

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 553 (Delegate Taveras, *et al.*)
Health and Government Operations

Maryland Medical Assistance Program - Self-Measured Blood Pressure
Monitoring

This bill requires Medicaid, beginning January 1, 2026, to provide coverage for self-measured blood pressure monitoring to recipients who (1) are pregnant; (2) are postpartum; or (3) have been diagnosed with chronic kidney disease, diabetes, heart disease, or a cardiometabolic disease. Coverage must include (1) the provision of validated home blood pressure monitors and (2) reimbursement of “health care provider” and other staff time, as specified. Medicaid must develop and implement a specified education campaign. By December 1, 2027, and annually thereafter, the Maryland Department of Health (MDH) must report to specified committees of the General Assembly about implementation of the coverage. **The bill takes effect July 1, 2025.**

Fiscal Summary

State Effect: Medicaid expenditures (50% federal funds, 50% general funds) increase by an indeterminate but likely minimal amount in FY 2027 to develop and implement the specified education campaign, as discussed below. Federal fund revenues increase accordingly.

Local Effect: Health care providers at local health departments (LHDs) may receive reimbursement for services, as specified under the bill. Expenditures are not affected.

Small Business Effect: Potential meaningful.

Analysis

Bill Summary: Coverage must include reimbursement of health care provider (including a certified community health worker (CHW)) and other staff time used for patient training,

transmission of blood pressure data, interpretation of blood pressure readings and reporting, remote patient monitoring (RPM), and the delivery of co-interventions, including educational materials or classes.

Medicaid must develop and implement an education campaign to inform eligible recipients and health care providers about the benefits and usage of blood pressure monitoring technology and the availability of assistance with setup and troubleshooting.

Current Law: Chapters 669 and 670 of 2022 require Medicaid to provide coverage for self-measured blood pressure monitoring for all Medicaid recipients diagnosed with uncontrolled high blood pressure. Coverage must include (1) the provision of validated home blood pressure monitors and (2) reimbursement of health care provider and other staff time used for patient training, transmission of blood pressure data, interpretation of blood pressure readings and reporting, and the delivery of co-interventions, including educational materials or classes, behavioral change management, and medication management.

“Self-measured blood pressure monitoring” means the regular management of blood pressure by the patient outside the clinical setting, either at home or elsewhere, requiring the use of a home blood pressure measurement device by the patient. “Validated home blood pressure monitor” means a blood pressure measurement device that has been validated for accuracy and is listed in the U.S. Blood Pressure Validated Device Listing.

MDH advises that it covers blood pressure monitoring in the home, including provision of validated home blood pressure monitors and reimbursement for patient training, data transmission, interpretation of readings and reporting, and co-intervention deliveries. Coverage is available to any Medicaid participant who qualifies based on medical necessity and is capable of using the equipment regardless of diagnosis. No prior authorization is required.

Participants may receive up to 60 days of monitoring per episode of care, and up to four episodes of care per year. MDH reimburses providers at a rate of \$125 per member per month to cover equipment installation in the patient’s home, patient education on how to use the device, and ongoing monitoring of the data collected. The cost of the equipment is covered separately under MDH’s durable medical equipment benefit.

State Fiscal Effect: Under the bill, MDH must provide coverage of self-measured blood pressure monitoring for recipients who (1) are pregnant; (2) are postpartum; or (3) have been diagnosed with chronic kidney disease, diabetes, heart disease, or a cardiometabolic disease. MDH advises, that as self-measured blood pressure monitoring is already covered as described above, there is no cost to the department for the bill’s requirement that such coverage apply to these specified diagnoses.

The bill also expands the definition of “health care provider” for purposes of who may be reimbursed for services under the bill to include certified CHWs. MDH advises that CHWs are not currently eligible to enroll as providers or seek reimbursement from Medicaid for services. Thus, CHWs could not receive reimbursement under the bill. MDH notes that mandated reimbursement of CHWs for all services (not just those specified in the bill) would cost an estimated [\\$52.9 million annually](#) (60% federal funds, 40% general funds) including the cost of additional services and necessary system changes.

The bill also requires MDH to develop and implement an education campaign to inform eligible recipients and health care providers about the benefits and usage of blood pressure monitoring technology and the availability of assistance with setup and troubleshooting. MDH must also submit an annual report on implementation of the coverage. MDH advises that expenditures (50% general funds, 50% federal funds) increase by an indeterminate but likely minimal amount beginning in fiscal 2026 to develop and implement the campaign.

Small Business Effect: Small business health care providers may receive additional reimbursement for RPM services for eligible Medicaid recipients.

Additional Comments: The Maryland Association of County Health Officers advises that a number of LHDs provide blood pressure monitoring programs. For example, the Frederick County Health Department runs a Healthy Hearts January program, a four-month program in which recipients receive a free home blood pressure monitor, support, guidance, and education from a trained lifestyle coach.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 94 (Senator Ellis) - Finance.

Information Source(s): Maryland Association of County Health Officers; Maryland Department of Health; Department of Legislative Services

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