

SB0094 Testimony.pdf

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Statement of Maryland Rural Health Association

To the Senate Finance Committee

Chair: Senator Pamela Beidle

January 28, 2025

Senate Bill 94: Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring

POSITION: SUPPORT

Chair Beidle, Vice Chair Hayes, Senator Ellis, and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 94: Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring.

Heart disease is the leading cause of death in Maryland while diabetes and kidney disease both rank high as 7th and 10th leading causes, respectively (National Center for Health Statistics, 2024). Hypertension, a major contributing factor to heart disease, is estimated to affect 1.5 million Marylanders (BRFSS Brief, 2017). Moreover, in Maryland, 11.9% of adults have a diabetes diagnosis and 3.7% have a chronic kidney disease diagnosis (America's Health Rankings, 2023). Senate Bill 94 encourages Self-Measured Blood Pressure Monitoring which is an important strategy in improving health and outcomes for Maryland residents. Self-monitoring improves control of blood pressure through increased compliance by giving patients an active role in their own health (NIH). Moreover, self-monitoring can prevent hospital visits, reducing the burden of healthcare costs (NIH).

People living below the poverty line have a higher risk of heart disease, diabetes, and hypertension (Tawakol et al., 2019). In Maryland, rural areas have a 12.1% poverty rate, higher than the state-wide rate of 9.3% (Economic Research Service, 2024). Thus, by the requiring coverage of and education on self-measured blood pressure monitoring through the Maryland Medical Assistance Program, this bill is likely to have a considerable impact on the health and livelihood of rural residents in Maryland. MRHA believes this legislation is important to support our rural communities and we urge the Committee to support SB94.

*On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org*

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SB 94 - Ellis Sponsor Written Testimony.pdf

Uploaded by: Arthur Ellis

Position: FAV

ARTHUR ELLIS, CPA
Legislative District 28
Charles County

DEPUTY MAJORITY LEADER

Finance Committee

Senate Chair

Joint Committee on the
Management of Public Funds

Chair, Charles, St. Mary's and Calvert
Counties' Senate Delegation



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Sponsor Written Testimony: Favorable

Senate Bill 94: Maryland Medical Assistance Program – Self-Measured Blood Pressure
Monitoring

January 23, 2025

Chair Beidle, Vice Chair Hayes, and esteemed members of the Finance Committee:

I am Senator Arthur Ellis, representing District 28, and I am writing to express my support on Senate Bill 94, which mandates that the Maryland Medical Assistance Program provide coverage for self-measured blood pressure monitoring for specialty populations. This legislation represents an important step forward in improving hypertension management and reducing health disparities in our state. I urge the Committee to issue a favorable report on this bill.

Hypertension remains a leading risk factor for heart disease, stroke, and other significant health challenges. For many residents, especially those within underserved communities, this condition goes undiagnosed and untreated, leading to severe and often preventable health complications. By providing validated home blood pressure monitors to eligible Medicaid recipients, this bill empowers patients to take a proactive role in managing their health. The inclusion of reimbursement for healthcare providers and support for patient education ensures that recipients can effectively utilize this technology to improve outcomes. Moreover, Senate Bill 94 prioritizes equity by targeting populations most at risk, including pregnant and postpartum individuals and those managing chronic conditions such as diabetes and heart disease. This focus aligns with Maryland's commitment to reducing health disparities and improving the quality of care for vulnerable residents. The bill also recognizes the importance of education and collaboration by mandating an educational campaign to ensure that both recipients and providers understand the benefits and proper use of self-measured blood pressure monitoring. This initiative will help bridge knowledge gaps and support the broader goals of improving health

literacy and patient engagement. To ensure transparency and accountability, this bill would require annual reports detailing program utilization, health outcomes and cost savings. This data-driven approach enables ongoing evaluation and improvement. I am confident that the implementation of Senate Bill 94 will lead to significant improvements in health outcomes for Marylanders, while also contributing to long-term positive healthcare outcomes through better prevention and management of hypertension.

Thank you for your thoughtful consideration of this legislation. I respectfully request a favorable report on Senate Bill 94 to support healthier outcomes for Maryland residents.

Sincerely,

Arthur Ellis

SB94_SenEllis_Presentation

Uploaded by: Arthur Ellis

Position: FAV

Senate Bill 94

MARYLAND MEDICAL ASSISTANCE
PROGRAM – SELF-MEASURED
BLOOD PRESSURE MONITORING

Presented by: Senator Arthur Ellis - District 28

Tuesday, January 28, 2025 – 1:00 PM
Senate Finance Committee



Agenda

- **Background**
 - **Hypertension in Pregnancy and Mortality**
 - **Hypertension in Pregnancy/Hypertensive Disorders of Pregnancy**
 - **Hypertension in Pregnancy, United States (NIS, 2017-2019)**
 - **Rural – Urban Disparities in Pre-Pregnancy Hypertension**
 - **Hypertension in Long-term Cardiovascular Events**
- **Key Provisions for Senate Bill 94**
- **Why Senate Bill 94 is Needed**
- **Concluding Remarks**

Background: Hypertension in Pregnancy and Mortality

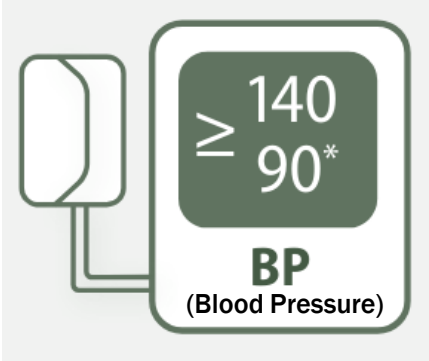
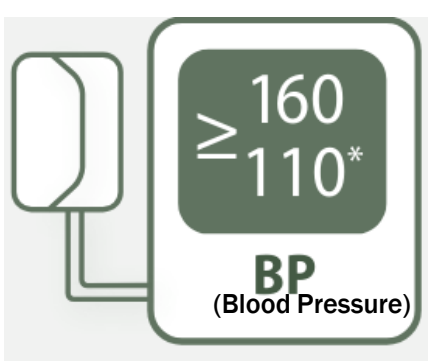
Between 2017-2019
Hypertension in Pregnancy
increased from **13.3%-15.9%**

