

# **SB244 - Hopkins - Support.pdf**

Uploaded by: Annie Coble

Position: FAV

TO: The Honorable Delores Kelley, Chair  
Senate Finance Committee

**SB244**  
**Favorable**

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.

# **Support AHA SB 244 Maryland Medical Assistance Pro**

Uploaded by: Laura Hale

Position: FAV



February 4<sup>th</sup>, 2022

Testimony of Laura Hale  
American Heart Association

### **Support of SB244 Maryland Medical Assistance Program- Self Measured Blood Pressure Monitoring**

Dear Chair Kelley, Vice Chair Feldman and Members of the Finance Committee,

Thank you for the opportunity to speak before the committee today. My name is Laura Hale and I am the Director of Government Relations for the American Heart Association. The American Heart Association extends its strong support for Senate Bill 244.

Nationally, nearly 1 in 2 U.S. adults have hypertension, yet only about 1 in 4 have it under control<sup>1</sup>. In Maryland, an estimated 700,000 Marylanders with hypertension also known as high blood pressure do not have their high blood pressure under control, which puts them at an increased risk of many serious health conditions<sup>2</sup>. Too many Marylanders struggle with hypertension. In addition, those on Medicaid have additional burdens that can make management of hypertension even more difficult. This legislation begins to bridge the gap for those with Medicaid who struggle to control their hypertension; going beyond a blood pressure device by adding clinical support in managing their high blood pressure.

The research literature has shown that, when combined with additional clinical support, Self-Measured Blood Pressure (SMBP) is effective in reducing hypertension, improving patient knowledge, improving the health system process, and enhancing medication adherence<sup>3</sup>. At the end of the day, this means that people are living longer and healthier lives by managing their blood pressure at home with clinical support.

The healthier lives that participants in Medicaid will have from the state's investment in SMBP will ultimately lead to cost savings in the future. The fiscal note details this investment but fails to account for the cost savings that will occur through having a healthier population. This legislation is a key investment for our most at risk population.

Currently, Marylanders are only getting part of the picture and we need to make sure that they have the support they need in order to control their blood pressure. The American Heart Association urges a favorable report on SB 244.

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<sup>1</sup> Ritchey MD, Gillespie C, Wozniak G, Shay CM, Thompson-Paul AM, Loustalot F, Hong Y. Potential need for expanded pharmacologic treatment and lifestyle modification services under the 2017 ACC/ AHA Hypertension Guideline. *J Clin Hypertens (Greenwich)*. 2018 Oct;20(10):1377–91

<sup>2</sup> Centers for Disease Control and Prevention. High Blood Pressure Fact Sheet.  
[http://www.cdc.gov/dhhdsp/data\\_statistics/fact\\_sheets/docs/fs\\_bloodpressure.pdf](http://www.cdc.gov/dhhdsp/data_statistics/fact_sheets/docs/fs_bloodpressure.pdf) 03/25/16

<sup>3</sup> Uhlig K, Patel K, Ip S, Kitsios GD, Balk EM. Self-measured blood pressure monitoring in the management of hypertension: a systematic review and meta-analysis. *Ann Intern Med*. 2013;159(3):185–194.

**2b - SB 244 - FIN - Health & Wellness Council - LO**

Uploaded by: Maryland Department of Health Office of Governmental Affairs

Position: FAV

# MARYLAND STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

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February 8, 2022

The Honorable Delores G. Kelley  
Chair, Senate Finance Committee  
3 East, Miller Senate House Office Building  
Annapolis, MD, 21401

RE: SB 244 - Maryland Medical Assistance Program- Self-Measured Blood Pressure Monitoring

Dear Chair Kelley and Committee Members:

The Maryland State Advisory Council on Health and Wellness (the Council) submits this letter of support for Senate Bill 244 (SB 244) Maryland Medical Assistance Program- Self-Measured Blood Pressure Monitoring.

The goal of SB 244 is to require the Maryland Medical Assistance Program (MMAP) to provide coverage for self-measured blood pressure monitoring beginning on January 1, 2023. The Council supports SB 244 as an evidence-based intervention to improve the cardiovascular health of MMAP participants.

Uncontrolled high blood pressure poses a serious threat to the health and wellbeing of Maryland residents because it raises the risk for stroke, heart disease, kidney damage, vision loss, and numerous other serious health conditions.<sup>1</sup> More than 34% of Maryland adults have been diagnosed with high blood pressure, and roughly half of those adults do not have their condition under control. The rate of high blood pressure is highest among Marylanders with the lowest household income, many of whom receive health care coverage through MMAP.<sup>2,3</sup>

The Community Preventive Services Task Force identifies self-measured blood pressure monitoring as a cost-effective, evidence-based strategy to improve blood pressure control, especially when paired with additional supports such as patient counseling, education, and team-based care.<sup>4</sup> When properly implemented, these interventions can improve medication adherence and reduce barriers to

<sup>1</sup> American Heart Association. Health Threats from High Blood Pressure.

