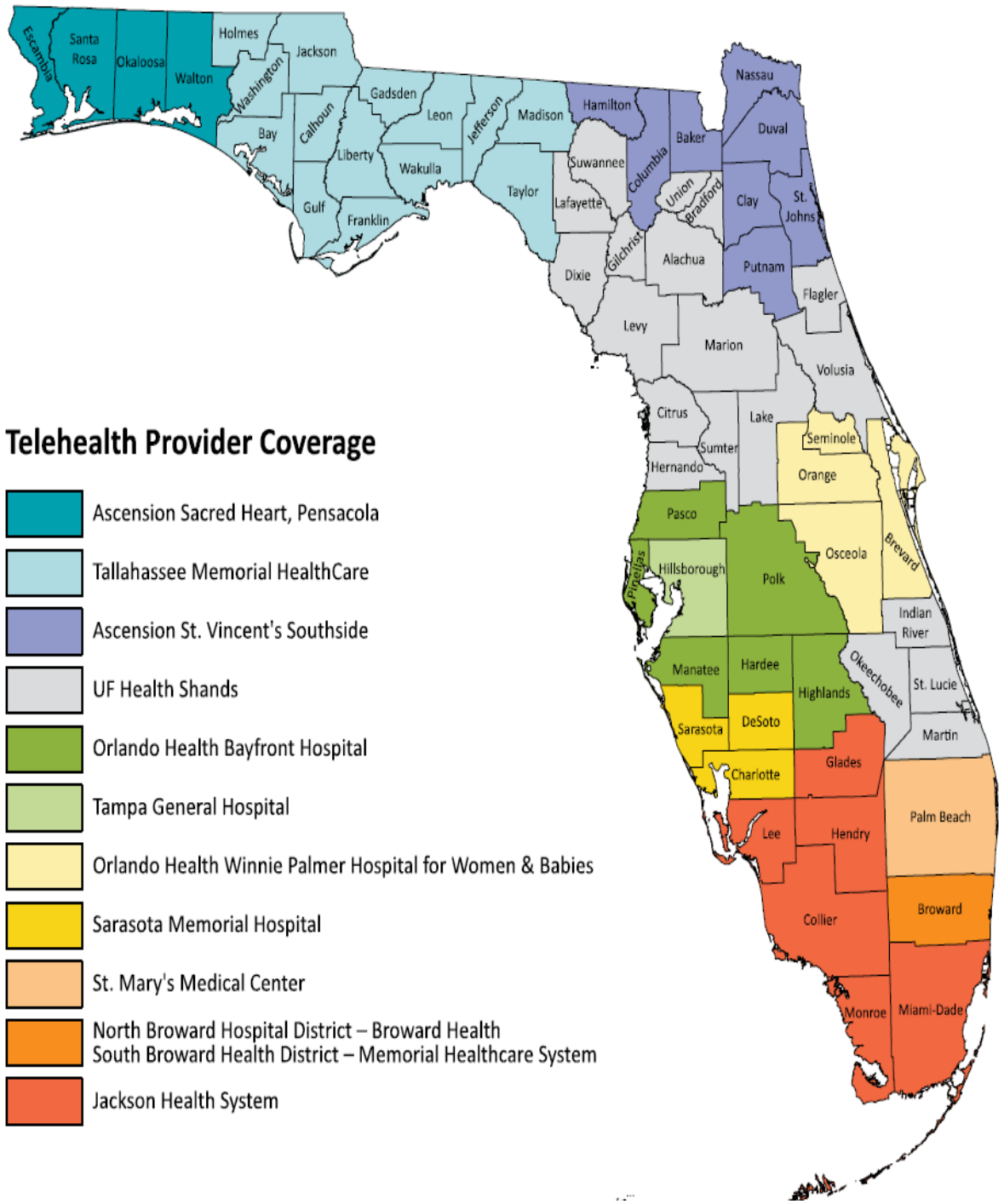
Supportive Tools and Patient Empowerment

In addition to screening and treating common pregnancy-related complications, TMCP provides comprehensive wrap-around services to support maternal wellness. This includes equipping patients with essential tools such as digital scales, blood pressure cuffs, and glucose monitors to facilitate regular health monitoring from home. These resources enable timely assessments and empower patients to actively participate in their care.



Map of Florida Coverage

Figure 1: Expansion of TMCP Across Florida



Program Highlights and Data Collection

Telehealth Maternity Care Program Summit

TMCP hosted a provider summit in Orlando in February 2026 with a total of 64 registrants and representatives from all 12 provider sites. The goal of the summit was to connect providers and community partners from sites across the state to share best practices and maximize the effectiveness of the program. The event included presentations from the Department, FSU-Knowli* data team, and various provider sites, a patient testimonial, as well as roundtable discussion sessions for providers to discuss solutions to common challenges faced during program implementation.

Providers had an opportunity to share best practices with Department staff and partners, which allowed them to build relationships and better understand the statewide perinatal health system. Multiple providers indicated that the summit provided actionable ideas to bring back to their individual telehealth program sites. Future roundtable discussion topics include data collection and management systems, recruitment strategies, cross-site collaboration procedures, and the development of measurable outcomes and tracking methods.

Data Collection

During the development of this report, data was sourced from FLHealthCharts.gov. Maternity health data were extracted from various contracted health providers. In collaboration with the FSU-Knowli data team, the Department developed a provider data reporting tool. This online platform enables providers to efficiently submit quarterly invoices, report quantitative health metrics, update patient enrollment information, and share lists of subcontractors and referral partners with TMCP.

The success of the data collection is attributed to implementation of the Provider Data Reporting Tool, which captures quarterly provider data. Quarterly online reporting along with more frequent calls amongst providers and their contract managers ensures accountability, sustains data integrity and supports continuous quality improvement across the state.

*Florida State University, Pepper Institute on Aging and Public Policy subcontracts with Knowli Data Science, a research and analytics firm based in Tallahassee, FL, to provide research, evaluation, and data science services for the Telehealth Maternity Care Program.