- Highest prevalence
 - ✓ Aged 35-44: **18.0%**
 - ✓ **45-55 years:31.0%**
 - ✓ **Black women:20.9%**
 - ✓ American Indian/Alaska Native women:**16.4%**

From 2017-2019, Hypertension in
Pregnancy caused 6.3% of pregnancy-
related deaths

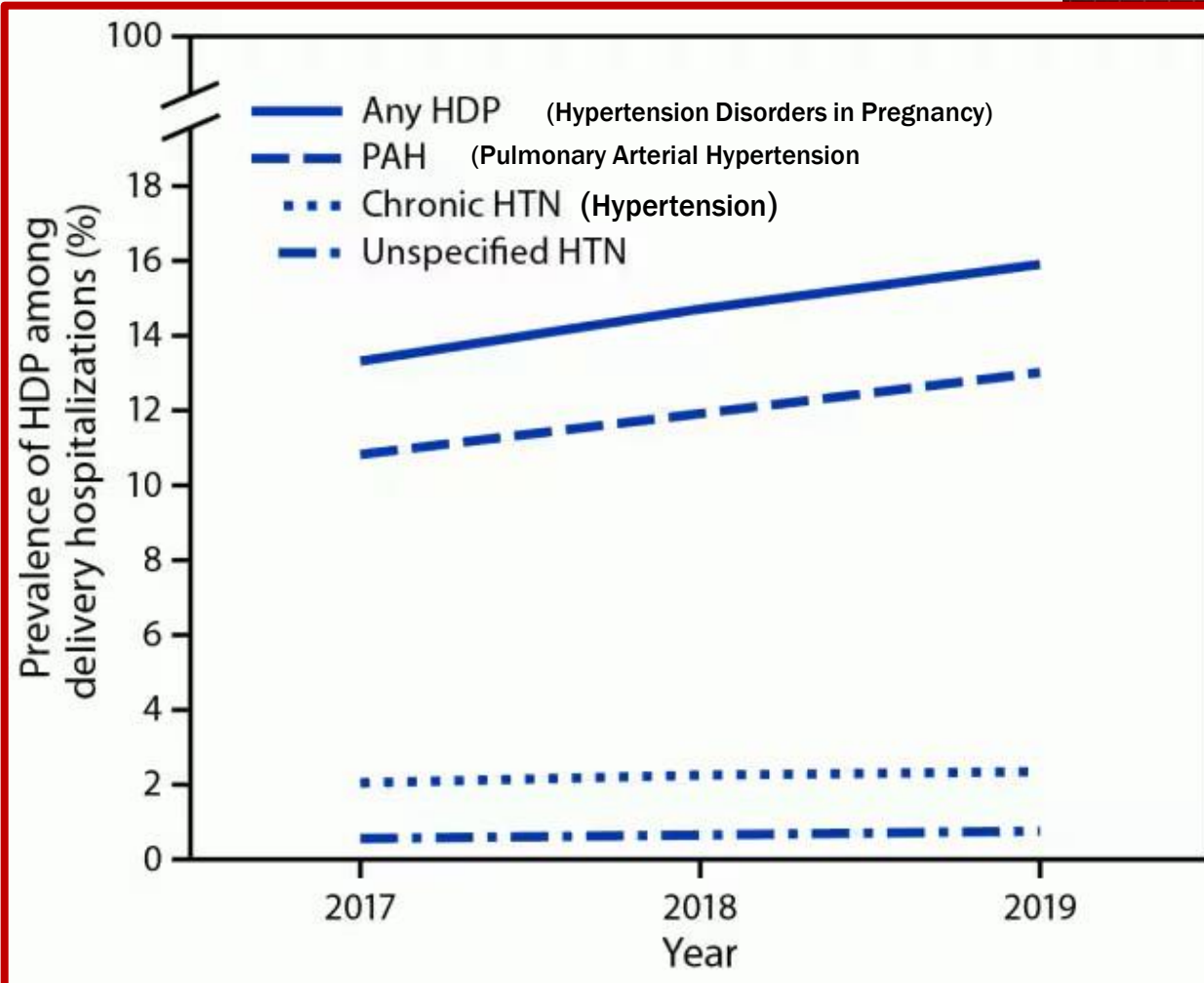


Hypertension in Pregnancy/ Hypertensive Disorders of Pregnancy

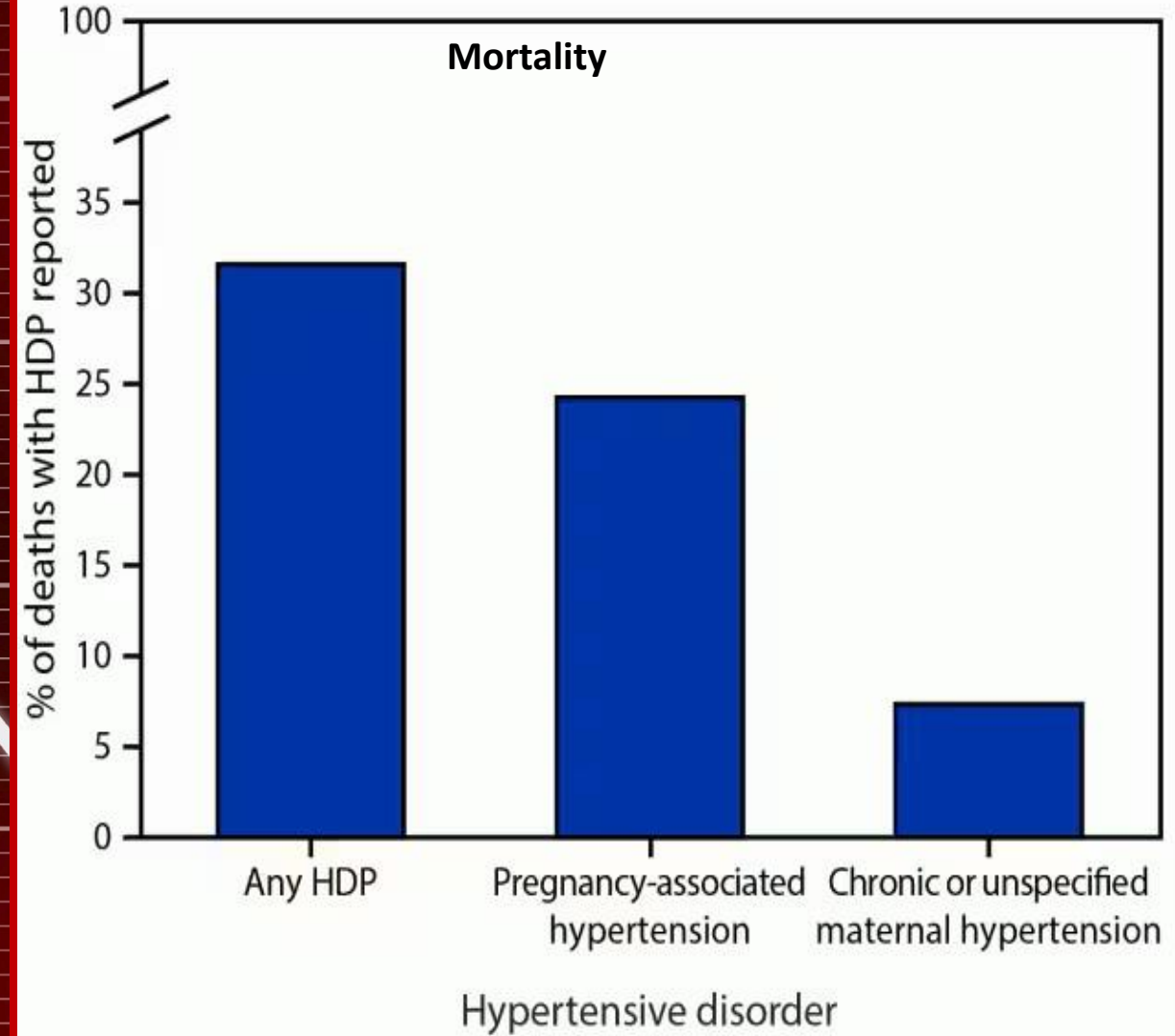
		Term	Definition
Pregnancy associated hypertension	<20 weeks	Chronic (preexisting) hypertension	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>2 readings ≥ hours apart</p> <p>Hypertension</p> </div> <div style="text-align: center;">  <p>2 readings ≥ hours apart</p> <p>Severe Hypertension</p> </div> </div>
		Gestational hypertension	
	≥20 weeks	Preeclampsia	
		Eclampsia	
		Chronic hypertension + preeclampsia/eclampsia	

Hypertension in Pregnancy, United States (NIS, 2017-2019)

