



## DEPARTMENT OF HEALTH

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

January 29, 2025

The Honorable Joseline A. Peña-Melnyk  
Chair, House Health and Government Operations Committee  
240 House Office Building  
Annapolis, MD 21401-1991

**RE: House Bill (HB) 553 - Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring - Letter of Support with Amendments**

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for House Bill (HB) 553 - Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring.

HB 553 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 HB 553 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](mailto:sarah.case-herron@maryland.gov).

Sincerely,

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

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

In the House Health and Government Operations Committee:

**AMENDMENTS TO HOUSE BILL 553**

(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.