Encouraging Community Engagement

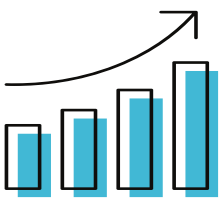
TMCP providers connect with various community resources to bridge gaps in care for patients. Many have partnered with their local Healthy Start Coalitions and county health departments to provide wraparound services such as mental health, lactation, and doula referrals.

Behavioral Health Improving Maternal and Pediatric to Access Care and Treatment (BH IMPACT)

- In addition to building community resources for patients, telehealth providers have partnered with Florida's BH IMPACT to better serve patients. BH IMPACT is aimed to enhance the capacity of perinatal and pediatric health care providers to improve behavioral health outcomes in Florida. The program provides psychiatric access, referral, and a resource telephone line, for obstetric providers that operates from 8 am to 5 pm on business days and staffed by a licensed psychiatrist. Since inception, BH IMPACT has provided psychiatric consultation to over 540 clinicians and has trained over 3,200 clinicians in evidence-based perinatal behavioral health care strategies.

Florida Perinatal Quality Collaborative (FPQC)

- TMCP providers have built partnerships with the Florida Perinatal Quality Collaborative (FPQC) to bring high-fidelity obstetric emergency training to rural care teams across Florida. The program is designed for communities with little or no access to maternity care or with small hospitals lacking labor and delivery units. This gives local emergency medical services and health care providers hands-on practice responding to time-sensitive complications involving pregnant patients, new mothers and newborns. The training will now be expanded to 16 rural counties across the state. Any county without a maternity facility is eligible.



Patient Enrollment

Figure 2: Total Patient Enrollment Each Fiscal Year

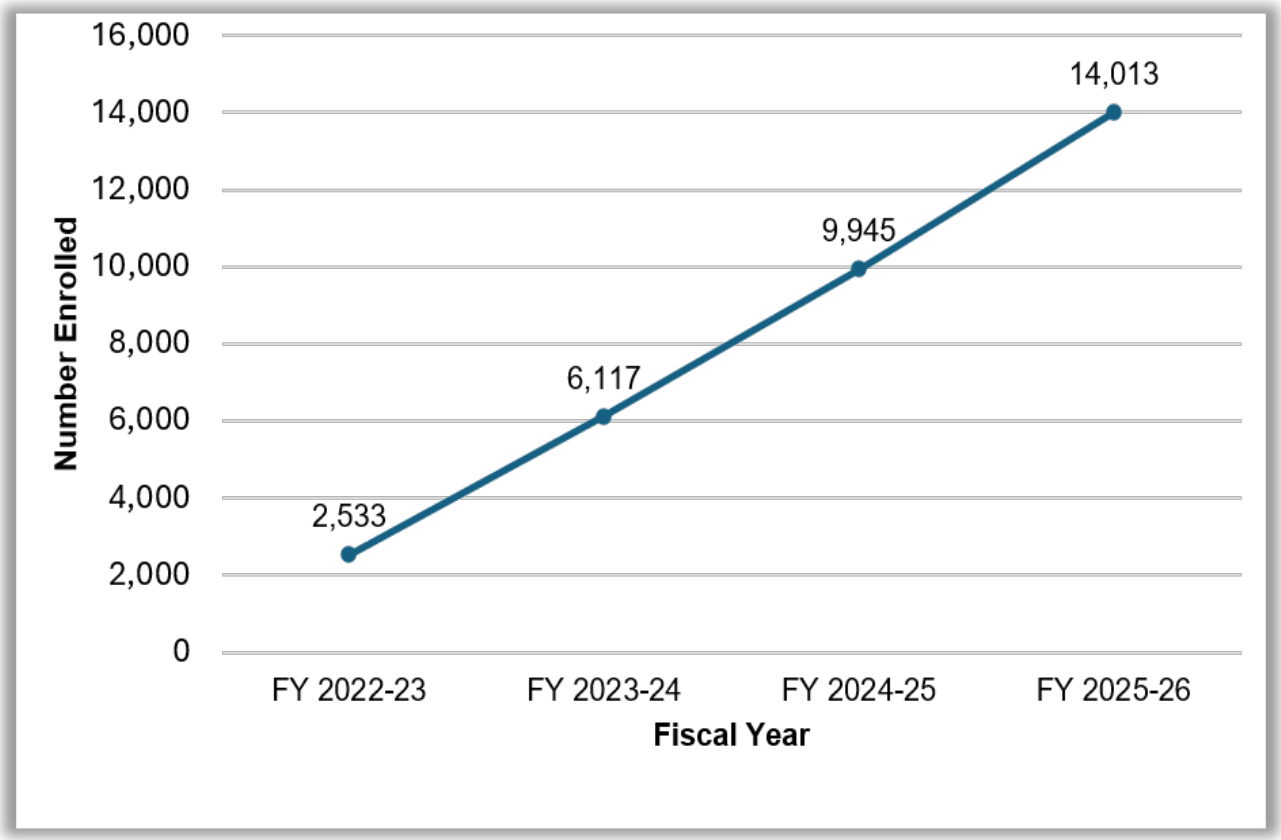


Figure 2 shows the total number of enrolled patients in the TMCP per fiscal year. Patient enrollment has increased 33.1% from FY 2024-25 to FY 2026-26. Five providers joined TMCP for the first time this fiscal year, which contributes to the enrollment growth. The average length of active enrollment in TMCP is 3.77 months, an improvement as the previous year's average length of active enrollment was 3.25 months.

