

# **Maryland Catholic Conference\_FAV\_HB1078\_SenateCros**

Uploaded by: Diane Arias

Position: FAV



MARYLAND  
CATHOLIC  
CONFERENCE

**March 21, 2024**

**House Bill 1078**

**Maryland Medical Assistance Program - Remote Ultrasound Procedures and  
Remote Fetal Nonstress Tests  
Senate Finance Committee**

**Position: Favorable**

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

**House Bill 1078** requires the Maryland Medical Assistance Program to provide remote ultrasound procedures and remote fetal nonstress tests if the patient is in a residence or a location other than the office of the patient's provider and the provider follows the same standard of care that the provider would follow when providing the services on-site.

House Bill 1078 aims to enhance accessibility to maternal-fetal medicine services, recognizing that many women may encounter high-risk pregnancies due to gestational diabetes, hypertension, or genetic diseases. Regular screening, facilitated by ultrasound technology, offers crucial information to physicians, enabling them to optimize pregnancy outcomes and ensure the overall health of both the mother and the baby throughout the full term. These diagnostic ultrasounds play a vital role in examining various aspects such as fetal heart rate, amniotic volume, fetal position, organ development, and the fetal cardiovascular system. The availability of remote ultrasounds and fetal nonstress tests is essential in eliminating geographic barriers to care, ensuring that women can receive pertinent information about their personal health and that of their children.

Every life is sacred and a gift from God. With the advancements in technology, geographic disparities should not be the reason a child is not welcomed with love into this world.

For these reasons, the MCC asks for a favorable report on **HB 1078**.

Thank you for your consideration.

**Philips testimony to support Maryland HB 1078.pdf**

Uploaded by: Evan Hoffman

Position: FAV



March 21, 2024

**RE: PHILIPS SUPPORT FOR HB 1078 IN SENATE FINANCE COMMITTEE**

Dear Chair Beidle and Members of the Senate Finance Committee,

On behalf of Philips, I write to support HB 1078 by Delegate Woods, which would help increase access to prenatal care in the home when appropriate for a doctor's patient.

Philips is a health technology company focused on improving people's lives that employs over 1100 in Maryland. The company is one of the largest ultrasound and obstetrics monitoring companies and has the world's most downloaded pregnancy app (Pregnancy+). Given this legacy, the company applauds legislation that improves maternal health.

**Summary of maternal health challenges:**

Unfortunately, the nation's maternal mortality rate rose by 40% year over year to 32.9 deaths per 100,000 live births in 2021, up from 23.8 deaths per 100,000 in 2020.<sup>1</sup> Furthermore, roughly 10 percent of U.S. births are preterm<sup>2</sup> and 31 percent of all U.S. births are C-Sections, double the World Health Organization's recommendation.<sup>3</sup> These factors increase costs. For example, preterm births cost the United States \$26 billion per year.<sup>4</sup>

In Maryland, the preterm birth rate is 10.3% in 2022, but is far worse in Baltimore, Calvert and Cecil Counties<sup>5</sup> The March of Dimes estimates that preterm births cost Maryland \$387 million in societal costs.<sup>6</sup> Maryland's infant mortality rate is 6.0 per 100,000 births (more than the national average).<sup>7</sup>

These maternal health challenges often emerge because women miss their routine prenatal or postpartum appointments. For example, perhaps moms cannot afford to take off work, don't have someone to watch other children, live far from their doctor, or lack reliable transportation. One study shows a 28% no-show rate at high-risk pregnancy clinics.<sup>8</sup>

**This bill would help address these challenges:**

HB 1078 would help address these challenges by allowing doctors to offer routine fetal non-stress tests (NST) and ultrasounds remotely if the same standard of care is met. For decades, ultrasounds and fetal NSTs have helped providers monitor fetal and maternal health and catch complications before they become emergencies. According to the American College of

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<sup>1</sup> ["Why maternal mortality rate surged by 40% when deaths are preventable," USA Today](#), March 16, 2023

<sup>2</sup> [March of Dimes: Fighting Premature Birth](#)

<sup>3</sup> ["Unnecessary C-sections are a problem in the US.," USA Today](#), 12/21/20

<sup>4</sup> [March of Dimes: Economic and Societal Impact Costs of Preterm Births](#). According to March of Dimes, societal costs of each preterm birth includes medical care, early intervention services and lost productivity.

