



Maryland
Hospital Association

Senate Bill 614: Health Care Facilities – Blood Pressure Screening
Position: *Oppose*

Bill Summary

Establishing that the goal of the Act is to reduce the number of individuals with untreated high blood pressure; requiring certain health care facilities to screen for hypertension each patient receiving health care services from the health care facility; requiring that the screening consist of at least one certain screening test; requiring a health care provider who obtains a certain result on a certain screening to provide a certain referral for treatment and services; etc.

MHA Position

Maryland's hospital field understands that managing chronic disease is central to improving population health, a key component of the state's total cost of care model. Given this, hospitals strongly support efforts to reduce incidents of unrecognized and untreated hypertension. However, the requirements in Senate Bill 614 could have unintended, costly, and potentially dangerous consequences.

Blood pressure screenings already are performed as the standard of care in primary care settings, most specialty settings, and in hospitals. Though the act of taking a blood pressure reading may appear uncomplicated, it requires training to acquire an accurate measurement, interpret the results, and know when to refer patients for additional screening or treatment if necessary. Under SB 614, mental health counselors, radiology technicians, pharmacists, and many others who may lack this proper training (or are long out-of-practice) would now have to perform screens simply because their office is in the same building as an internist or specialist. These individuals would be unaware of critical considerations such as the need to avoid dialysis grafts and other ports with cuffs. SB 614 would also require numerous untrained individuals to determine which readings "indicate elevated blood pressure," a not-so-simple clinical determination which requires first ruling out transient factors. Furthermore, SB 614 will lead to unnecessary screenings as no process is detailed to address patients who know their baseline blood pressure and already receive professional monitoring and treatment. Depending on a patient's use of services provided in facilities that also offer primary or specialty care, certain individuals could potentially receive numerous screens a week – an unsafe and inefficient situation.

Maryland hospitals are committed to reducing the burden of hypertension in the community, with unparalleled incentives in place to address population health. The requirements of SB 614 do not complement these incentives in a safe and appropriate manner. For these reasons, we respectfully request the committee to give SB 614 an *unfavorable* report.