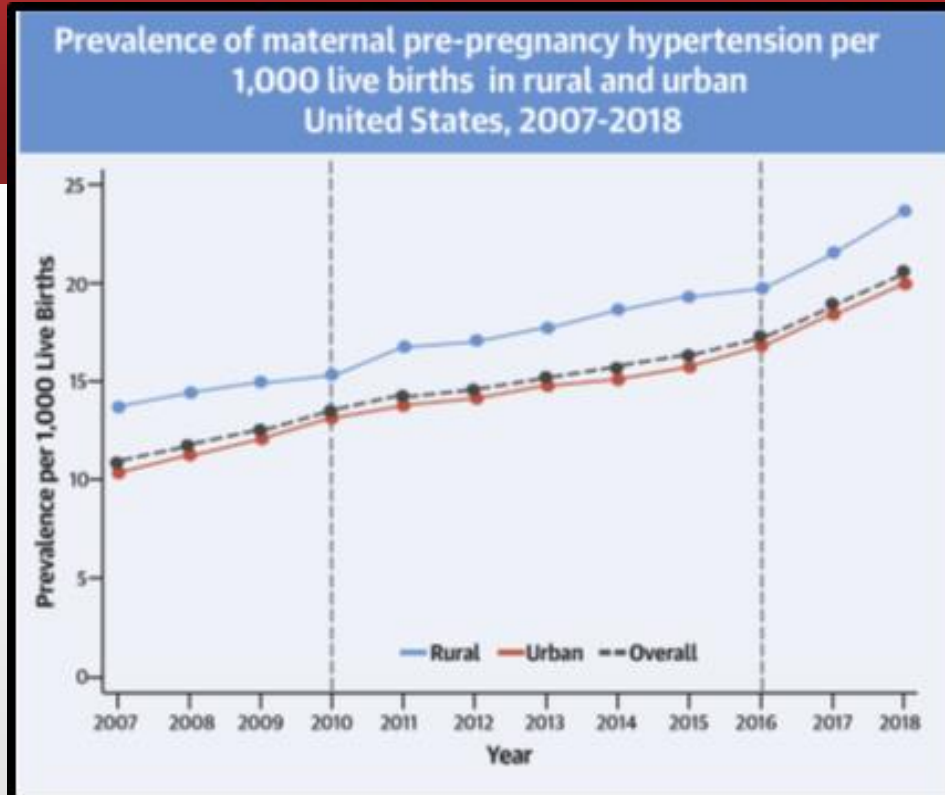
Prevalence



Mortality



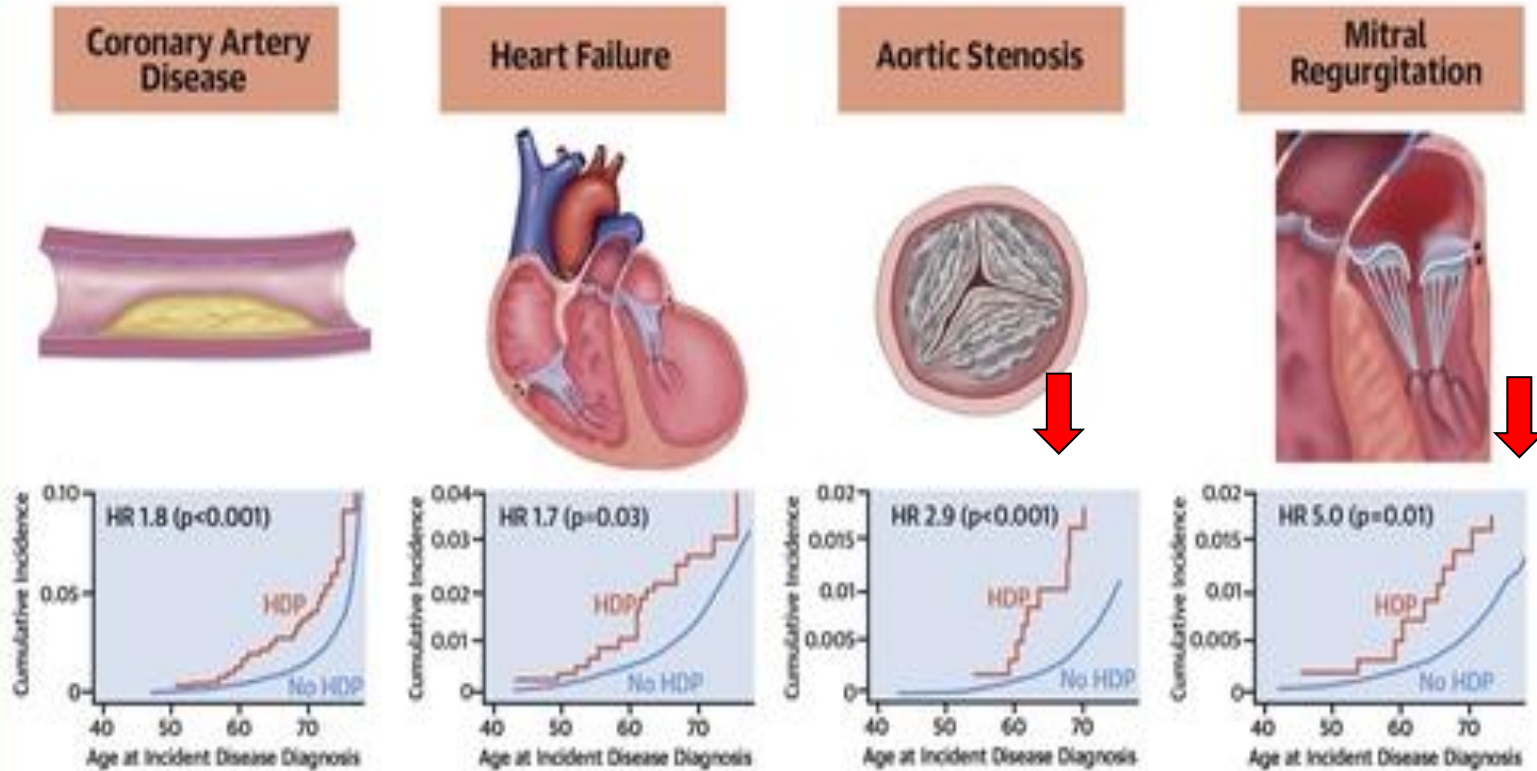
Rural-Urban Disparities in Pre-Pregnancy Hypertension



From 2007-2018, rates of pre-pregnancy hypertension per 1,000 live births increased among both rural (13.7 to 23.7) and urban women (10.5 to 20.0). "Maternal burden of pre-pregnancy hypertension has nearly doubled in the past decade and the rural and urban disparities have persisted"

Hypertension in Pregnancy and Long-term Cardiovascular Events

CENTRAL ILLUSTRATION: Hypertensive Disorders of Pregnancy Are Associated With Long-Term Risk of Diverse Cardiovascular Diseases



Cardiovascular disease risk is largely but incompletely mediated by development of chronic hypertension.

- Chronic hypertension accounted for 64% of the association between Hypertensive Disorders in Pregnancy and incident Coronary Artery Disease (95% Confidence Interval: 36% to 100%; p-value < 0.001)
- 49% of Hypertensive Disorders in Pregnancy association with incident heart failure (95% Confidence Interval: 27% to 100%; p-value = 0.02)

Integrating Innovative Management Strategies for Hypertensive Disorders of Pregnancy in Patient Care Across the Pre-pregnancy, Antepartum, and Postpartum Periods

Pre-pregnancy

1. Identify patients at risk (age>35 years, prior preeclampsia, chronic hypertension, diabetes, thrombophilia, autoimmune disease, obesity, smoking)
2. Optimize maternal health before pregnancy
3. Increase awareness and empowering women regarding their health
4. Teach self-care strategies

Antepartum

1. Establish medical care with regular Obstetrician Gynecologist visits and utilization of telehealth
2. Self, in-person and remote monitoring of Blood Pressure
3. Education by and intervention from community health workers
4. Identify and risk stratify patients who will benefit from additional monitoring
5. Engage with peers and support groups

Postpartum

1. Education and patient-provider dialogue regarding regular follow-up
2. Follow-up (Blood Pressure, medication and symptom review)
