



March 4, 2024

RE: PHILIPS SUPPORT FOR HB 1078 IN HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

Dear Chair Peña-Melnyk and Members of the House Health and Government Operations 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 2020.¹ Furthermore, roughly 10 percent of U.S. births are preterm² and 31 percent of all U.S. births are C-Sections, double the World Health Organization's recommendation.³ These factors increase costs. For example, preterm births cost the United States \$26 billion per year.⁴

In Maryland, the preterm birth rate is 10.3% in 2022, but is far worse in Baltimore, Calvert and Cecil Counties⁵ The March of Dimes estimates that preterm births cost Maryland \$387 million in societal costs.⁶ Maryland's infant mortality rate is 6.0 per 100,000 births (more than the national average).⁷

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.⁸

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

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

² [March of Dimes: Fighting Premature Birth](#)

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

⁴ [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.

⁵ [March of Dimes: Maryland Fact Page](#)

⁶ [Healthy Moms Strong Babies Maryland](#)

⁷ [March of Dimes Report Card](#)

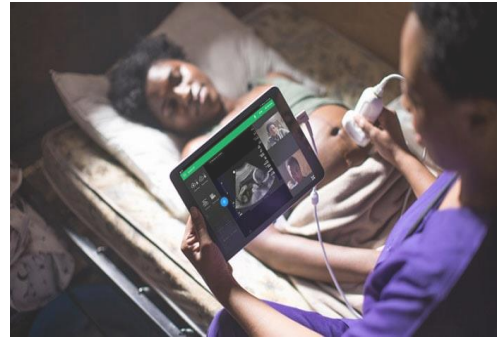
⁸ ["The No-Show Rate in a High-Risk Obstetric Clinic," Journal of Women's Health and Gender-Based Medicine](#)

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

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.¹⁰

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.¹¹

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.”¹²

⁹ [ACOG Coding Question, CPT Code 59025](#)

¹⁰ 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.

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

¹² 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.”¹³
- 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.”¹⁴
- 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.”¹⁵

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

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

¹⁴ 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

¹⁵ 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