<sup>5</sup> [March of Dimes: Maryland Fact Page](#)

<sup>6</sup> [Healthy Moms Strong Babies Maryland](#)

<sup>7</sup> [March of Dimes Report Card](#)

<sup>8</sup> ["The No-Show Rate in a High-Risk Obstetric Clinic," Journal of Women's Health and Gender-Based Medicine](#)

Obstetricians and Gynecologists (ACOG), “the NST may be the primary means of fetal surveillance for many high-risk pregnancies.”<sup>9</sup>

In recent years, the FDA has approved tele-obstetrics technology that allows remote NSTs and ultrasounds (see below for visuals). These tools allow a provider to be based anywhere and offer this important prenatal care to moms at a more convenient location like their home.



Remote Fetal Non-Stress Test



Tele-portable ultrasound

HB 1078 is simple but important. The bill allows current CPT codes for ultrasound and non-stress tests to be billed when the patient is remote and when the same standard of care is met. This legislation would give doctors more options to provide proper prenatal care for those moms who struggle to access care. Other states like Pennsylvania, Ohio and Missouri have recently clarified that NSTs and/or ultrasounds are billable when the patient is remote.<sup>10</sup>

In addition, the National Governors Association Maternal Health Playbook gives 32 policy ideas that each state can adopt to improve maternal and infant health. Opportunity 11 urges states to ensure coverage of remote ultrasound and remote NSTs.<sup>11</sup>

### Studies demonstrating value of remote fetal NSTs:

- One study of 61 moms showed how remote NSTs benefit the patient and clinician, including:
  - “Over 1/3 of the patients...were able to avoid emergency department visits.”
  - “Nuvo has cut the time for an NST session to approximately 25 minutes, down from the 105 minutes typically required, including the burdensome round-trip travel.”
  - “Non-compliance rates dropping to under 5%.”
  - “53% reduction of registered nurse time spent on NSTs.”<sup>12</sup>

<sup>9</sup> [ACOG Coding Question, CPT Code 59025](#)

<sup>10</sup> See [Pennsylvania’s Dept. of Human Services Guidance conveys this to providers. \(See page 6\)](#). Or, please see [Missouri’s Home State Health’s guidance about 59025 being billed with place of service home \(#12\)](#). See [Ohio FY 24 budget \(pg. 815\)](#), which requires Medicaid coverage of remote fetal non-stress tests and remote ultrasounds.

<sup>11</sup> See [National Governors Association Maternal Health Playbook](#), June 2023

<sup>12</sup> See [“The Impact of Remote NSTs - McMorries case study,”](#) 2024.

- One study found that “over 90% of NSTs performed remotely using INVU were acceptable for clinical utility, and over 88% of NST were completed without in-clinic evaluation. In addition, INVU demonstrated an excellent safety profile and good patient usability.”<sup>13</sup>
- Dr. Blake McLaughlin, OBGYN and Medical Director for Women's Health at Banner Health in rural Colorado, describes the benefits of remote NSTs: “*The use of the INVU platform was accompanied by a discernible improvement in visit compliance rates. Patients using INVU did not miss appointments because barriers to access to care were eliminated. Mirroring the study’s feedback, most of our patients have expressed a preference for the convenience and reassurance of remote NSTs.*”<sup>14</sup>
- A December 2021 study added home monitoring to 400 pregnancies with complications, including preeclampsia, gestational diabetes, high-risk of preeclampsia. The study concluded that home-monitoring of “*fetal and maternal well-being in intermediate- and high-risk pregnancies seems to be a safe alternative to inpatient or frequent outpatient care, which sets the stage for a new way of thinking of hospital care.*” Importantly, home monitoring resulted in “no severe maternal complications.”<sup>15</sup>

Now, these remote options won’t be the right option for all pregnant moms and in-person care remains vital, but adopting this bill would give more options to providers as they determine the best prenatal care plans for their patients – especially for those moms who would otherwise struggle to access their appointments. For these reasons, Philips urges this Committee to pass HB 1078. Thank you for your consideration.