3. Continuing self, in-person and/or remote monitoring
4. Postpartum visits
5. Transition to primary care
6. Specialist follow-up

Key Provisions for Senate Bill 94

Eligibility

- **Covers pregnant/postpartum individuals, and those with chronic conditions.**

Coverage

- **Includes validated home monitors, remote transmission, and co-interventions.**

Why Senate Bill 94 is Needed

- **Enhancing outcomes and reducing healthcare costs.**
- **Reducing disparities in preventive health services**
- **Improving access for underserved populations**

Thank you!



SENATOR ARTHUR ELLIS



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Gresh_Testimony in Support of Senate Bill 94 (2).p

Uploaded by: Ashley Gresh

Position: FAV



Testimony in Support of Senate Bill 94
Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring
Dr. Ashley Gresh, PhD, MSN, MA, RN, CNM
Assistant Professor
Johns Hopkins School of Nursing

I am writing in strong support of Senate Bill 94, which seeks to address cardiovascular health through enhanced screening and care. As a midwife and public health nurse with a dedicated focus on advancing postpartum care and improving maternal outcomes, I have witnessed firsthand the profound impact that comprehensive care during this time can have on the long-term health of birthing people and their families.

Cardiovascular disease is the leading cause of maternal mortality in the United States, with a significant proportion of cases occurring in the postpartum period. Senate Bill 94 represents a critical step forward in addressing this issue and aligns with the evidence-based understanding that early detection and management of conditions such as hypertension, preeclampsia, and gestational diabetes are vital to preventing long-term cardiovascular disease and improving maternal health outcomes. This is particularly important in the postpartum period because we know that birthing people that had hypertension in pregnancy have an increased risk of developing cardiovascular disease long-term.