Demographic Enrollment

Figure 3: Patient Demographic: Race

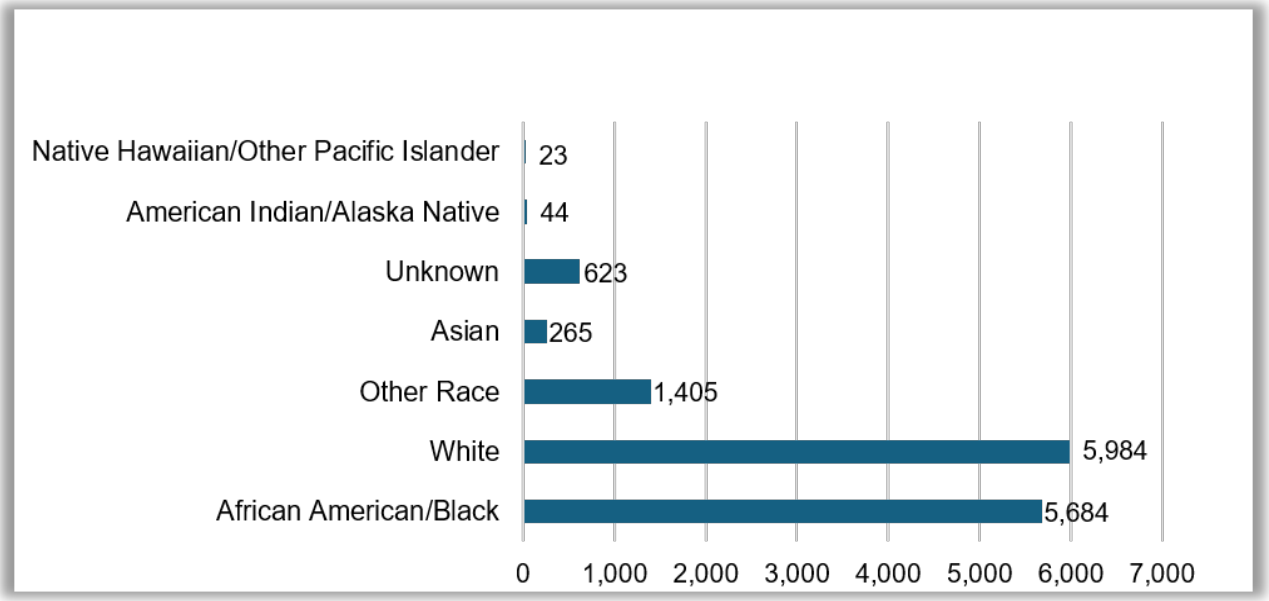


Figure 3 represents enrollment by race. White women have the highest participation, followed by African American/ Black women.

Figure 4: Patient Demographic: Ethnicity

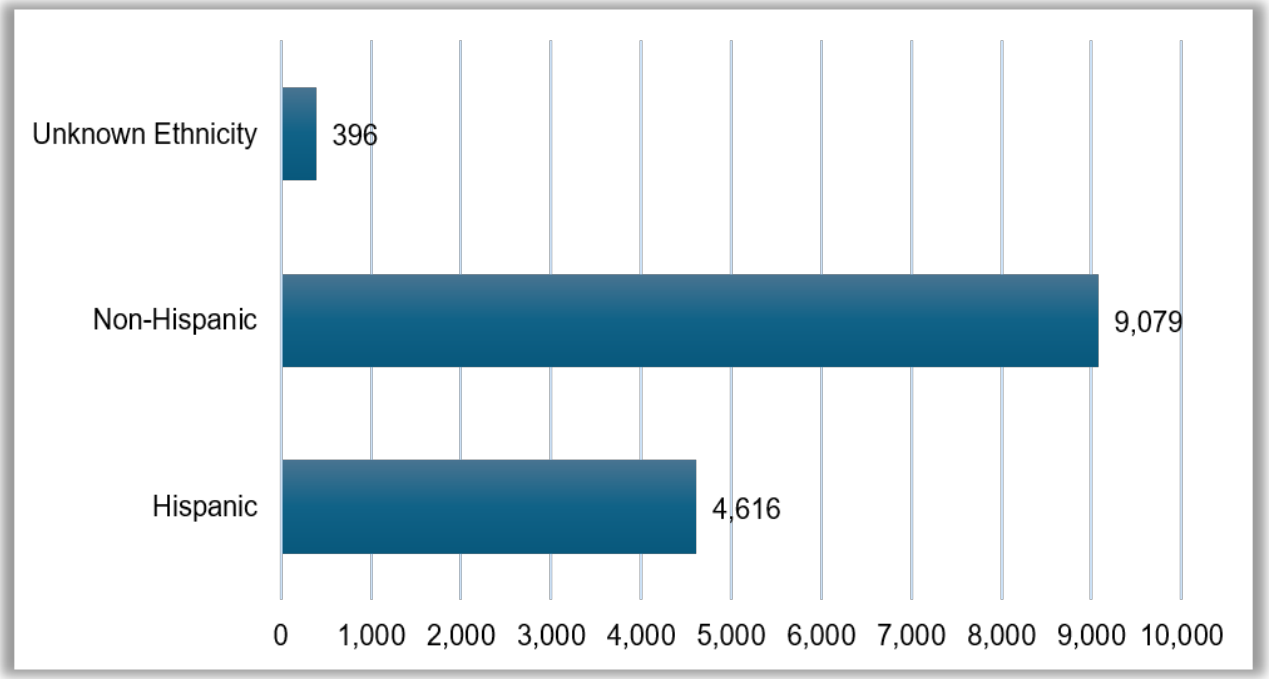


Figure 4 represents enrollment by ethnicity. Non-Hispanic women have the highest participation followed by Hispanic.

Patient Demographics: Age

Figure 5: Total Patient Enrollment by Age

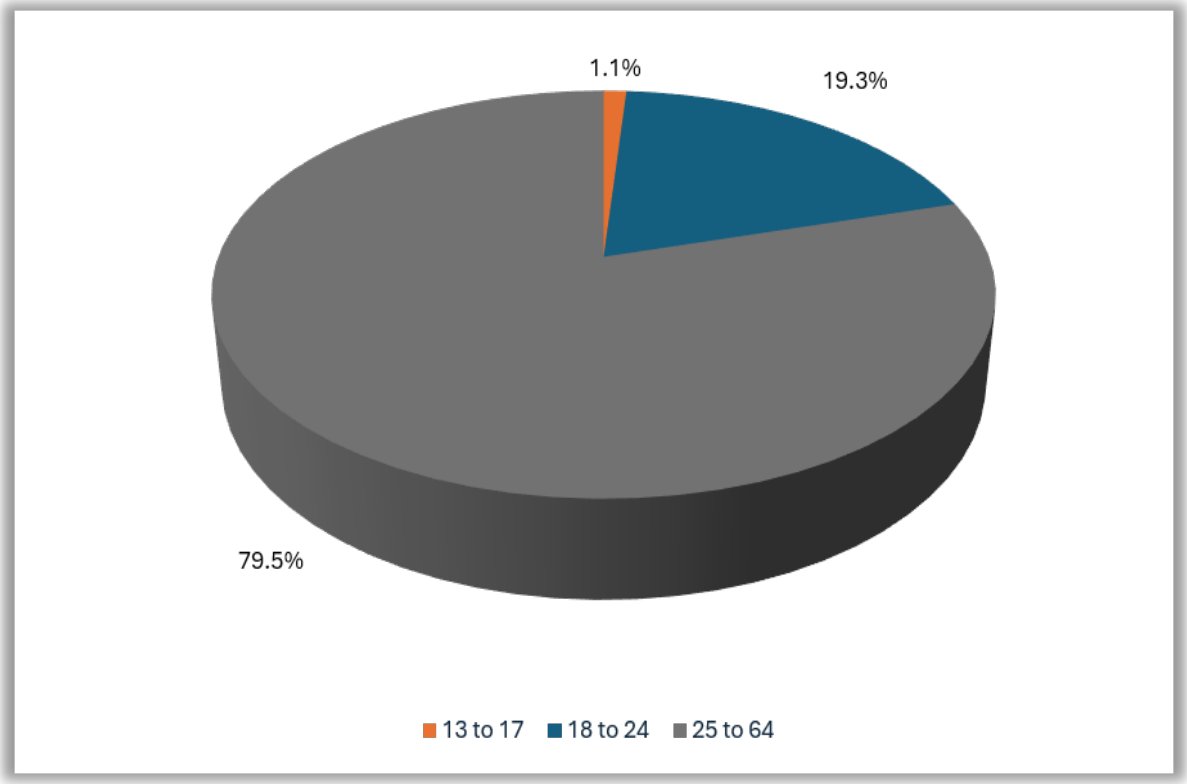


Figure 5 79.6% of enrolled telehealth patients are age 25-64 years. Patients age 18-24 comprise 19.3% of TMCP enrollment, compared to the state rate of pregnant women within the same age of 12.7%. Patient enrollment among women under age 18 is 1.1%, compared to the state of pregnant women under 18 years of 1.3%. This highlights the program's accessibility to younger mothers and shows that TMCP is successfully reaching women across the full childbearing age range in Florida.

*Office of Economic & Demographic Research
econographicnews_2025_Volume2.pdf

Patient Demographics: Education Level

Figure 6: Percentage of Patient Enrollment by Education

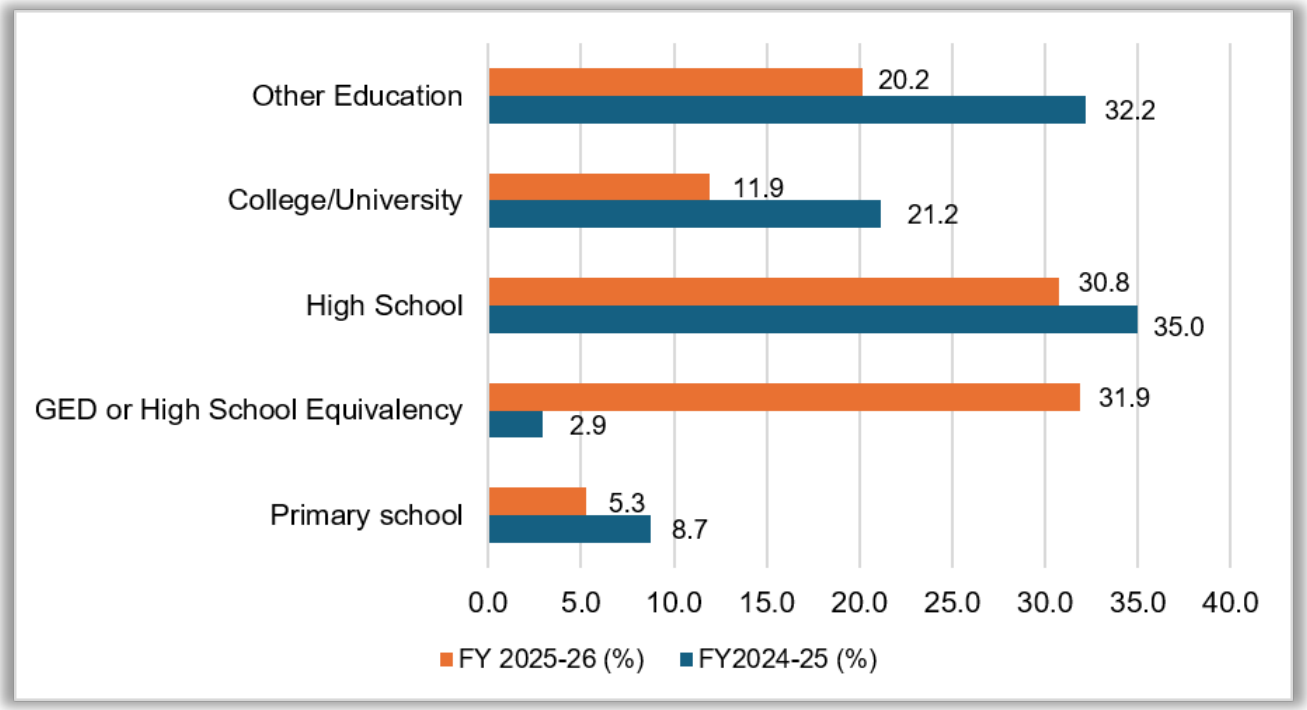


Figure 6 shows enrollment by patient education level within the TMCP during FY 2024-25 and FY 2025-26. When comparing both fiscal years, enrollment among **patients with a high school diploma** decreased by 12%. The program increased enrollment of patients with a **GED or high school equivalency by 1000%.** Enrollment among patients with some **college/university education** decreased by 56%. Enrollment decreased by 49% among **patients with a primary school level education.** Enrollment also decreased in patients reporting an education level in the **other** category by 46%.