[https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure#:~:text=Left%20undetected%20\(or%20uncontrolled\)%2C.more%20easily%20or%20even%20burst](https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure#:~:text=Left%20undetected%20(or%20uncontrolled)%2C.more%20easily%20or%20even%20burst). Accessed 20 January 2022.

<sup>2</sup> United Health Foundation. America's Health Rankings: Annual Report- Maryland.

<https://www.americashealthrankings.org/explore/annual/measure/Hypertension/state/MD>. Accessed 20 January 2022.

<sup>3</sup> Maryland Department of Health and Mental Hygiene (2017). BRFSS Brief: Hypertension (High Blood Pressure) in Maryland.

[https://health.maryland.gov/phpa/ccdpc/Reports/Documents/MD-BRFSS/BRFSS\\_BRIEF\\_2017-04\\_Hypertension.pdf](https://health.maryland.gov/phpa/ccdpc/Reports/Documents/MD-BRFSS/BRFSS_BRIEF_2017-04_Hypertension.pdf)

<sup>4</sup> Community Preventive Services Task Force (2016). Heart Disease and Stroke Prevention: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control.

<https://www.thecommunityguide.org/sites/default/files/assets/HDSP-Self-Measured-Blood-Pressure-508.pdf>

comprehensive care for high blood pressure.<sup>5</sup> Estimates suggest that high blood pressure costs the United States more than \$130 billion per year, making cost-effective interventions like self-measured blood pressure monitoring particularly advantageous.<sup>6</sup> SB 244 would ensure MMAP participants experiencing uncontrolled high blood pressure have access to self-monitoring devices. It would also reimburse health care providers for training patients to self-monitor, interpreting and reporting home blood pressure readings, and delivering additional interventions.

Maryland is well-positioned to extend self-measured blood pressure monitoring coverage to MMAP participants. The Council serves in an advisory capacity to the Maryland Department of Health, which manages the Prevention and Management of Diabetes, Heart Disease, and Stroke grant. Under this grant, the Maryland Department of Health, in collaboration with the Maryland Primary Care Program, is undertaking statewide activities to promote self-measured blood pressure monitoring. SB 244 would leverage those efforts and extend them to MMAP participants who may otherwise be unable to access home blood pressure monitors and disease management services.

Many people are unaware that they have high blood pressure. While blood pressure screening typically occurs in primary care offices, screening in other settings may increase the identification of high blood pressure and help patients initiate treatment sooner. Every year roughly 27 million Americans make visits to their dentist but not to their physician, making oral health visits an opportune time to screen for high blood pressure, educate patients about blood pressure control, and refer them to primary care for treatment.<sup>7</sup> A 2017 pilot project to facilitate blood pressure screening during dental visits in Charles County resulted in over 800 patients being identified and referred to primary care.<sup>8</sup> The Council respectfully requests SB 244 be amended to include oral health providers among professionals eligible to be reimbursed for training patients to use self-measured blood pressure monitors, as the prospect of reimbursement may incentivize more oral health providers to actively screen for high blood pressure as well as educate and refer to primary care for follow-up.

The Council respectfully asks this Committee to approve SB 244, with an amendment to include oral health providers among those eligible for reimbursement, as an important public health measure to improve MMAP participants' cardiovascular health.

Sincerely,

A handwritten signature in black ink that reads "Jessica Kiel". The signature is written in a cursive style with a long, sweeping underline that extends to the left.

Jessica Kiel, M.S., R.D., Chair, State Advisory Council on Health and Wellness

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<sup>5</sup> U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Control Hypertension. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2020. <https://www.cdc.gov/bloodpressure/docs/SG-CTA-HTN-Control-Report-508.pdf>

<sup>6</sup> Kirkland EB, Heincelman M, Bishu KG, et. al. (2018). Trends in healthcare expenditures among US adults with hypertension: national estimates, 2003-2014. *J Am Heart Association*, 7(11):e008731. doi: 10.1161/JAHA.118.008731.

<sup>7</sup> Atchison KA, Weintraub JA, Rozier RG. Bridging the dental-medical divide: Case studies integrating oral health care and primary health care. *J Am Dent Assoc*. 2018 Oct;149(10):850-858. doi: 10.1016/j.adaj.2018.05.030. Epub 2018 Jul 26. PMID: 30057150.

