February 8, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Information - Senate Bill 244 – Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring

Dear Chair Kelley:

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 244.

During the first wave of the COVID-19 public health emergency, the Secretary of Health issued “COVID-19 #6: Temporary Expansion of Remote Patient Monitoring Services.” Successful outcomes led to the Preserve Telehealth Access Act (PTAA) of 2021, which codified remote patient monitoring (RPM) within the definition of telehealth for Medicaid coverage and expanded RPM to support a variety of technologies, data, and input types (including patient-reported data). RPM services most often refer to decentralized monitoring, meaning a patient uses a device in their home to give clinical information to a health professional at their office. The practitioner can monitor the patient’s condition without requiring a formal visit and immediately respond if needed. RPM can prevent conditions from worsening, which could lower health care costs for emergency visits and save precious lives in the process.

Medicaid regulations at COMAR 10.09.96 governing RPM do not yet reflect the statutory changes. RPM is restricted to patients who meet stringent condition and prior hospitalization requirements. When updated, these regulations must comport with the letter and spirit of PTAA, which made medically appropriate telehealth—including RPM services such as remote blood pressure monitoring—available to all Medicaid recipients.

The blood pressure monitoring devices contemplated in SB 244 demonstrate how RPM can be utilized, and we applaud the sponsor for introduction of this bill. Maryland hospitals believe Medicaid can do more through regulations to ensure patients who may benefit from RPM can access these services.

For more information, please contact:
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