The "**Other Education**" category, which constitutes 20.2% of patients enrolled in the TMCP this fiscal year, encompasses a range of non-traditional educational pathways, including online certifications, technical or vocational training programs, and specialized workforce development courses. Understanding the educational background of participants helps inform the development of tailored communication strategies and support services that align with patients' needs and learning preferences.

Healthy Start and Doula Referrals

Figure 7: Referrals to Healthy Start or Other Perinatal Services

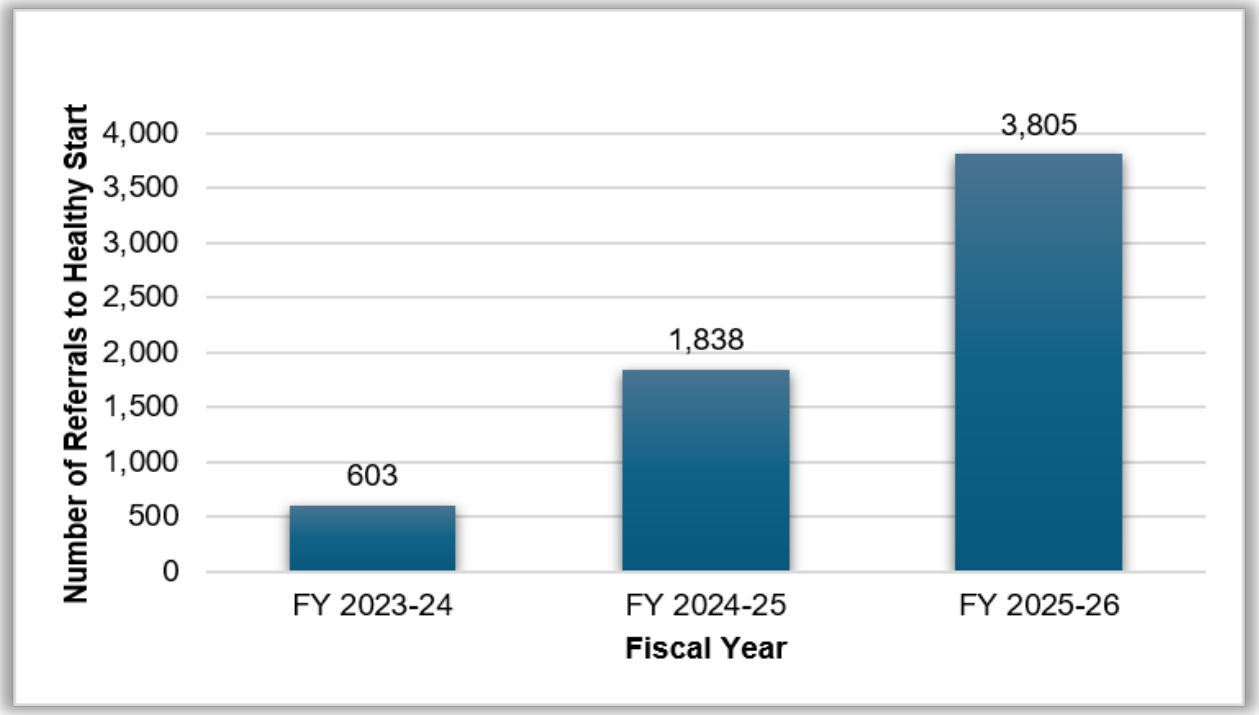


Figure 7 illustrates the number of patient referrals to Healthy Start or other perinatal services while enrolled in TMCP since FY2023-24. Healthy Start is a home visiting program that offers pregnant women and mothers with infants access to social services, educational resources, and supportive care.

In FY 2024-25, referrals to Healthy Start doubled compared to the previous year. When TMCP refers patients to Healthy Start, those women gain access to comprehensive wraparound services that may not be available through TMCP alone. In FY 2025-26, the total number of referrals to Healthy Start and other perinatal services have increased with program expansion since FY 2023-24.