In my clinical and public health practice, I have observed that extending postpartum care beyond the traditional six-week visit and integrating targeted cardiovascular screenings can save lives. Many of the individuals I care for are unaware of the cardiovascular risks they face following childbirth. Senate Bill 94 will help ensure that these risks are identified and managed through timely, comprehensive care. Just this past week, I worked with a client who had received a self-measured blood pressure monitor, allowing her to check her blood pressure at home. A few days ago, she woke up feeling unwell, used the monitor, and discovered she was in a hypertensive crisis. Recognizing this as a critical danger sign, she sought immediate care, a decision that ultimately saved her life.

Moreover, this bill has the potential to address significant health disparities. Black and Latina women are disproportionately affected by maternal mortality and morbidity, often due to systemic inequities that exacerbate cardiovascular risks. By providing ways for patients to engage in their own care and screenings and supporting culturally responsive care, this legislation can help close these gaps and promote health equity across Maryland.

Senate Bill 94 also recognizes the importance of collaboration among healthcare providers, from obstetricians and midwives to primary care physicians and cardiologists and community health workers that are often on the frontlines of care in community settings. This coordinated approach is essential for ensuring seamless transitions in care and fostering a continuum of support for birthing people throughout the first year postpartum.

As a healthcare professional deeply committed to this work, I urge the Maryland General Assembly to pass Senate Bill 94. By enacting this legislation, Maryland can lead the way in reducing maternal mortality, addressing health inequities, and improving long-term health outcomes for all birthing people.

Thank you for your attention to this critical issue and for your leadership in advancing maternal health equity.

Sincerely,

A handwritten signature in black ink, appearing to read "Ashley Gresh".

Ashley Gresh, PhD, MSN, MA, RN, CNM
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Johns Hopkins University School of Nursing
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“The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University/Johns Hopkins Health System”

SB0094_FAV_MedChi, MACHC, MDACOG_Medicaid - Self-M

Uploaded by: Danna Kauffman

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS



ACOG
The American College of
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Maryland Section

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Senate Finance Committee
January 28, 2025

Senate Bill 94 – *Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring*
POSITION: SUPPORT

On behalf of The Maryland State Medical Society, the Mid-Atlantic Association of Community Health Centers, and the Maryland Section of The American College of Obstetricians and Gynecologists, we submit this letter of support for Senate Bill 94. This bill focuses on the Medicaid program and mandates coverage for self-measured blood pressure (SMBP) monitoring for enrollees who are pregnant, postpartum, or diagnosed with chronic kidney disease, diabetes, heart disease, or any cardiometabolic condition.

The coverage includes providing validated home blood pressure monitors and compensating healthcare providers and staff for training, data transmission, interpretation, remote patient monitoring, and the delivery of co-interventions, which may consist of educational materials or classes. Additionally, the bill requires Medicaid to create and implement an educational campaign highlighting the benefits and proper use of blood pressure monitoring technology.

This legislation, which aligns Maryland with 42 other states that already cover various aspects of this important management tool, could significantly improve health outcomes for Maryland residents, particularly those in underserved communities. Hypertension is a leading cause of heart disease, stroke, and kidney failure in the United States. The American Medical Association emphasizes that SMBP monitoring is vital in managing hypertension, as it allows individuals to better oversee their blood pressure by providing accurate, real-time data. This leads to improved treatment outcomes and more personalized care. Moreover, encouraging patients to monitor their blood pressure at home can enhance engagement and adherence to treatment plans, resulting in better long-term health outcomes.

SMBP coverage is especially beneficial for individuals in underserved communities, those with limited access to healthcare facilities, and people facing transportation challenges. Furthermore, research has shown that self-monitoring can decrease healthcare costs by preventing expensive hospitalizations and emergency room visits related to uncontrolled hypertension, which is particularly important in Maryland given the lengthy wait times in emergency departments.

For these reasons, we urge a favorable vote.

For more information call:

Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
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nc100bw public policy team testimony southern md.p

Uploaded by: Edith Perry

Position: FAV



Southern Maryland Chapter

January 24, 2025

The Honorable Members of the Senate Finance Committee

Re: Senate Bill 94 Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring (Favorable)

This bill is critical. 34.5% of Maryland residents are told they have hypertension. Some of the key evidence-based benefits of remote blood pressure monitoring in cardiac care include prompt adjustments to treatment plans, elimination of white coat syndrome, which can increase blood pressure, and prompt lifestyle adjustments through encouraging treatment adherence. A hypertensive patient would use an RPM device to take measurements from home, automatically uploading the data to their clinician's monitoring platform. The clinical team can access this data through a dashboard and promptly adjust the patient's medication or treatment plan. Alerts can notify the provider and patient if a reading exceeds a predetermined threshold.

The bill will improve care coordination for rural and medically underserved areas and can help patients access medications and use them correctly. One-third of our chapter has hypertension, but not one has or was offered a monitoring system. We request a favorable vote on House Bill 94 as another medical tool to save lives.

Respectfully submitted,

Southern Maryland Chapter of National Coalition of 100 Black Women

SB94_Testimony_FEM_FINAL.pdf

Uploaded by: Faith Metlock

Position: FAV



Testimony in Support of Senate Bill 94

Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring

Faith Elise Metlock, PhD Candidate

Johns Hopkins School of Nursing

Research Program Coordinator, SAFE HEART Women Study

Honorable Chair and Members of the Maryland Senate Finance Committee,

Thank you for the opportunity to provide testimony in support of Senate Bill 94, which seeks to expand access to self-measured blood pressure monitoring for Medicaid recipients in Maryland. As a PhD candidate at Johns Hopkins School of Nursing and the Research Program Coordinator for the SAFE HEART Women Study, I bring a community-based perspective shaped by engaging directly with some of Maryland's most underserved populations. The SAFE HEART Women Study focuses on exploring social determinants of health and cardiovascular health literacy among women of reproductive age, particularly Black and Hispanic women. My experiences highlight both the significant need for this type of intervention and the transformative power of education in addressing cardiovascular health disparities. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University/Johns Hopkins Health System.