<sup>8</sup> Maryland Dental Action Coalition (2018). [https://www.mdac.us/file\\_download/inline/3b0b45c3-05db-48af-93f7-a677c59092d7](https://www.mdac.us/file_download/inline/3b0b45c3-05db-48af-93f7-a677c59092d7)

**2a - SB 244 - FIN - MACHO - LOS.pdf**

Uploaded by: Maryland Department of Health /Office of Governmen Bennardi

Position: FAV





**2022 SESSION  
POSITION PAPER**

**BILL:** SB 244 - Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring  
**COMMITTEE:** Senate Finance Committee  
**POSITION:** Letter of Support  
**BILL ANALYSIS:** SB 244 would provide coverage to enable Maryland Medical Assistance recipients, who have uncontrolled hypertension, to receive a validated home blood pressure monitor, as well as reimbursement to health care providers, and other staff, for patient training, data interpretation and the delivery of interventions to support improving the recipient’s hypertension and reducing morbidity and mortality.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) supports SB 244 because it would improve outcomes, decrease preventable hospitalizations, and reduce health disparities among Maryland Medical Assistance recipients, while lessening the economic impact of poorly controlled hypertension.

More cardiovascular disease events are attributable to hypertension (high blood pressure) than any other modifiable risk factor.<sup>1</sup> These events include heart disease and stroke, two of the top five causes of death in Maryland.<sup>2</sup> Almost half of all adults (47%) in the United States have high blood pressure, but only one in four of these adults (24%) have it under control.<sup>3</sup> Hypertension is estimated to cost the United States over \$131 billion annually, including the cost of services, medications, and lost productivity due to premature death.<sup>4</sup> While medication and lifestyle modifications are key components of a treatment plan, the American Heart Association, American College of Cardiology and the United States Preventive Services Task Force all recommend self-measured blood pressure monitoring, also known as home blood pressure monitoring, as an important community-based tool for improving and controlling high blood pressure.<sup>5</sup>

Self-measured blood pressure monitoring is the regular measurement of blood pressure by a patient outside the clinical setting, commonly at home. Strong scientific evidence has demonstrated that self-measured blood pressure monitoring in conjunction with clinical care is a cost-effective means of helping people with hypertension lower their elevated blood pressure and improve their blood pressure control.<sup>6,7</sup> Key barriers for Maryland Medical Assistance recipients to incorporate home blood pressure monitoring into a treatment plan are the acquisition of validated blood pressure monitors and the training needed to properly use them. This bill addresses these inequities.

The Maryland Association of County Health Officers submits this letter of support for SB 244. For more information, please contact Ruth Maiorana, MACHO Executive Director at [рмаiora1@jhu.edu](mailto:рмаiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

1. Jones DW, Whelton PK, Allen N, et al. Management of stage 1 hypertension in adults with a low 10-year risk for cardiovascular disease: filling a guidance gap: a scientific statement from the American Heart Association. *Hypertension* 2021;77: e58-e67.
2. *Maryland Vital Statistics Annual Report, 2018.*
3. Centers for Disease Control and Prevention. Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among U.S. Adults Aged 18 Years and Older. Atlanta, GA: U.S. Department of Health and Human Services; 2021.
4. Kirkland EB, et al. Trends in Healthcare Expenditures among US Adults with Hypertension: 2003-2014. *J Am Heart Assoc.* 2018 May 30;7(11).
5. Whelton PK, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. *Hypertension.* 2018;71(6): e13-e115.
6. JAMA. 2021;325(16):1650-1656.
7. Shimbo D, et al. Self-Measured Blood Pressure Monitoring at Home: A Joint Policy Statement from the American Heart Association and American Medical Association. *Circulation.* 2020; 142: e42-e63.

# **SB0244\_FAV\_MedChi, MACHC\_MD Medical Assistance Pro**

Uploaded by: Pam Kasemeyer

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS

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TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Brian J. Feldman

FROM: Pamela Metz Kasemeyer  
Danna L. Kauffman  
J. Steven Wise  
Christine Krone

DATE: February 8, 2022

RE: **SUPPORT** – Senate Bill 244 – *Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring*

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On behalf of the Maryland State Medical Society and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 244.

Senate Bill 244 requires Medicaid to provide coverage for self-measured blood pressure monitoring for all Medicaid recipients diagnosed with uncontrolled blood pressure. Coverage includes both the provision of validated home blood pressure monitors but also reimbursement for provision of professional services related to the training, data collection and interpretation, and delivery of co-interventions.