Figure 8: Referrals to Doulas and Other Perinatal Professionals by Fiscal Year

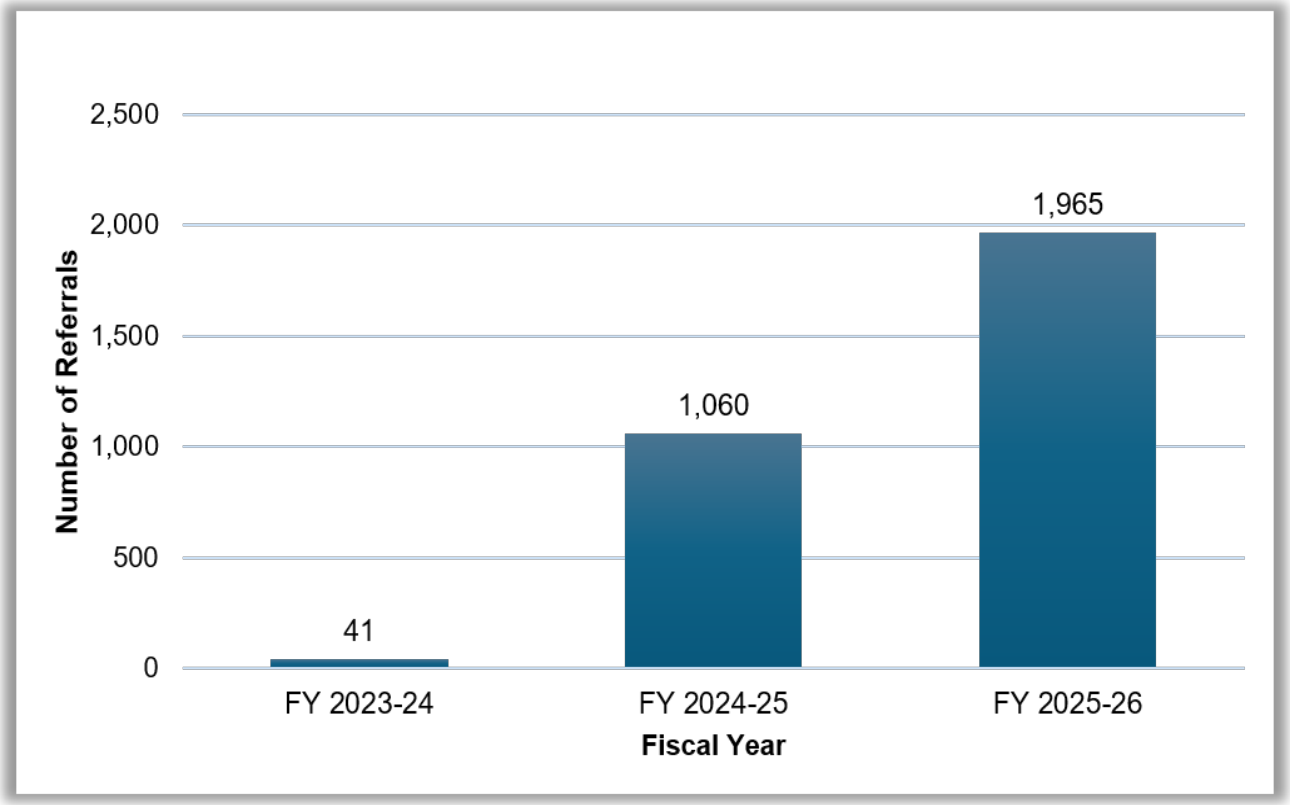
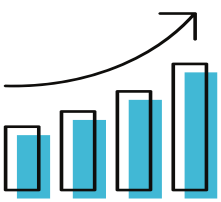


Figure 8 illustrates the number of patient referrals to Doulas and Other Perinatal Professionals that occurred while enrolled in the TMCP.

In FY 2023–24, TMCP recorded a limited number of referrals to doula and perinatal support professionals. This low volume is likely due to the program's early implementation phase, during which providers were onboarding and establishing partnerships with other perinatal services.

In FY 2024–25, the number of referrals increased, reflecting the program's operational growth and the successful expansion of its referral network. This upward trend may be attributable to enhanced program awareness, improved referral pathways, and a growing recognition of the value that doulas and perinatal professionals bring to maternal and infant health outcomes. In FY 2025-26, the total number of referrals has grown by more than 905 referrals compared to FY 2024-25.



Training Health Care Practitioners

Practitioner Training Information and Overall Improvements

During FY 2025-26, a total of 216 health care practitioners participated in trainings conducted by TMCP contracted providers. Health care practitioner training ensures that the health care practitioners offer telehealth services to patients across the state. Training topics include remote monitoring benefits, the importance of initial screening, the scope of available services offered through TMCP, referral process to home visiting services like Healthy Start, along with the benefits of doulas and other perinatal professionals.

Health care practitioner trainings are paired with surveys to assess provider knowledge and experience with the program. Survey findings provide important insights that direct programmatic outreach, training and partnership needs. Overall, health care practitioners surveyed report positive perceptions and experiences with the program, especially for clients with high-risk conditions. Many practitioners expressed strong ongoing support for the TMCP, emphasizing its critical role in improving maternal and infant outcomes in Florida.