In our study, my team and I engaged with over 450 women from the Baltimore and Washington, D.C., area, with approximately 60% identifying as members of minority racial groups. Cardiovascular risk factors were highly prevalent: 40% of participants had high blood pressure, 69% were overweight, 73% engaged in low levels of physical activity, 48% reported poor sleep, 35% had poor diets, and 32% had high cholesterol and high blood sugar. Additionally, the participants faced significant social challenges, with 58% reporting financial strain, 35% experiencing housing problems, 23% lacking health insurance, 31% having unreliable transportation, and 48% struggling with food insecurity. Many participants expressed how these challenges limited their ability to prioritize their health or consistently engage with the healthcare system. This is why we need self-measured blood pressure monitoring that enables individuals to manage their health outside of traditional healthcare settings and provide additional support to address these barriers.

One of the key components of our intervention was an educational campaign designed to improve cardiovascular health literacy. Over just a few months, we implemented a variety of tools to break down complex health information into actionable steps. The results were significant—participants demonstrated improved understanding of cardiovascular health, enabling them to make more informed decisions about their care. We cannot underestimate the power of education to complement self-measured blood pressure monitoring interventions to empower Marylanders to reduce their

cardiovascular risk. New technology must be paired with tailored, accessible health information to achieve meaningful outcomes. Senate Bill 94 introduces an educational campaign that would address these essential topics, equipping women with the skills they need not only to use the technology effectively but also to implement healthier lifestyle behaviors that reduce their cardiovascular risk. This comprehensive approach ensures that the bill meets the needs of Maryland's residents and underscores the importance of passing this legislation.

We heard these needs directly in interviews with our study participants. For example, one participant shared that providing free blood pressure monitors would significantly improve her ability to track her blood pressure more frequently between annual exams. She explained that this regular monitoring would help her stay mindful of the lifestyle changes she was working toward and enable her to feel more in control of her health. Many women expressed similar sentiments, emphasizing how access to tools like self-measured blood pressure monitors, paired with education, would empower them to advocate for themselves and make healthier choices. Senate Bill 94 is a direct response to these needs expressed by Maryland residents. By providing the tools, education, and support necessary for effective blood pressure management, this legislation has the potential to save lives.

While our study focused on women, the need for this intervention extends to all adults. Hypertension is a widespread condition that affects millions of Marylanders and disproportionately impacts underserved communities. Men, in particular, often face higher rates of hypertension and may benefit greatly from tools like self-measured blood pressure monitoring to catch and manage the condition earlier. For pregnant and postpartum women, the ability to monitor blood pressure at home is vital to preventing complications and addressing hypertensive disorders that are among the leading causes of maternal morbidity and mortality.

Senate Bill 94 removes logistical and financial barriers to blood pressure monitoring, incorporating education, and engaging community health workers who can provide culturally competent care and support. These efforts have the potential to improve health outcomes, reduce inequities, and empower Maryland residents to take control of their cardiovascular health. I strongly urge this committee to support Senate Bill 94. By expanding access to self-measured blood pressure monitoring and the accompanying education and support services, this legislation can make a lasting impact on the health and well-being of individuals, families, and communities across Maryland.



Faith Elise Metlock
PhD Candidate, Johns Hopkins School of Nursing
Research Program Coordinator, SAFE HEART Women Study
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written testimony SB 94.pdf

Uploaded by: Kelly Bower

Position: FAV

January 24, 2025

Written Testimony in Support of Senate Bill 94
Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring

Honorable Chair and Members of the Maryland Senate Finance Committee,

I am providing this written testimony to express my strong support of Senate Bill 94, which seeks to expand access to self-measured blood pressure monitoring for Medicaid recipients in Maryland. I am a public health nurse and nurse researcher in the area of maternal health equity with first-hand experience caring for pregnant and postpartum people in Maryland.

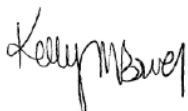
There is an urgent need to address hypertensive disorders in pregnancy to reduce maternal mortality and combat racial disparities. Hypertensive disorders of pregnancy affect up to 10% of pregnancies. They are the leading causes of death in the postpartum period and the greatest contributors of Black-White disparities in maternal mortality. Furthermore, women who experience hypertensive disorders of pregnancy are at increased risk for postpartum hospital readmission as well as persistent hypertension, cardiovascular disease, and stroke later in life.

Research has found that remote home blood pressure monitoring approaches are effective. A systematic review of the evidence published in *Obstetrics & Gynecology* (Steele, 2023) concluded that home blood pressure monitoring improves blood pressure ascertainment, helps address racial disparities, and may reduce hospital admissions related to high blood pressure.

As a co-investigator on the HRSA-funded Maryland Maternal Health Innovation Program (MDMOM), I can speak firsthand to the demand for and satisfaction with home blood pressure monitoring for pregnant people. MDMOM currently distributes blood pressure cuffs to pregnant people with hypertensive disorders in 27 of the 32 birthing hospitals across the state. Through this program, approximately 15 cuffs per day are distributed and both patients and providers express high levels of satisfaction with the program. Senate Bill 94 would ensure that all pregnant Medicaid recipients who need a blood pressure cuff can access one, even after MDMOM program funding has expired.

As a healthcare professional deeply committed to this work, I urge the Maryland General Assembly to pass Senate Bill 94. By enacting this legislation to help reduce maternal mortality, address health inequities, and improving long-term cardiovascular health outcomes for childbearing people. Thank you for your attention to this critical issue and for your leadership in advancing maternal health equity in Maryland.