Sincerely,



Evan Hoffman  
 Director of State and Local Government Relations  
 Philips

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<sup>13</sup> See “ [Utilization of a wireless monitoring device to perform nonstress tests in high-risk pregnancies from home.](#)” *American Journal of Obstetrics & Gynecology*, June 2023

<sup>14</sup> See [Real-world benefits of the INVU remote fetal nonstress testing platform](#), *Letter to the Editor in the American Journal of Obstetrics & Gynecology* November 2023

<sup>15</sup> See “[Home management by remote self-monitoring in intermediate- and high-risk pregnancies: A retrospective study of 400 consecutive women.](#)” *National Library of Medicine*, December 2021

**HB 1078 -FIN -LOS.docx (1).pdf**

Uploaded by: Jason Caplan

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 21, 2024

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

**RE: House Bill 1078 - Maryland Medical Assistance Program – Remote Ultrasound Procedures and Remote Fetal Non-Stress Tests - Letter of Support**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support for House Bill (HB) 1078 – Maryland Medical Assistance Program – Remote Ultrasound Procedures and Remote Fetal Non-Stress Tests. HB 1078 would require Maryland Medical Assistance (“Medicaid”) to provide remote ultrasound procedures and remote fetal nonstress tests (NST) to pregnant and postpartum participants starting October 1, 2024.

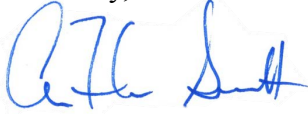
In 2022, Medicaid covered a total of 32,189 live births, 47% of babies born statewide. Effective prenatal care is critical to improving health outcomes for all pregnant individuals, particularly those at high risk, and their babies. In turn, access to ultrasounds and NSTs are important tools for monitoring the health of this population. HB 1078 has the potential to close gaps in care by improving access to important pregnancy services for Medicaid participants, particularly those in remote and rural areas. While ultrasounds and NSTs are only performed a handful of times during a lower-risk pregnancy, those with high-risk pregnancies often require these tests and procedures multiple times a week in the third trimester. For individuals lacking transportation or living in a rural area, frequent visits to a specialist provider can be burdensome. By expanding the number of locations a patient can undergo ultrasounds and NSTs, participants based in these regions could be better able to access necessary care.

The Department believes these services are covered under its existing synchronous telehealth policy. MDH further assumes that in following the same standard of care the provider would follow if the service were provided on site, that the remote ultrasound and remote fetal NSTs would be conducted by a trained medical professional, not directly by the patient. Finally, the Department assumes that results of such testing will be interpreted by the health care professional receiving the results at the time of the appointment to ensure that, if medically necessary, urgent follow up care can be received promptly.



If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov) or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott". The signature is fluid and cursive, with the first name "Laura" being more prominent than the last name "Scott".

Laura Herrera Scott, M.D., M.P.H.  
Secretary

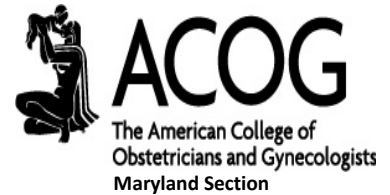
# **HB1078\_FAV\_MedChi, MDACOG\_Medicaid - Remote Ultras**

Uploaded by: Pam Kasemeyer

Position: FAV



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**TO:** The Honorable Joseline A. Pena-Melnyk, Chair  
Members, House Health and Government Operations Committee  
The Honorable Jamila J. Woods

**FROM:** Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Andrew G. Vetter  
Christine K. Krone

**DATE:** March 6, 2023

**RE:** **SUPPORT** – House Bill 1078 – *Maryland Medical Assistance Program – Remote Ultrasound Procedures and Remote Fetal Nonstress Tests*

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On behalf of The Maryland State Medical Society and the Maryland Section of The American College of Obstetricians and Gynecologists, we **support** House Bill 1078.

House Bill 1078 requires Medicaid to provide coverage for remote ultrasound and fetal nonstress tests if the patient is in a residence or location other than the office of the patient’s provider and the provider follows the same standard of care that would be followed if the services were provided on-site. These remote services are currently covered by multiple payers.

Currently, Medicaid covers both ultrasounds and fetal nonstress tests. Because the bill requires the same standard of care, coverage for remote ultrasound and fetal nonstress testing is consistent with Medicaid coverage for many other services that are now authorized to be provided via telehealth. Passage of House Bill 1078 will address access to care challenges when a pregnant patient is unable to come to the provider’s office, but the testing is necessary based on standard of care. Enhancing maternal child health outcomes and access to care have been priorities for this General Assembly. Passage of House Bill 1078 aligns with those priorities. A favorable report is requested.

**For more information:**  
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