Device Distribution to Patients

Figure 9: Medical Device Distribution to Patients

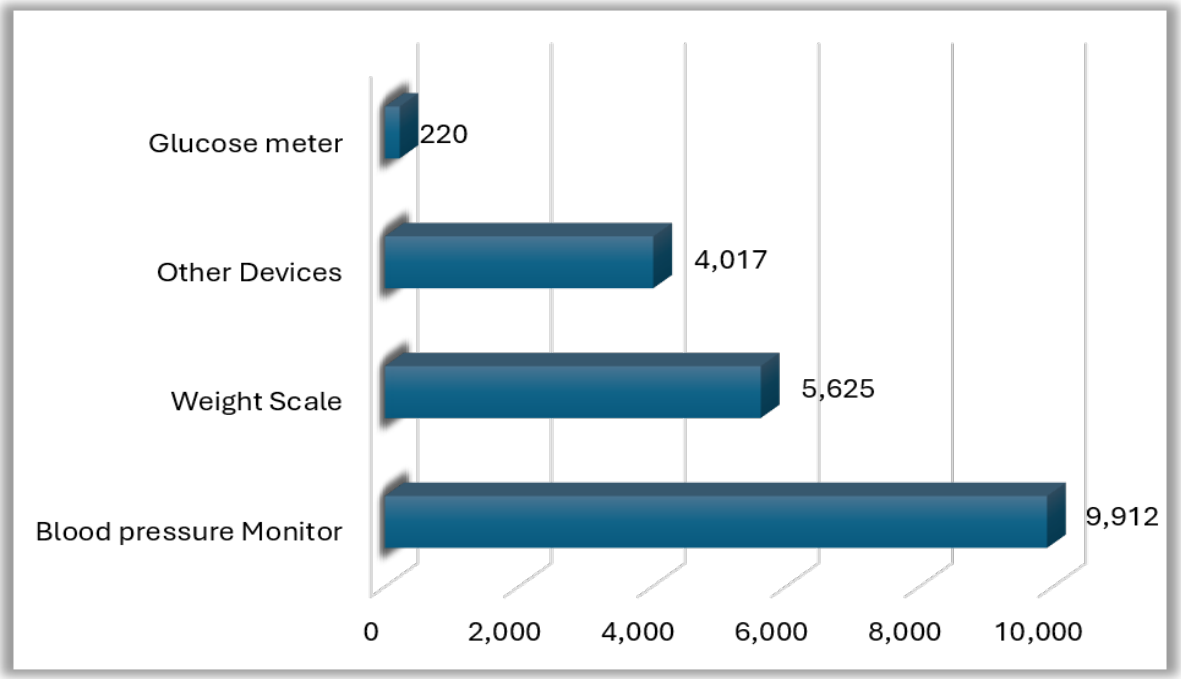


Figure 9 illustrates the distribution of medical and telehealth devices from providers to patients during FY 2025-26. The most distributed medical device was a blood pressure monitor. This is largely due to the strong correlation between pregnancy-related complications and elevated blood pressure. TMCP requires providers to distribute medical devices that are speech-enabled to ensure accurate and accessible blood pressure monitoring. The “Other Devices” category includes cellphones, tablets, and any other devices that the providers deem necessary for the patient.

Data Outcomes

Table 2: Maternal and Infant Health Outcomes

Maternal Health Outcomes	TMCP 24-25	TMCP 25-26	State Outcomes (2024)
Emergency Department visits per patient (2)	0.14	0.30	1.72
Hospitalizations (per 10,000) (2)	418.14	630.13	1,267.00
Postpartum Rehospitalizations (per 10,000) (2)	240	606.74	336.52
Maternal Mortality Rate (per 10,000) (1)	4.02	0.71	18.70
Infant Health Outcomes	**TMCP 24-25**	**TMCP 25-26**	**State Outcomes (2024)**
Incidence of Low Birthweight per 10,000 Live Births (2)	3,570.41	1,001.95	903.87
Infant Mortality Rate (per 1,000) (1)	N/A	5.20	5.70

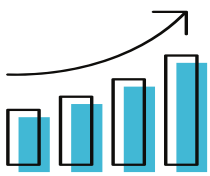
Maternal Health Outcomes

Table 2 indicates the maternal mortality rate has decreased from FY 2024-25 to FY 2025-26. Across both fiscal years emergency department visits per patient are below the statewide rate of 1.72, highlighting the program's strong performance in reducing preventable hospital utilization.

Infant Health Outcomes

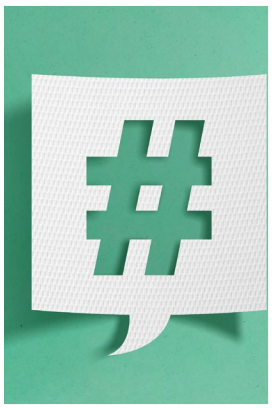
Table 2 also represents **i**nfant health outcomes within TMCP compared to statewide data. The incidence of low birth weight decreased from 3,570.41 in FY 2024-25 to 1,001.95 per 10,000 live births in FY 2025-26, both of which are higher than the statewide rate of 903.87. Although reasons for the decrease have not been evaluated, possible explanations include increased enrollment of high-risk women into TMCP and earlier enrollment into the TMCP, longer average lengths of stay in the program, and the work of telehealth patient navigators and nurses encouraging mothers to seek hospital care when clinically advised. The table shows notable differences in infant mortality, with better outcomes among those enrolled in TMCP.

Disclaimer: UF Health Shands, a large hospital organization, excludes all data regarding infant health outcomes due to administration regulations.
(1) Data source: www.flhealthcharts.gov
(2) Telehealth Maternity Care Program Annual Fiscal Year Tableau Report



Improvement Strategies

The TMCP independent evaluator, FSU/Knowli, provides the Department with actionable recommendations to improve the process and outcomes for the program each year. Program evaluation findings and recommendations are collected through data submitted on provider quarterly reports, provider feedback interviews, clinician and patient feedback collected during focus groups.



Finding

Since TMCP started, providers have continued to enroll an increasing number of patients earlier in their pregnancies. Ensuring patients receive care throughout the majority of their pregnancy has been instrumental to the reduction of ED visits and hospitalizations that have resulted in over $116 million in estimated cost savings in FY 2025-26 alone.



Recommendation

Patient transportation support and text communication with care navigators, is consistently mentioned and crucial to the success for TMCP. Strengthening support for both strategies will result in more mothers receiving the timely treatment needed.