Respectfully,



Kelly Bower, PhD, MSN/MPH, RN, FAAN
Associate Professor, Johns Hopkins School of Nursing
Associate Director, Johns Hopkins Urban Health Institute

The views expressed here are my own and do not necessarily reflect the policies or positions of
Johns Hopkins University/Johns Hopkins Health System

Kristen Gwaltney HB0553_SB0094 Witness Testimony.p

Uploaded by: Kristen Gwaltney

Position: FAV



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January 24, 2025

Between 8-16 percent of pregnant people experience high blood pressure during pregnancy. After delivery, postpartum individuals may continue to show symptoms of hypertension up to 6 weeks after pregnancy.¹ Severe high blood pressure, or pre-eclampsia, can have negative health outcomes years after the birth of an infant. Pregnant people who develop preeclampsia are at greater risk for kidney disease, heart attack, and stroke later in life.² Because pregnant people are at risk of having high blood pressure and developing pre-eclampsia during pregnancy, it is imperative to provide them with the ability to monitor their blood pressure while away from the doctor's office. According to the Maryland Maternal Mortality Review, in 2020, 24 percent of pregnancy-related deaths occurred 7-42 days after the end of pregnancy.³ This speaks to the necessity to continue monitoring blood pressure after giving birth. Pregnancy-related deaths occurring 7-42 days after giving birth are especially concerning, as mothers are typically seen only once, at the 6-week postpartum appointment. Providing coverage for self-measured blood pressure monitoring provides an additional support for pregnant and postpartum Medicaid recipients who are at greater risk for a life of negative health outcomes caused by unmanaged high blood pressure.

¹ [Yale Medicine](#)

² [The American College of Obstetricians and Gynecologists](#)

³ [Maryland Maternal Mortality Review](#)

Support AHA SB 94 Maryland Medical Assistance Prog

Uploaded by: Laura Hale

Position: FAV



January 24th, 2025

Testimony of Laura Hale
American Heart Association

Support of SB 94 Maryland Medical Assistance Program- Self Measured Blood Pressure Monitoring

Dear Chair Beidle, Vice Chair Hayes, and Honorable 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 support for SB 94.

As a state, Maryland has already taken key steps in the management of hypertension through the passage of SB 244 in 2022. This legislation extended coverage for those on Medicaid to better monitor and get their blood pressure under control. This legislation looks to take the next step, by targeting key demographic groups to extend coverage for Self-Measured Blood Pressure Monitoring. Pregnant and Postpartum individuals are at increased risk for hypertension and monitoring of those individual by their doctors can save countless lives.

In addition, those on Medicaid have additional burdens that can make management and diagnosis of hypertension even more difficult. This legislation begins to bridge the gap for those with Medicaid who are at risk to develop hypertension; increasing access to blood pressure devices and additional clinical support.

This issue is extremely personal for me; I was home from the hospital 3 days from the birth of my daughter when I started not to feel right. I had a horrible headache, was so tired, and just felt off. I initially was about to write it off as exhaustion of new motherhood, but because I work for the American Heart Association I thought I should check my blood pressure just in case. I had a device at home and my blood pressure quickly showed that I was in an extremely unsafe zone. My husband rushed me to the hospital while my mother stayed home with my newborn daughter. I had developed postpartum preeclampsia, a life-threatening complication of high blood pressure that can lead to stroke and potentially death. I would not be here today if I had not had that blood pressure monitor at home.

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 adherence¹. 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.

¹ 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.

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.

. The American Heart Association urges a favorable report on SB 94.

SB 94 - FIN - Health and Wellness Council - LOS.pd

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Position: FAV

MARYLAND STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

January 24, 2025

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Jeffrey Duong Le

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Jennifer Eastman, M.B.A.

Mychelle Farmer, M.D.

Gary Gerstenblith, M.D.

Roger Harrell, M.H.A.

Darryl Heggans

Nguh Jonas

Lindsay Lotter

Seth Martin, M.D.

Jared Meacham, Ph.D.

Mallory Mouradjian, PharmD

Aruna Nathan, M.D.

Vaple Robinson, Ph.D.

Marsha Seidelman, M.D.

Jason Semanoff, M.S.

Afton Thomas, D.O.

Pamela Williams, M.H.A.

Pamela Xenakis, R.D.

*Sam Zisow-McClean, MPH, RDn,
LDN*

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 94– Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring– Letter of Support

Dear Chair Beidle and Committee members:

The Maryland State Advisory Council on Health and Wellness (the Council) is submitting this letter of support for **Senate Bill (SB) 94- Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring**. SB 94 would require the Maryland Medical Assistance Program to provide coverage for blood pressure self-monitoring devices to certain patients and requires the program to develop and implement an educational campaign relating to self-measuring blood pressure.

The Council supports SB94 because of the council's ongoing work to promote evidence-based programs which encourage healthy lifestyles and aid in the prevention and treatment of chronic diseases such as diabetes and heart disease. SB 94 will enhance access to blood-pressure monitoring devices for low to moderate income households in our state. Self-measured BP monitoring has high potential for improving the diagnosis and management of hypertension and reducing cardiovascular disease outcomes and death¹. Late diagnosis and negative long term health outcomes for conditions such as diabetes^{2,3}, hypertension, and heart disease^{4,5} are frequently found in the low- and moderate-income communities due to stress, limited health literacy, and limited access to healthcare. SB 94 addresses these concerns for the low- and moderate-income community by eliminating the costs of obtaining and learning how to use self-measured blood pressure devices for the patients who need them.

For this reason, the Council respectfully requests a favorable report for SB94.

Sincerely,

Teresa Titus-Howard

Teresa Titus-Howard, PhD, MHA, MSW, CCM
Chair, State Advisory Council on Health and Wellness

¹ Shimbo D, Artinian NT, Basile JN, et al; American Heart Association and the American Medical Association. Self-measured blood pressure monitoring at home: a joint policy statement from the American Heart Association and American Medical Association. *Circulation*. 2020;142(4):e42-e63. [doi:10.1161/CIR.0000000000000803](https://doi.org/10.1161/CIR.0000000000000803)

² Gaskin, D. J., Thorpe, R. J., Jr, McGinty, E. E., Bower, K., Rohde, C., Young, J. H., LaVeist, T. A., & Dubay, L. (2014). Disparities in diabetes: the nexus of race, poverty, and place. *American journal of public health*, 104(11), 2147–2155. <https://doi.org/10.2105/AJPH.2013.301420>

³ Mendenhall, E., Kohrt, B. A., Norris, S. A., Ndeti, D., & Prabhakaran, D. (2017). Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations. *Lancet (London, England)*, 389(10072), 951–963. [https://doi.org/10.1016/S0140-6736\(17\)30402-6](https://doi.org/10.1016/S0140-6736(17)30402-6)

⁴ Lee, G., & Carrington, M. (2007). Tackling heart disease and poverty. *Nursing & health sciences*, 9(4), 290–294. <https://doi.org/10.1111/j.1442-2018.2007.00363.x>

