

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

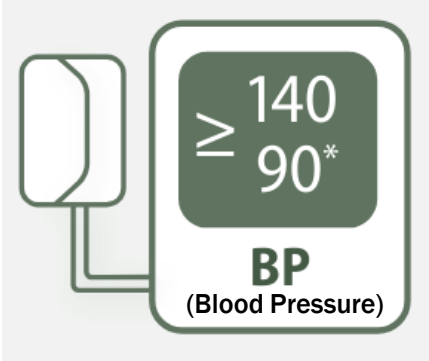
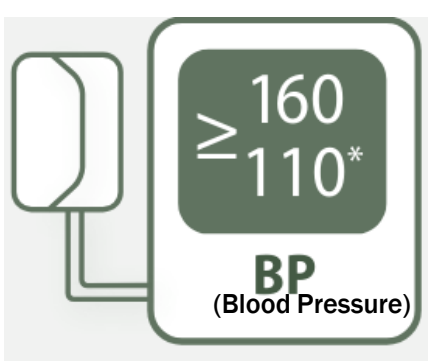
Between 2017-2019
Hypertension in Pregnancy
increased from **13.3%-15.9%**

- 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

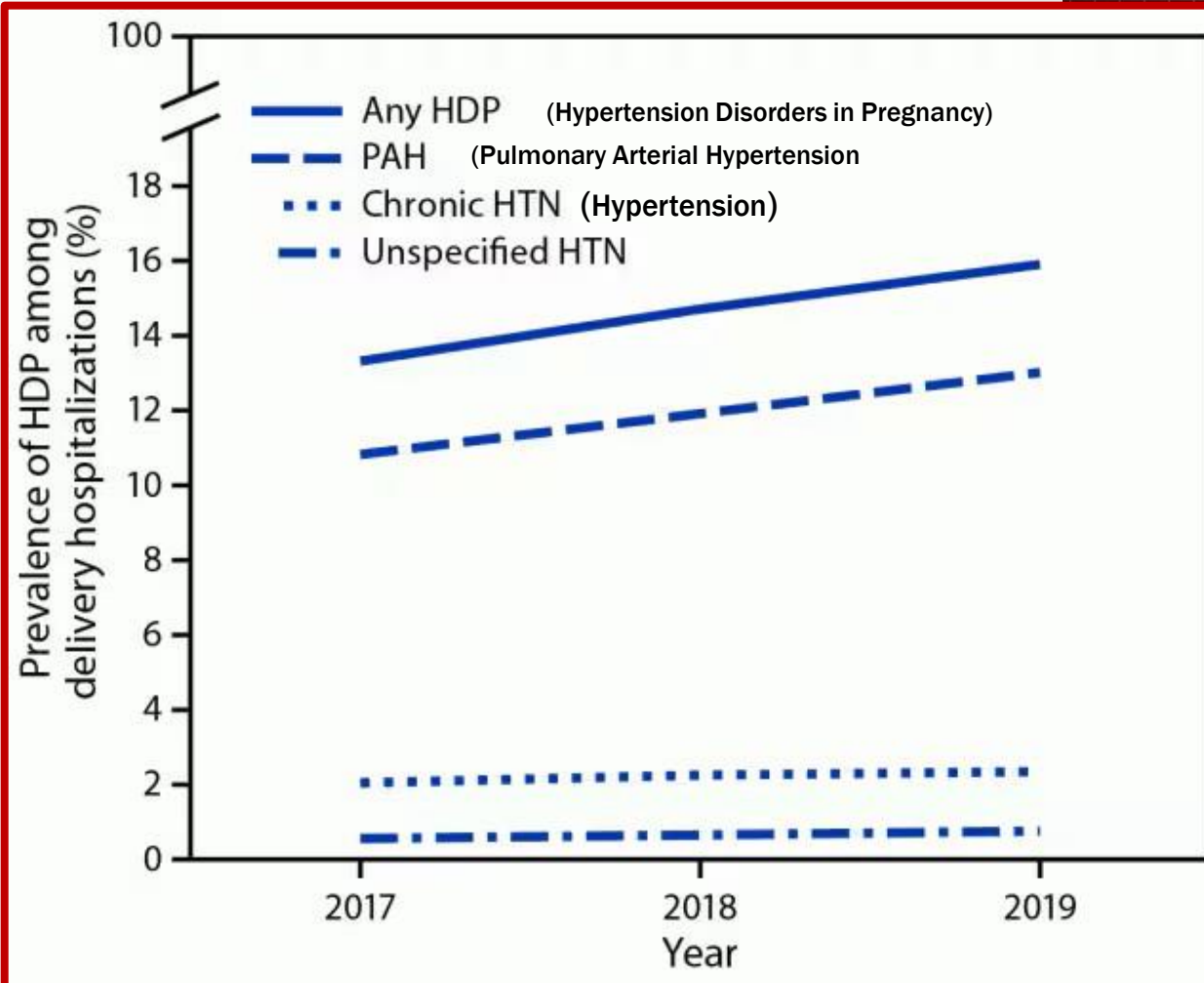


Hypertension in Pregnancy/ Hypertensive Disorders of Pregnancy