Recommendation

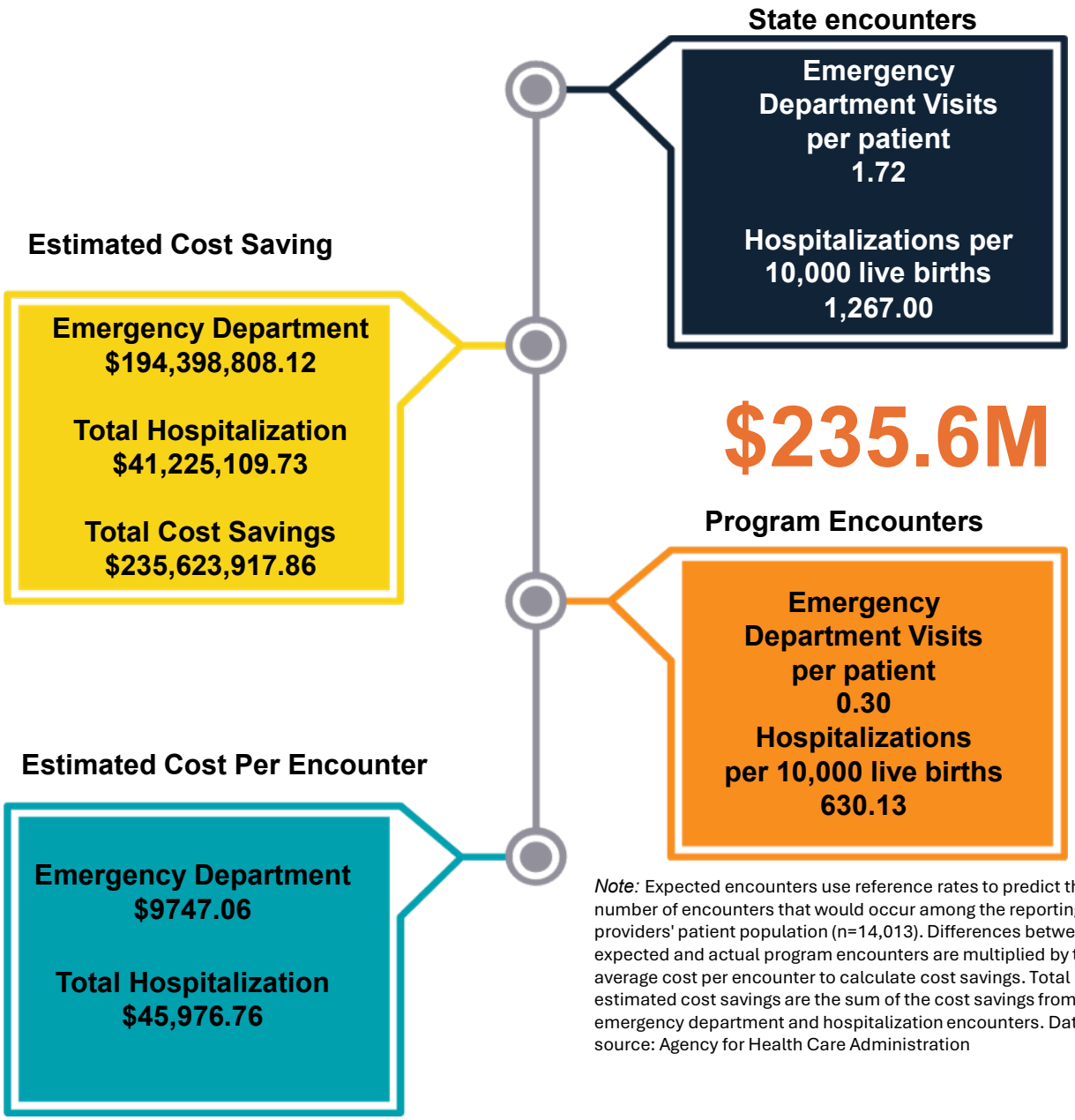
Provider outreach to neighboring counties for referral and enrollment to the TMCP will ensure greater reach in rural areas. Providers should build partner networks to support transportation and use of telehealth devices for women in rural areas.

Cost Savings Analysis

Telehealth Maternity Care Program Impact on Utilization and Cost Savings

Proactive interventions delivered through the TMCP have led to a significant reduction in patient encounters, particularly preventable ED visits and hospitalizations. ED visits and hospitalizations are costly and are usually preventable. This decline in high-cost, acute care utilization reflects the program's effectiveness in managing patient needs earlier and more efficiently.

The reduction in the number of ED visits and overall hospitalizations for program participants has resulted in an **estimated cost savings of $116.3 million**, underscoring its value not only in improving patient outcomes but also in enhancing **cost-efficiency at a statewide level**. These findings highlight TMCP's potential as a scalable, sustainable model for delivering preventive and coordinated care to high-risk populations.



Note: Expected encounters use reference rates to predict the number of encounters that would occur among the reporting providers' patient population (n=14,013). Differences between expected and actual program encounters are multiplied by the average cost per encounter to calculate cost savings. Total estimated cost savings are the sum of the cost savings from emergency department and hospitalization encounters. Data source: Agency for Health Care Administration

TMCP Success Stories

The TMCP independent evaluator meets quarterly with providers to gather qualitative program data and feedback for rapid improvement to the data collection tool. One aspect of those meetings is collecting participant success stories. Below are a few of the stories shared with the program evaluator.

"I want to highlight the journey of one of our early clients, who represents the complexity of barriers we address in our Program. Upon enrollment in October 2025, her initial assessment revealed a cluster of significant social and health challenges impacting her pregnancy. Her barriers were systemic: housing instability, transportation deficits, and immediate mental health concerns, including a history of suicidal ideation during a previous pregnancy. Our approach was strategic and immediate. - Telehealth Program staff

We focused on essential requirements: Recognizing the severity of her mental health history, our social worker immediately prioritized connection to specialized behavioral health resources. While addressing her unstable living situation specifically, sleeping on a couch, our program successfully secured grant funding for a new bed frame and mattress, establishing a baseline of comfort and stability. - Telehealth Program staff

We managed high risk factors: Her pregnancy became high-risk, requiring appointments with both her OB/GYN and a high-risk specialist, making reliable transportation a critical factor. Utilizing our partnership with Lyft, we provided reliable transportation for all her prenatal appointments, ensuring 100 provider appointment attendance. This consistency was non-negotiable." - Program Nurse Navigator

"Getting moms who experience miscarriages has been something we weren't anticipating so early on but is a very real occurrence that needs to be nurtured. Navigating those mothers who suffer losses to the appropriate care and follow-up has been taxing yet rewarding, especially giving them emotional support when they have none." Telehealth provider staff

"The Department of Health Telehealth Maternity Care Program is a critical resource for our high-risk mothers, providing the tools and education they need to stay safe at home. From catching early signs of pre-eclampsia at 33 weeks to helping a new mom manage a postpartum infection without a hospital stay, we are seeing the tangible impact of our remote monitoring and support. It is truly rewarding to see our patients feel empowered by this program, whether they are receiving breastfeeding guidance or getting connected to vital resources like Healthy Start." - Telehealth Program staff