⁵ Sells, M. L., Blum, E., Perry, G. S., Eke, P., & Presley-Cantrell, L. (2023). Excess Burden of Poverty and Hypertension, by Race and Ethnicity, on the Prevalence of Cardiovascular Disease. *Preventing chronic disease*, 20, E109. <https://doi.org/10.5888/pcd20.230065>

Written Testimony Senate Bill 94_2025 YCM.pdf

Uploaded by: Yvonne Commodore-Mensah

Position: FAV

Testimony in Support of Senate Bill 94

Maryland Medical Assistance Program – Self-Measured Blood Pressure Monitoring

Dr. Yvonne Commodore-Mensah, PhD, MHS, RN

Associate Professor

Associate Dean for Research

Johns Hopkins School of Nursing and Bloomberg School of Public Health

Board Member, Baltimore and Greater Maryland American Heart Association

Honorable Chair and Members of the Committee,

I am writing to express my strong support for **Senate Bill 94**, which would require the Maryland Medical Assistance Program to provide coverage for self-measured blood pressure monitoring for eligible program recipients. As an Associate Professor and Associate Dean for Research at the Johns Hopkins School of Nursing and Bloomberg School of Public Health, and a Board Member of the Baltimore and Greater Maryland American Heart Association, I have dedicated my career as cardiovascular nurse epidemiologist to studying and implementing interventions to prevent and manage hypertension and its complications. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University/Johns Hopkins Health System.

Through my research implementing self-measured blood pressure monitoring among adults in Maryland, I have witnessed firsthand the transformative impact of empowering patients to monitor their own blood pressure in the LINKED-BP and LINKED-HEARTS Programs. This simple yet powerful intervention allows individuals to take an active role in their health management while providing healthcare providers with crucial data to optimize treatment decisions.

The timing of this legislation is critical, particularly given the persistent crisis of maternal mortality in Maryland. Heart disease remains a leading risk factor for maternal mortality, making blood pressure monitoring especially crucial during pregnancy and the postpartum period. Hypertensive disorders can develop rapidly during pregnancy, often with devastating consequences for both mother and child if not detected and managed promptly.

Of particular concern is the stark racial disparity in maternal health outcomes. Black women face disproportionately higher rates of both heart disease and maternal mortality. In my research and clinical experience, I have observed how access to self-measured blood pressure monitoring can serve as a vital early

warning system, enabling timely intervention before complications become severe. I have This is especially important for Black women, who historically have faced systemic barriers to accessing quality healthcare.

This bill takes a comprehensive approach by not only providing the monitoring devices but also ensuring coverage for essential support services, including:

- Patient training on proper use of the devices
- Data transmission and interpretation
- Remote patient monitoring
- Educational materials and classes

The inclusion of community health workers as eligible providers is particularly noteworthy, as they play a crucial role in reaching underserved communities and providing culturally competent care coordination. In our research, we have employed community health workers to support adults in managing hypertension and educating them about self-monitoring, lifestyle changes and medication adherence. We have seen blood pressure improve in these patients due to better adherence to therapy and improvement in self-management behaviors.

By requiring coverage for self-measured blood pressure monitoring, Senate Bill 94 would remove a significant financial barrier that currently prevents many Medicaid recipients from accessing this potentially life-saving intervention. The bill's emphasis on education and support services will help ensure that recipients can effectively use these devices and interpret their results.

I strongly urge the committee to support Senate Bill 94. This legislation represents a crucial step forward in addressing cardiovascular health disparities and improving maternal health outcomes in Maryland.

Sincerely,



Yvonne Commodore-Mensah, PhD, MHS, RN

Associate Professor

Associate Dean for Research

Johns Hopkins School of Nursing

Johns Hopkins Bloomberg School of Public Health, Department of Epidemiology

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SB 94 - MDH - FIN - LOSWA.docx (1).pdf

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Position: FWA



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

January 28, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Office Building
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 94 - Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring - Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 94 - Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring.

SB 94 would require the Department to provide coverage for validated self-monitored blood pressure monitors patients use in their homes and would also be required to reimburse providers and other staff for monitoring the data beginning on July 1, 2026. In addition, the Department would further be required to promote the new benefit through an education campaign. Finally, the Department would be required to monitor the utilization of the benefit through annual reporting starting in 2027.

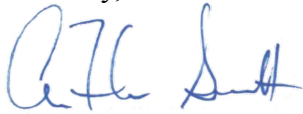
The Department covers both the equipment and services required by SB 94 currently through both the HealthChoice Managed Care Program and on a fee-for-service basis. Blood pressure monitoring devices are covered based on any condition when medically necessary through the durable medical equipment (DME) benefit. Additionally, the Department covers self-monitored blood pressure in the home through its remote patient monitoring (RPM) program. Following expansions during the national public health emergency, Medicaid permanently expanded access to RPM services to include participants who qualify based on any conditions and medical histories capable of monitoring via RPM in 2023. RPM is a service that uses digital technologies to collect medical and other health data from individuals and electronically transmits that information securely to health care providers for assessment, recommendations, and interventions. Providers order RPM when it is medically necessary. To receive RPM, the participant must be enrolled in Medicaid, consent to RPM, have the necessary internet connections, and be capable of using the monitoring tools in their home. Reimbursement for RPM covers equipment installation, participant education for using the equipment, and daily monitoring of the information transmitted for abnormal data measurements.

Following discussions with stakeholders, the Department plans to issue clarifying guidance for providers in early February regarding Medicaid's coverage for both blood pressure monitoring equipment and related RPM services.

Educational campaigns can vary in their costs. For example, the MCO Association invested \$2 million to support the Medicaid Check-In campaign developed in partnership with the Department during the public health emergency unwinding. Ongoing reporting requirements also create an administrative burden for the Department requiring reallocation of resources from other key priorities. Additional staff resources are not available to take on the additional required reporting requirements. To address this uncertainty, the Department is proposing to amend the bill by striking the bill's language requiring an education campaign and reporting requirements.

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.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

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

In the Senate Finance Committee:

AMENDMENTS TO SENATE BILL 94

(First Reading File Bill)

On pages 3 and 4, strike the lines beginning with line 24 on page 3 down through line 11 on page 4, inclusive.