

# MARYLAND STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

## **MEMBERS**

Jessica Kiel, M.S., R.D., Chair

Salliann Alborn

Mary Backley

Sumit Bassi, M.D.

Crystal Bell, M.P.A.

Mary Pat Bertacchi, M.S, R.D.

Felicia Brannon, M.P.A.

Jonathan Dayton, M.S., N.R.E.M.T

Jennifer Eastman, M.B.A.

Mychelle Farmer, M.D.

Lois Freeman, D.N.P.

Gary Gerstenblith, M.D.

Roger Harrell, M.H.A.

Namisa Kramer, M.S.

Julie Maneen, M.S.

Seth Martin, M.D.

Aruna Nathan, M.D.

Rachel Pigott, O.T.R./L, M.P.H.

Cameron Pollock, M.P.H.

Vaple Robinson, Ph.D.

Vivienne Rose, M.D.

Jason Semanoff, M.S.

Geeta Sharma, M.P.T.

Afton Thomas, D.O.

Teresa Titus-Howard, PhD.

Sara Vazer, M.D.

Kristin Watson, PharmD.

Pamela Williams, M.H.A.

Vanina Wolf, L.Ac.

Pamela Xenakis, R.D.

February 9, 2022

The Honorable Shane E. Pendergrass  
Chair, House Health and Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD, 21401

RE: HB 534 - Maryland Medical Assistance Program- Self-Measured Blood Pressure Monitoring

Dear Chair Pendergrass and Committee Members:

The Maryland State Advisory Council on Health and Wellness (the Council) submits this letter of support for House Bill 534 (HB 534) Maryland Medical Assistance Program- Self-Measured Blood Pressure Monitoring.

The goal of HB 534 is to require the Maryland Medical Assistance Program (MMAP) to provide coverage for self-measured blood pressure monitoring beginning on January 1, 2023. The Council supports HB 534 as an evidence-based intervention to improve the cardiovascular health of MMAP participants.

Uncontrolled high blood pressure poses a serious threat to the health and wellbeing of Maryland residents because it raises the risk for stroke, heart disease, kidney damage, vision loss, and numerous other serious health conditions.<sup>1</sup> More than 34% of Maryland adults have been diagnosed with high blood pressure, and roughly half of those adults do not have their condition under control. The rate of high blood pressure is highest among Marylanders with the lowest household income, many of whom receive health care coverage through MMAP.<sup>2,3</sup>

The Community Preventive Services Task Force identifies self-measured blood pressure monitoring as a cost-effective, evidence-based strategy to improve blood pressure control, especially when paired with additional supports such as patient counseling, education, and team-based care.<sup>4</sup> When properly implemented, these interventions can improve medication adherence and reduce barriers to comprehensive care for high blood pressure.<sup>5</sup> Estimates suggest that high blood pressure costs the United States more than \$130 billion per year, making cost-effective interventions like self-measured blood pressure monitoring particularly advantageous.<sup>6</sup> HB 534 would ensure MMAP participants experiencing uncontrolled high blood pressure have access to self-monitoring devices. It would also reimburse health care providers for training

<sup>1</sup> American Heart Association. [Health Threats from High Blood Pressure](https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure#:~:text=Left%20undetected%20(or%20uncontrolled)%2C.more%20easily%20or%20even%20burst).

[https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure#:~:text=Left%20undetected%20\(or%20uncontrolled\)%2C.more%20easily%20or%20even%20burst](https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure#:~:text=Left%20undetected%20(or%20uncontrolled)%2C.more%20easily%20or%20even%20burst). Accessed 20 January 2022.

<sup>2</sup> United Health Foundation. America's Health Rankings: Annual Report- Maryland.

<https://www.americashalthrankings.org/explore/annual/measure/Hypertension/state/MD>. Accessed 20 January 2022.

<sup>3</sup> Maryland Department of Health and Mental Hygiene (2017). BRFSS Brief: Hypertension (High Blood Pressure) in Maryland.

[https://health.maryland.gov/phpa/ccdpc/Reports/Documents/MD-BRFSS/BRFSS\\_BRIEF\\_2017-04\\_Hypertension.pdf](https://health.maryland.gov/phpa/ccdpc/Reports/Documents/MD-BRFSS/BRFSS_BRIEF_2017-04_Hypertension.pdf).

<sup>4</sup> Community Preventive Services Task Force (2016). Heart Disease and Stroke Prevention: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control. <https://www.thecommunityguide.org/sites/default/files/assets/HDSP-Self-Measured-Blood-Pressure-508.pdf>.

<sup>5</sup> U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Control Hypertension. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2020.

<https://www.cdc.gov/bloodpressure/docs/SG-CTA-HTN-Control-Report-508.pdf>.

<sup>6</sup> Kirkland EB, Heincelman M, Bishu KG, et. al. (2018). Trends in healthcare expenditures among US adults with hypertension: national estimates, 2003-2014. J Am Heart Association, 7(11):e008731. doi: 10.1161/JAHA.118.008731.

patients to self-monitor, interpreting and reporting home blood pressure readings, and delivering additional interventions.

Maryland is well-positioned to extend self-measured blood pressure monitoring coverage to MMAP participants. The Council serves in an advisory capacity to the Maryland Department of Health, which manages the Prevention and Management of Diabetes, Heart Disease, and Stroke grant. Under this grant, the Maryland Department of Health, in collaboration with the Maryland Primary Care Program, is undertaking statewide activities to promote self-measured blood pressure monitoring. HB 534 would leverage those efforts and extend them to MMAP participants who may otherwise be unable to access home blood pressure monitors and disease management services.

Many people are unaware that they have high blood pressure. While blood pressure screening typically occurs in primary care offices, screening in other settings may increase the identification of high blood pressure and help patients initiate treatment sooner. Every year roughly 27 million Americans make visits to their dentist but not to their physician, making oral health visits an opportune time to screen for high blood pressure, educate patients about blood pressure control, and refer them to primary care for treatment.<sup>7</sup> A 2017 pilot project to facilitate blood pressure screening during dental visits in Charles County resulted in over 800 patients being identified and referred to primary care.<sup>8</sup> The Council respectfully requests HB 534 be amended to include oral health providers among professionals eligible to be reimbursed for training patients to use self-measured blood pressure monitors, as the prospect of reimbursement may incentivize more oral health providers to actively screen for high blood pressure as well as educate and refer to primary care for follow up.

The Council respectfully asks this Committee to approve HB 534, with an amendment to include oral health providers among those eligible for reimbursement, as an important public health measure to improve MMAP participants' cardiovascular health.

Sincerely,

A handwritten signature in black ink that reads "Jessica Kiel". The signature is written in a cursive style with a long, sweeping underline that extends to the left.

Jessica Kiel, M.S., R.D., Chair, State Advisory Council on Health and Wellness

---

<sup>7</sup> Atchison KA, Weintraub JA, Rozier RG. Bridging the dental-medical divide: Case studies integrating oral health care and primary health care. *J Am Dent Assoc.* 2018 Oct;149(10):850-858. doi: 10.1016/j.adaj.2018.05.030. Epub 2018 Jul 26. PMID: 30057150.

<sup>8</sup> Maryland Dental Action Coalition (2018). [https://www.mdac.us/file\\_download/inline/3b0b45c3-05db-48af-93f7-a677c59092d7](https://www.mdac.us/file_download/inline/3b0b45c3-05db-48af-93f7-a677c59092d7).