



Students for Patient Advocacy Nationwide

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The Honorable Elizabeth Fiedler, Chair
Pennsylvania State Senate
462 Main Capitol Building
Harrisburg, PA 17120
October 25, 2025

Letter of Support for House Bill 1234 – Coverage for Blood Pressure Monitors

Dear Members of the Health and Human Services Committee and Pennsylvania State Senate:

Home blood pressure monitoring saves lives. By passing House Bill 1234, the Pennsylvania Senate has the power to protect pregnant and postpartum Pennsylvanians from preventable deaths caused by hypertensive disorders.

My name is Soneesh Kothagundla and I serve as a Policy Analyst of Students for Patient Advocacy Nationwide (SPAN). On behalf of SPAN, I write to strongly support House Bill 1234, which expands coverage for medically necessary, clinically validated home blood pressure monitors for pregnant and postpartum individuals.

Pennsylvania's Maternal Mortality Emergency

Pennsylvania faces an alarming maternal mortality crisis. In 2020, according to the *2024 Pennsylvania Maternal Mortality Review Annual Report*, Pennsylvania experienced a pregnancy-associated mortality ratio of 83 deaths per 100,000 live births, with 107 individuals losing their lives during pregnancy, delivery, or up to one year postpartum. Most importantly, approximately **97% of maternal deaths** in Pennsylvania are preventable (5). Among pregnancy-related deaths in the US, hypertension was involved in 7% of known maternal deaths from 2017-2019 as quoted by the CDC (6). When left uncontrolled, high blood pressure can lead to preeclampsia, eclampsia, preterm birth, heart attack, stroke, and death.

The Evidence: Home Blood Pressure Monitoring Works

Remote (or at-home) blood pressure monitoring provides a critical tool for early detection and management of hypertensive disorders. Research shows that remote monitoring improves health outcomes, reduces costs, and advances health equity.



Improved Clinical Outcomes

A 2021 systematic review and meta-analysis by Magee and colleagues examined 19 studies (including 1 randomized controlled trial and 18 observational studies) involving 2,843 pregnant participants published from 1946 to 2020. The review found that home blood pressure monitoring in pregnancy *significantly reduces hypertension-related visits*, with patients averaging 6.5 visits compared to 8 visits for standard care (7).

At Boston Medical Center, researchers implemented a remote blood pressure monitoring program that used cloud-connected devices to transmit readings automatically. Before the program began, only 13% of high-risk patients met ACOG (American College of Obstetricians and Gynecologists) guidelines for blood pressure checks within 7 to 10 days postpartum. After implementation, 79% of patients had at least one recorded blood pressure measure in that window, and it increased to 91% when the window was expanded by two days. This improved monitoring leads to earlier intervention and better health outcomes because “capturing these blood pressures allow [them] to intervene and start medications when necessary.” The Boston Medical Center program tracked 1,033 patients enrolled from January 2021 to May 2022 who had hypertensive disorders before or during pregnancy. Before implementation, severe-range hypertension ($\geq 160/110$ mm Hg) occurred in 18.4% of patients; after implementation, this rate dropped to 5.9% (8).

Advancing Health Equity

Remote blood pressure monitoring directly addresses racial disparities in maternal mortality. A multisite randomized controlled trial at two academic training institutions enrolled 197 postpartum patients diagnosed with hypertensive disorders of pregnancy between April 2021 and September 2021. The study randomized 96 patients to remote monitoring and 101 to in-office surveillance. The trial found that remote monitoring eliminated the disparity in postpartum blood pressure ascertainment between Black and white patients; under in-office care, Black patients had 41.2% ascertainment versus 69.5% for White ($p=0.007$), but with remote monitoring both groups reached 92.9% (9).

At Penn Medicine, the Heart Safe Motherhood program was established in response to poor attendance rates at a postpartum blood pressure clinic. Home monitoring achieved over 90% overall compliance in daily measurement, with Black patients submitting readings at 93% via remote monitoring, compared to only 33% who attended in-person visits before implementing remote options (10).

The previously discussed program at Boston Medical Center showed that Black and Hispanic patients engaged and sent measurements at statistically similar rates as white patients and therefore promoted equity (8).



Cost-Effectiveness for the Department of Finance

Home blood pressure monitoring is cost-effective and does not increase system costs. The BUMP trials (two UK randomized controlled trials) randomized 2,441 individuals at risk of hypertension (BUMP 1) and 850 with hypertension (BUMP 2; 454 chronic, 396 gestational), with cost analysis of healthcare use. BUMP 1 found mean total costs for self-monitoring and usual care were £7,200 versus £7,063 (difference £151, 95% CI –£633 to £936) (17). The BUMP 2 chronic hypertension cohort showed a mean difference of £323 (95% CI –£2,904 to £3,549), the gestational hypertension cohort a difference of £41 (95% CI –£2,486 to £2,567) (11).

Hirshberg and colleagues found remote blood pressure management for postpartum hypertension is cost-saving and effective. In their decision-analytic model, remote management was cost-effective in 99.28% of simulations, with incremental cost per readmission averted just \$145.00 (12).

Jiwani et al. performed a systematic literature review and confirmed that home self-monitoring was the most cost-effective strategy compared to clinic measurement, recommending it as the primary means for hypertensive patients (13).

Clinical Validation and Safety

House Bill 1234 accurately and appropriately requires that covered monitors be “medically necessary” and “validated for clinical accuracy” (2). This is crucial, as pregnancy-related vascular compliance changes can make many monitors inaccurate, risking underdiagnosis and undertreatment by nearly 48-80% if non-validated devices are used (14).

Furthermore, professional organizations, including the British and Irish Hypertension Society and STRIDE BP, maintain lists of validated home devices for pregnancy, including Microlife WatchBP Home, Omron MIT, and Omron MIT Elite (15).

Current Coverage Gaps, National Momentum, Horizontal Policy Diffusion and Importance

Pennsylvania currently limits Medicaid coverage of home monitors years, lagging national best practices (16). According to a 2021 survey, 31 states cover home monitors for pregnancy, and 42 state Medicaid plans now cover both self-measured devices and clinical support services (17).

The U.S. Department of Health and Human Services and the Massachusetts Health Policy Commission have awarded grants for remote blood pressure programs to reduce severe maternal morbidity (18). The American Medical Association (AMA) also supports expanded coverage and physician education on Medicaid benefits for home monitoring (17).



Conclusion

House Bill 1234 is vital to reducing preventable maternal deaths in Pennsylvania. By requiring Medicaid and CHIP coverage for validated home monitors in pregnancy and postpartum, this bill will save lives through early detection and treatment, advance health equity for Black mothers and marginalized communities, reduce healthcare costs, and remove barriers to patient-centered care.

With a **staggering 97% of Pennsylvania's maternal deaths being preventable**, we have both a moral imperative and an evidence-based path forward to save lives (5). Every pregnancy deserves access to tools like home blood pressure monitors.

On behalf of Students for Patient Advocacy Nationwide, I firmly support HB 1234. Passing this bill will save lives, promote health equity, and make Pennsylvania a national leader in maternal care. Please do not hesitate to reach out with questions or further thoughts and feel free to use this letter wherever applicable to support the bill. Thank you for your time, your service, and your commitment to the health of all Pennsylvanians and beyond.

Sincerely,

Soneesh Kothagundla

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Policy Analyst, SPAN

A handwritten signature in black ink, appearing to read "Soneesh Kothagundla", with a large, stylized flourish at the end.

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