PHILIPS

March 11, 2025

RE: PHILIPS SUPPORT FOR HB 1538

Dear Chair Peña-Melnyk and Members of the Health and Government Operations Committee:

On behalf of Philips, I write to support HB 1538. This bill would create a very targeted remote monitoring pilot program to impact pregnant moms who have higher risks of pregnancy complications. This program is a widely understood effective policy response that increases access to prenatal care and improves outcomes.

Philips has a deep legacy in maternal and infant health as one of the largest ultrasound and fetal monitoring companies. Philips Avent is also one of the most beloved infant product brands. Philips Pregnancy+ is the most downloaded pregnancy app in the world, with nearly 22,000 expectant families used in Maryland last year. Given this legacy, the company applauds legislation that improves maternal health.

This bill addresses two primary challenges in Maryland:

Pregnancies are becoming more complicated with more expectant moms having high risk pregnancies, often stemming from pre-existing or gestational conditions like hypertension or diabetes. In Maryland, 37% of women had one or more chronic health conditions and 54% of counties have a high burden of chronic health conditions and a high rate of preterm birth.[1]

If just looking at pregnancy, from 2015-2022, pre-pregnancy hypertension increased by 81% and pre-pregnancy diabetes increased by 50%.[2] Women with one or more chronic health conditions have a 61% increased likelihood of having a preterm birth compared to those without any chronic health conditions.[3] Preterm births cost Maryland $387 million in societal costs.[4]

At the same time, access to care could be challenging for moms who cannot take off work easily, lack paid leave, lack reliable access to transportation or live far from their provider. Unfortunately, these two troubling trends are colliding with one another, which helps contribute to the maternal health crisis that we are all trying to solve together.

HB 1538 would address these challenges by enabling remote patient monitoring (RPM):

HB 1538 would help address these challenges by creating a pilot program to remotely monitor pregnant moms who have maternal hypertension or diabetes. With RPM, moms use connected devices like a glucometer, blood pressure cuff and scale to monitor their vitals during pregnancy and postpartum. At the same time, a remote care team is continuously monitoring their vitals for any warning signs. RPM acts like a check engine light for catching pregnancy complications caused by diabetes or hypertension. The remote care team can see how mom is doing, catch problems before they become emergencies and intervene to prevent medical exacerbation.

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[1] See Where you live Matters: Maternity Care in Maryland from March of Dimes.
[2] See March of Dimes 2024 Maternity Care Deserts Report.
[3] See Where you live Matters: Maternity Care in Maryland from March of Dimes.
[4] See Maryland Report from March of Dimes.

RPM has long been studied and is clinically understood to improve outcomes. For example, RPM of maternal hypertension reduces ICU durations and healthcare costs,[5] postpartum hospital readmissions,[6] and disparities in blood pressure surveillance.[7] Additionally, RPM for maternal diabetes improves glycemic control, lowers incidences of c-sections, pregnancy-induced hypertension or preeclampsia, and preterm births.[8]

Conducting a pilot program would help quantify the impact RPM can have on maternal and neonatal outcomes. A pilot program is also a very targeted policy response that impacts expectant moms who have a higher likelihood of prenatal or postpartum medical complications. Such care is even more important for moms who are unable to access care easily because they live in a maternity care desert or struggle to make their prenatal care appointments because they cannot take off work or lack reliable transportation.

Other states like Georgia and Florida have passed similar laws, funding maternal RPM pilots to improve maternal outcomes.[9] For instance, Florida found significant reductions in emergency visits and maternal morbidity. In fact, Florida's program was so successful that the legislature expanded it statewide this fiscal year. In Georgia, the program launched last summer and currently covers 50 counties with plans to expand statewide by year's end.[10]

Maryland could launch a similar remote monitoring program that will have a very targeted and impactful response for pregnant moms who have more complicated pregnancies given their hypertension or diabetes. As such, I urge this Committee to pass HB 1538.

Sincerely,

Evan Hoffman
Director of State and Local Government Relations
Philips

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[5] See "Improving obstetric and perinatal outcomes with a RPM program for hypertension."
[6] See "Cost-effectiveness of telehealth with remote patient monitoring for postpartum hypertension."
[7] See" RPM Compared With In-Office Surveillance of Blood Pressure in Pregnancy-Related Hypertension."
[8] See "RPM for management of diabetes mellitus in pregnancy."
[9] In 2023, the Georgia legislature enacted SB 106, which requires the Dept. of Public Health to create a RPM maternal pilot. In Florida, new law (SB 7016 (see pg. 35)) requires statewide implementation of RPM for pregnancy. Florida's statewide program was launched after a successful pilot program, "*Telehealth Minority Maternity Care Pilot Program*." The initial pilot monitored 2,500 pregnant people in Orange and Duvall counties and morbidity and emergency room visits dropped significantly.
[10] The Georgia Department of Public Health selected Philips to work with the state's three managed care plans in carrying-out this pilot program. The pilot program went live during the summer of 2024. See "*Philips, Amerigroup, CareSource Georgia, and Peach State Health Plan to address maternal health deserts in Georgia*."