The provision of care through telemedicine, including remote patient monitoring, has not only addressed necessary access challenges associated with providing in-person care but also highlighted the benefits of facilitating home monitoring of conditions such as high blood pressure. Uncontrolled high blood pressure is commonly a condition for recipients that are likely to have other health challenges that make regular visits to a health care practitioner to check their blood pressure difficult. Failure to regularly monitor blood pressure is likely to result in preventable illness, poor health outcomes, and increased costs.

Regardless of the future authorization framework for telehealth services and remote patient monitoring, the coverage of self-measured blood pressure monitoring should become a permanent benefit/coverage for Medicaid recipients. It will improve health outcomes, prevent unnecessary deaths, and result in related cost savings. A favorable report is requested.

**For more information call:**

Pamela Metz Kasemeyer  
Danna L. Kauffman  
J. Steven Wise  
Christine Krone  
410-244-7000

**2021 MOTA SB 244 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



# Maryland Occupational Therapy Association

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PO Box 36401, Towson, Maryland 21286 ♦ [motamembers.org](http://motamembers.org)

**Committee:** Senate Finance Committee  
**Bill Number:** Senate Bill 244  
**Title:** Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring  
**Hearing Date:** February 8, 2022  
**Position:** Support

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 244 – Maryland Medical Assistance Program – Self-Measure Blood Pressure*. The bill requires Medicaid reimbursement for both equipment and clinical follow-up for self-measure blood pressure.

Many of our patients are home-bound or have difficulty traveling to medical appointments because of disabilities, injuries, or acute medical conditions. Their health care providers utilize telehealth to help manage their care while they remain at home. However, it is difficult to manage hypertension without self-monitoring blood pressure equipment. This legislation will help ensure Medicaid participants have access to such equipment and that their providers have the resources for appropriate following. If Maryland can reduce the rates of hypertension, we can prevent heart attacks, strokes, and other acute cardiovascular diseases.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**2022 MCHS SB 244 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



## Maryland Community Health System

<b>Committee:</b>	<b>Senate Finance Committee</b>
<b>Bill Number:</b>	<b>Senate Bill 244</b>
<b>Title:</b>	<b>Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring</b>
<b>Hearing Date:</b>	<b>February 8, 2022</b>
<b>Position:</b>	<b>Support</b>

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The Maryland Community Health System supports *Senate Bill 244 – Maryland Medical Assistance Program – Self-Monitored Blood Pressure*. The bill requires the Maryland Medical Assistance Program to reimburse for self-monitoring blood pressure equipment and clinical follow-up for individuals with uncontrolled hypertension.

As a network of federally qualified health centers, we focus on serving underserved communities and are the primary provider of health care services for many Medicaid participants. Clinicians and patients can work together to manage hypertension effectively when patients have self-monitoring blood pressure equipment at home. This legislation empowers patients, promotes patient-centered care, and improves clinical outcomes. The Centers for Disease Control and Prevention (CDC) has recommended the use of self-monitored blood pressure equipment along with clinical follow-up to prevent heart disease and stroke.<sup>i</sup>

We urge a favorable report this legislation. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://www.cdc.gov/dhbsp/pubs/guides/best-practices/smbp.htm>

**2022 MNA SB 244 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV





**Committee:** Senate Finance Committee  
**Bill Number:** Senate Bill 244  
**Title:** Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring  
**Hearing Date:** February 8, 2022  
**Position:** Support

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The Maryland Nurses Association (MNA) supports *Senate Bill 244 – Maryland Medical Assistance Program – Self-Monitored Blood Pressure*. The bill requires the Maryland Medical Assistance Program to reimburse for at-home blood pressuring equipment for people with uncontrolled hypertension as well as follow-up services with their provider.

We support this legislation because the clinical evidence is clear. When patients have at-home blood pressure monitoring equipment and counseling by their providers, their blood pressure metrics improve within the same year and continue to improve in the long-term.<sup>i</sup> The Centers for Disease Control and Prevention (CDC) has recommended this strategy to prevent heart disease and stroke.<sup>ii</sup>

Under the Total Cost of Care Model, Maryland has structured its health care financing system to incentivize prevention strategies. This legislation aligns with Maryland’s population health approach. If Medicaid reimburses for both equipment and follow-up for self-monitoring of blood pressure, we can reduce the impact of chronic diseases, such as hypertension, and lower hospital admissions for heart disease, stroke, and other acute illnesses.