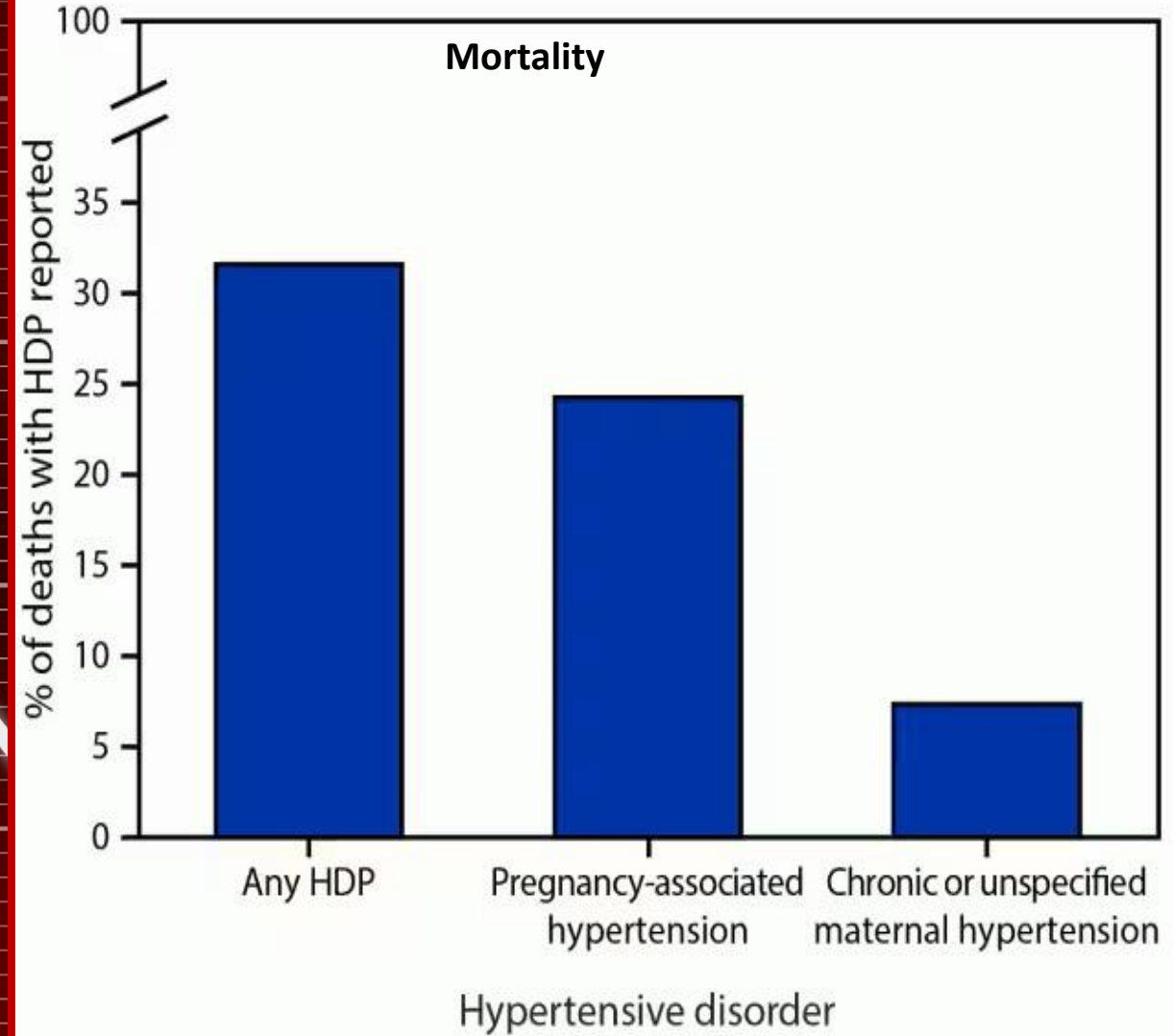
		Term	Definition
Pregnancy associated hypertension	<20 weeks	Chronic (preexisting) hypertension	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>2 readings ≥ hours apart</p> <p>Hypertension</p> </div> <div style="text-align: center;">  <p>2 readings ≥ hours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

