



**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.¹ These events include heart disease and stroke, two of the top five causes of death in Maryland.² 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.³ 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.⁴ 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.⁵

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.^{6,7} 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 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.