

Department of Legislative Services
 Maryland General Assembly
 2022 Session

FISCAL AND POLICY NOTE
 Third Reader

Senate Bill 244
 Finance

(Senator Feldman)

Health and Government Operations

Maryland Medical Assistance Program - Self-Measured Blood Pressure
 Monitoring

This bill requires Medicaid, beginning January 1, 2023, subject to the limitations of the State budget and as permitted by federal law, to provide coverage for self-measured blood pressure monitoring for all Medicaid recipients diagnosed with uncontrolled high blood pressure. Coverage must include (1) the provision of validated home blood pressure monitors and (2) reimbursement of health care provider and other staff time used for patient training, transmission of blood pressure data, interpretation of blood pressure readings and reporting, and delivery of co-interventions, as specified.

Fiscal Summary

State Effect: Medicaid expenditures (60% federal funds, 40% general funds) increase by an estimated \$1.4 million in FY 2023 to provide self-measured blood pressure monitoring services, as discussed below. Federal fund revenues increase accordingly. Future years reflect annualization. **This bill increases the cost of an entitlement program beginning in FY 2023.**

(in dollars)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
FF Revenue	\$846,300	\$1,692,600	\$1,692,600	\$1,692,600	\$1,692,600
GF Expenditure	\$564,200	\$1,128,400	\$1,128,400	\$1,128,400	\$1,128,400
FF Expenditure	\$846,300	\$1,692,600	\$1,692,600	\$1,692,600	\$1,692,600
Net Effect	(\$564,200)	(\$1,128,400)	(\$1,128,400)	(\$1,128,400)	(\$1,128,400)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: Potential meaningful.

Analysis

Bill Summary: “Self-measured blood pressure monitoring” means the regular management of blood pressure by the patient outside the clinical setting, either at home or elsewhere, requiring the use of a home blood pressure measurement device by the patient. “Validated home blood pressure monitor” means a blood pressure measurement device that has been validated for accuracy and is listed in the U.S. Blood Pressure Validated Device Listing.

Current Law: Chapters 70 and 71 of 2021 expand the definitions of “telehealth” and the coverage and reimbursement requirements for health care services provided through telehealth. For Medicaid, telehealth includes (1) synchronous and asynchronous interactions; (2) from July 1, 2021, through June 30, 2023, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service; and (3) remote patient monitoring (RPM) services.

“Remote patient monitoring” is the use of digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment, recommendations, and interventions. Medicaid provides coverage for RPM services for all participants at high risk for avoidable hospital utilization due to poorly controlled chronic disease, regardless of diagnosis. Medicaid currently covers an episode of RPM services for up to 60 days. Participants are eligible to receive up to two episodes of RPM care every 12 months (for a total of 4 months or 120 days of services per year). RPM services include equipment installation, patient education on use of RPM equipment, and daily monitoring of vital signs and other medical statistics. Providers are paid a monthly rate of \$125. Medicaid does not separately reimburse for RPM equipment, upgrades to RPM equipment, or Internet service for participants.

State Fiscal Effect: Medicaid advises that provision of self-measured blood pressure monitoring as required under the bill would be as an RPM service. Medicaid expenditures increase by an estimated \$1,410,500 (60% federal funds, 40% general funds) in fiscal 2023, which reflects provision of services beginning January 1, 2023. This estimate is based on the following information and assumptions:

- An estimated 22,568 Medicaid participants may need blood pressure monitoring due to a diagnosis of uncontrolled hypertension.
- Half of these individuals (11,284) seek self-measured blood pressure monitoring services under the bill.

- Services are provided as RPM services, with up to 6 months of RPM services provided per 12-month period (compared with 4 months under current practice); thus, 2 additional months of RPM services are provided under the bill.
- The two additional months of RPM are reimbursed at a rate of \$125 per month, which includes the cost of a validated home blood pressure monitor.
- Services are eligible for a 60% federal matching rate.

Beginning in fiscal 2024, Medicaid expenditures increase by \$2,821,000 annually (60% federal funds, 40% general funds) to reflect annualization and the ongoing provision of services. This estimate assumes a stable population eligible for RPM services under the bill each year. Federal fund revenues increase accordingly.

To the extent that fewer Medicaid recipients with uncontrolled high blood pressure seek self-measured blood pressure monitoring services under the bill, expenditures are reduced. Conversely, to the extent that the bill is intended to provide *continuous* self-measured blood pressure monitoring services (12 months of coverage per year for all participants), Medicaid expenditures instead increase by an additional \$1,000 per participant for 8 additional months of coverage per year, or a total of \$11,284,000 (60% federal funds, 40% general funds) annually.

This estimate does not reflect any potential savings that may result from Medicaid enrollees improving control of their high blood pressure under the bill.

Small Business Effect: Small business health care providers may receive additional reimbursement for RPM services for individuals with uncontrolled high blood pressure.

Additional Information

Prior Introductions: None.

Designated Cross File: HB 534 (Delegate Bhandari, *et al.*) - Health and Government Operations.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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