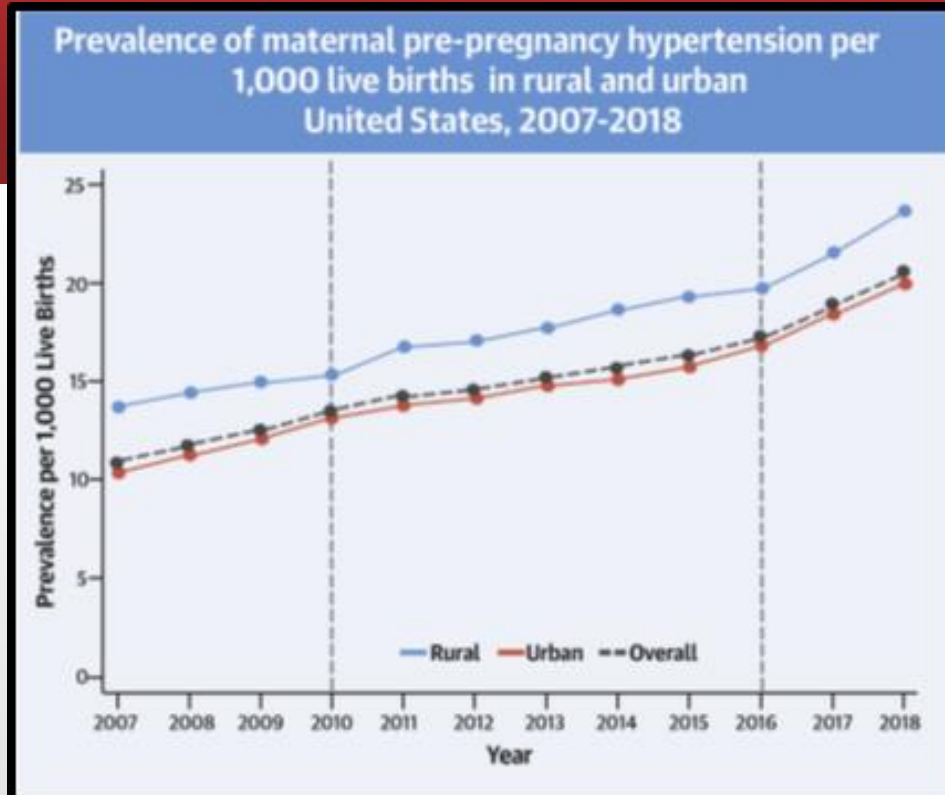
Prevalence



Mortality



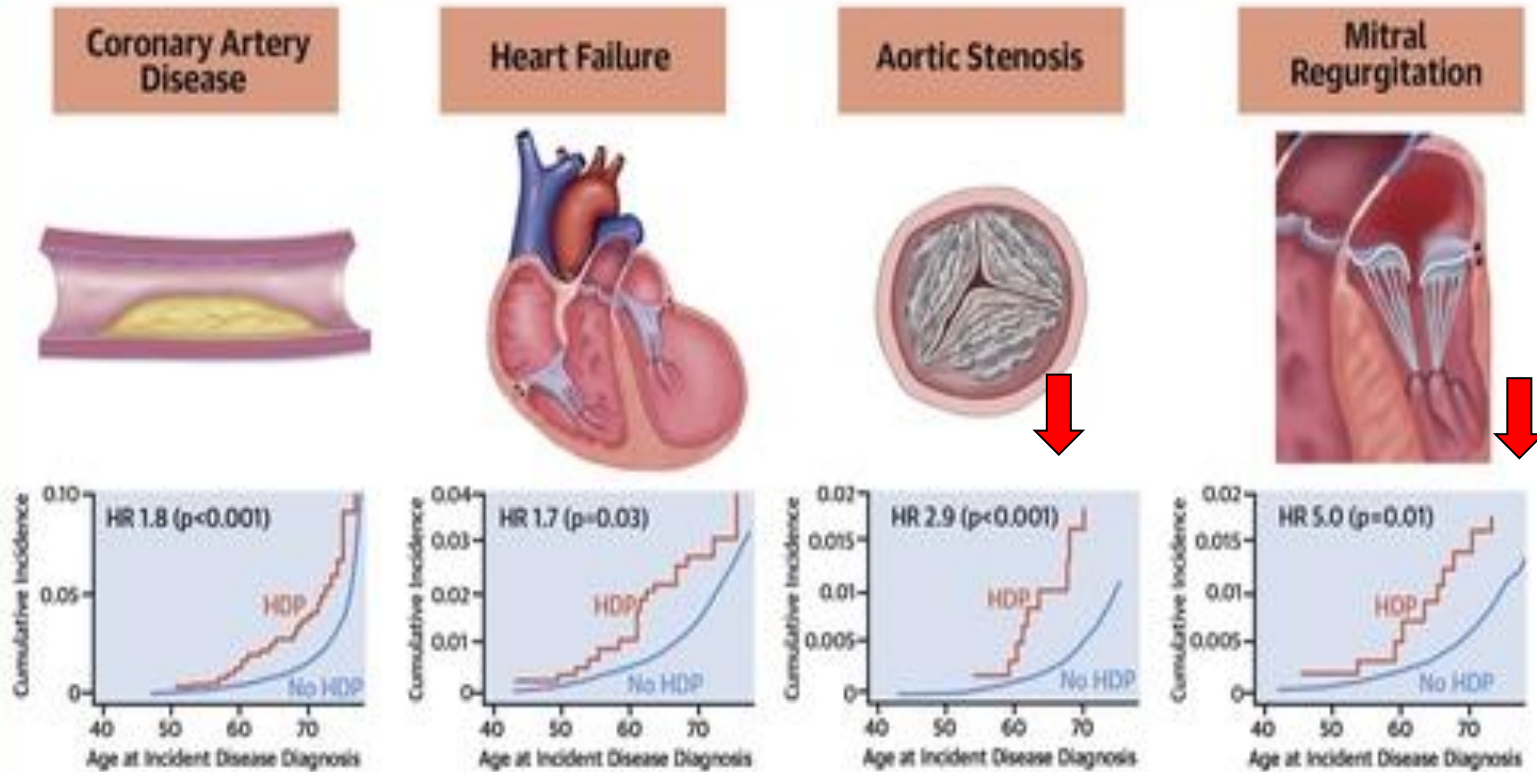
Rural-Urban Disparities in Pre-Pregnancy Hypertension



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!



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