We urge a favorable report this legislation. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> Bryant et al. Impact of Self-Monitoring of Blood Pressure on Processes of Hypertension Care and Long-Term Blood Pressure Control  
Journal of the American Heart Association. 2020;9:e016174

<sup>ii</sup> <https://www.cdc.gov/dhbsp/pubs/guides/best-practices/smbp.htm>

**2022 Moveable Feast SB 244 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 244

**Title:** Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring

**Hearing Date:** February 8, 2022

**Position:** Support

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Moveable Feast supports *Senate Bill 244 – Maryland Medical Assistance Program – Self-Monitored Blood Pressure*. This bill provides for reimbursement of blood-pressure monitoring equipment and clinical follow-up for individuals with uncontrolled hypertension in the Medicaid program.

Moveable Feast provides medically-tailored meals and nutritional counseling support to individuals with chronic or life-threatening diseases. We support this legislation because it will help many of our clients who have hypertension, often coupled with other serious and chronic conditions. When individuals are able to monitor their blood pressure at home under the guidance of their providers, their blood pressure and overall clinical outcomes improve.<sup>i</sup>

Moveable Feast has been a partner in a Maryland Department of Health grant program that provides individuals with self-monitoring blood pressure equipment. Through participation in this program, we saw first-hand how the provision of blood pressure equipment allowed clients to take control over their own health. However, grant programs are time-limited. This legislation would provide permanent support for our clients who could not otherwise afford this equipment.

We urge a favorable report this legislation. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>1</sup> Bryant et al. Impact of Self-Monitoring of Blood Pressure on Processes of Hypertension Care and Long-Term Blood Pressure Control  
Journal of the American Heart Association. 2020;9:e016174

# **Draft Testimony SMBP Dr. Martin.pdf**

Uploaded by: Seth Martin

Position: FAV

February 4<sup>th</sup>, 2022

Testimony of Dr. Seth Martin

Cardiologist and Board Member of the American Heart Association

**Support of SB244 Maryland Medical Assistance Program- Self Measured Blood Pressure Monitoring**

Dear Chair Kelley, Vice Chair Feldman and Members of the Finance Committee,

Thank you for the opportunity to speak before the committee today. My name is Dr. Seth Martin and I am a cardiologist and board member for the American Heart Association. I am here to extend my strong support for Senate Bill 244.

High Blood Pressure also known as Hypertension is often referred to as the silent killer and for far too many of my patients it is something they struggle to control. What I have found from my years of practice and the research literature<sup>1</sup> supports is that when a patient is able to have clinical support and a home blood pressure device they are able to have greater success in monitoring and managing their blood pressure at home. Patients need clinical support in understanding their devices and in having checks in to make sure they are monitoring it correctly. *Insert story here.*

As a physician, I get pulled in many different directions every day, being able to properly catalog my time spent educating patient and supporting them in managing their high blood pressure is essential. This legislation allows for new codes to be turned on and for proper documentation and reimbursement for support given.

For all the reasons outline above, I urge a favorable report on SB 244.

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<sup>1</sup> Uhlig K, Patel K, Ip S, Kitsios GD, Balk EM. Self-measured blood pressure monitoring in the management of hypertension: a systematic review and meta-analysis. *Ann Intern Med.* 2013;159(3):185–194.

**SB244\_LOI\_20220203v3.pdf**

Uploaded by: Brian Frazee

Position: INFO



Maryland  
Hospital Association

February 8, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Information - Senate Bill 244 – Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 244.

During the first wave of the COVID-19 public health emergency, the Secretary of Health issued "COVID-19 #6: Temporary Expansion of Remote Patient Monitoring Services." Successful outcomes led to the Preserve Telehealth Access Act (PTAA) of 2021, which codified remote patient monitoring (RPM) within the definition of telehealth for Medicaid coverage and expanded RPM to support a variety of technologies, data, and input types (including patient-reported data). RPM services most often refer to decentralized monitoring, meaning a patient uses a device in their home to give clinical information to a health professional at their office. The practitioner can monitor the patient's condition without requiring a formal visit and immediately respond if needed. RPM can prevent conditions from worsening, which could lower health care costs for emergency visits and save precious lives in the process.

Medicaid regulations at COMAR 10.09.96 governing RPM do not yet reflect the statutory changes. RPM is restricted to patients who meet stringent condition and prior hospitalization requirements. When updated, these regulations must comport with the letter and spirit of PTAA, which made medically appropriate telehealth—including RPM services such as remote blood pressure monitoring—available to all Medicaid recipients.

The blood pressure monitoring devices contemplated in SB 244 demonstrate how RPM can be utilized, and we applaud the sponsor for introduction of this bill. Maryland hospitals believe Medicaid can do more through regulations to ensure patients who may benefit from RPM can access these services.

For more information, please contact:  
Brian Frazee, Vice President, Government Affairs  
Bfrazee@mhaonline.org