JOHNS HOPKINS UNIVERSITY & MEDICINE

**Government and Community Affairs** 

SB244 Favorable

TO: The Honorable Delores Kelley, Chair Senate Finance Committee

FROM: Annie Coble Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 8, 2022

Johns Hopkins **supports Senate Bill 244 - Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring**. This bill will require Maryland Medicaid to cover self-measured blood pressure monitoring ("SMBP"). Johns Hopkins is supportive of all remote patient monitoring and asynchronous telehealth, in general, and SMBP is a vital component of this type of telehealth.

In 2021, the General Assembly passed the Preserve Telehealth Access Act, which enabled Medicaid to reimburse for store and forward and remote patient monitoring telehealth. SMBP is an essential tool for remote patient monitoring and should be reimbursed accordingly.

Billable SMBP is a simple tool that can accomplish multiple goals - ensuring patient autonomy, enabling patients to stay at home when possible, and linking patients with their clinical team remotely. Allowing SMBP to be a billable service would allow for the replacement of blood pressure office visits for some patients; providing greater flexibility for patients in how they access care.

According to the Center for Disease Control, studies demonstrate a positive effect of SMBP in improving blood pressure control, and the U.S. Preventive Services Task Force (USPTF) has a grade A recommendation for screening all adults over 18 years of age for high blood pressure, and USPTF "recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment".

At Johns Hopkins Medicine, blood pressure is one of the most common self-reported vital signs submitted by patients across all areas of care, and we are working to expand our remote monitoring services across different chronic conditions. Medicaid reimbursement would open this opportunity up to more patients. Due to reimbursement structures, most of this home data is discussed with patients through in-person or telemedicine visits. Expanding reimbursement pathways for more efficient care delivery modalities, such as billable monitoring, creates an opportunity to decrease the reliance on frequent in-office or telemedicine visits, improving care efficiency for the patient, provider, and payors, including our state Medicaid program.

This bill allows for greater use of telehealth across the State of Maryland. Johns Hopkins urges a favorable report on Senate Bill 244 - Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring.