



American  
Heart  
Association.



AMERICAN MEDICAL  
ASSOCIATION

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August 14, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

Dear Administrator Verma:

The American Heart Association (AHA) and the American Medical Association (AMA) write to you today to urge the Centers for Medicare & Medicaid Services (CMS) to take immediate action to cover validated home blood pressure monitors for use at home with self-measured blood pressure (SMBP) monitoring through Medicare and Medicaid. We believe it is imperative during the COVID-19 public health emergency that validated home blood pressure monitors are covered as quickly as possible.

SMBP enables patients to use a home blood pressure monitor (often an automatic or semi-automatic blood pressure device which they own) to collect blood pressure measurements at home and report these measurements to their physician or health care provider. Use of home blood pressure monitors, coupled with recently expanded access to telehealth services, represent an opportunity to help individuals better manage hypertension-many of whom have other concomitant chronic illnesses like diabetes, other forms of CVD, and chronic kidney disease-by allowing them to safely monitor their health at home during the current COVID-19 crisis. Providers cannot effectively diagnose and manage hypertension without blood pressure measurements. However, patients abiding by state or local stay home orders or recommendations are unable to go to a provider's office to get their blood pressure checked. For some patients, it may be prudent and safer to use technology for virtual care. In addition, the lack of available in-person office visits for those who need them also contributes to an inability for providers to obtain BP measurements in many regions of the country. Home blood pressure monitors, with their ability to collect multiple blood pressure measurements outside of the office over time, are guideline-recommended for the routine management of hypertension and have now become a critical tool for providers caring for individuals with hypertension during the pandemic.

Globally, heart disease and stroke represent the top two causes of mortality and can result in significant disability and diminished quality of life. Hypertension, which affects nearly half of adults, is one of the major risk factors leading to heart disease and stroke. As COVID-19 continues to strain our health care system, economy, and society, the toll of heart disease and

stroke stands to increase, particularly as access to and utilization of non-emergent health care services decreases.

The burden of these health impacts is borne disproportionately by already vulnerable communities. People with hypertension and cardiovascular disease are at higher risk for serious illness and death from COVID-19.<sup>i</sup> Additionally, African Americans, in particular, are at increased risk of having hypertension, uncontrolled blood pressure, and CVD,<sup>ii</sup> which makes them more susceptible to COVID-19 related complications.<sup>iii,iv</sup> An analysis of COVID-19 infection rates by county found that counties where Black residents are a majority of the population have three times the rate of COVID-19 infections and six times the rate of COVID-19-related deaths than counties where white residents are a majority.<sup>v</sup> Blacks, persons who are Latinx, and indigenous Americans already face greater barriers to health care access resulting in poorer health outcomes.<sup>vi</sup> The impact of COVID-19 on health care delivery compounds these barriers and may worsen preexisting health disparities. Ensuring access to home blood pressure monitors is thus not only an issue of public health, but is also an issue of equity.

Fortunately, there is already some existing policy infrastructure to support SMBP monitoring access. CMS recently expanded access to telehealth services in Medicare,<sup>vii</sup> and provided support for states to expand access to telehealth services in Medicaid and CHIP,<sup>viii</sup> which likely helped facilitate the increase in telehealth visits. Further, as of January 1, 2020, there are two new Current Procedural Terminology® (CPT®) codes for SMBP monitoring—one for patient education on SMBP and one for collection and interpretation of blood pressure readings by a physician.<sup>ix</sup> Providers may use these new CPT codes (99473-99474) for in-office provision of SMBP or SMBP via telehealth as CMS has included them within its expanded telehealth service coverage.<sup>x</sup> However, home blood pressure monitors remain uncovered by CMS.

Expanding access to validated home blood pressure monitors is an important goal under even non-emergency circumstances, but the COVID-19 pandemic has made delivery of health care services outside of the office even more critical. Research suggests outpatient health care visits fell by almost 60 percent in mid-March when many emergency orders in states took effect and have remained low through the month of April.<sup>xi</sup> Meanwhile, telehealth visits are increasing and now account for almost 30 percent of all visits at ambulatory practices.<sup>xii</sup>

Despite this new access to telehealth and SMBP services and information, the most basic and perhaps most important diagnostic and management tool that would allow providers to diagnose and treat a patient with hypertension, a home blood pressure monitor, is not, itself, covered by Medicare or by Medicaid in most states. Additionally, while telehealth was expanded to include SMBP services during the pandemic, devices that make these SMBP services possible—home blood pressure monitors—have yet to receive similar coverage.

The AMA enlisted NORC at the University of Chicago to support the development of criteria for determining which BP devices are validated for clinical accuracy (VDL Criteria™), as well as the development of processes for the submission of device documentation by manufacturers and the review of those submissions. This resulted in an online list of home blood pressure monitors validated for clinical accuracy.<sup>xiii,xiv</sup> This list represents the first time in the U.S. that specific home blood pressure devices have been validated for clinical accuracy via an independent review process. This resource serves to guide coverage of SMBP devices and provides physicians and consumers independent information on the most effective devices that will collect clinically relevant and accurate blood pressure measurements.

CMS now has an opportunity to expand access to validated home blood pressure monitors in Medicare and Medicaid and to give providers and patients the critical tools they need to diagnose and manage hypertension. Expanding access to these devices and pairing them with telehealth services will allow individuals to effectively manage their conditions at home with the help of health care providers.

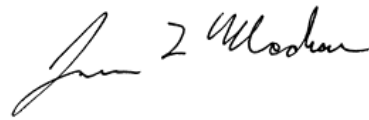
We encourage CMS to explore every policy avenue during this public health emergency to expand access to validated home blood pressure monitors in both Medicare and Medicaid as quickly as possible. Home blood pressure monitors, and the SMBP services made possible by these devices, are important tools during this time when so many people must receive their health care services at home. While the pandemic provides an acute need to expand home blood pressure monitor access, the positive effects of SMBP transcend this emergency and will provide public health benefits and encourage health equity for many of the millions of Americans who suffer from heart disease and stroke.

Thank you for considering our recommendations regarding home blood pressure monitor coverage and SMBP accessibility. We offer our continued guidance and support as you review ways to implement our recommendations. Should you have any questions or comments, please contact: Janay Johnson, Policy Analyst at [janay.johnson@heart.org](mailto:janay.johnson@heart.org).

Sincerely,



Nancy Brown  
Chief Executive Officer  
American Heart Association



James L. Madara, MD  
Executive Vice President, CEO  
American Medical Association

Cc: CAG Director Tamara Syrek-Jensen

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<sup>i</sup> Clerkin KJ, Fried JA, Raikhelkar J, Sayer G, Griffin JM, Masoumi A, Jain SS, Burkhoff D, Kumaraiah D, Rabbani L, Schwartz A. 2020. Coronavirus disease 2019 (COVID-19) and cardiovascular disease. *Circulation*. <https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.046941>

<sup>ii</sup> Graham, G., 2015. Disparities in cardiovascular disease risk in the United States. *Current cardiology reviews*, 11(3), pp.238-245.

<sup>iii</sup> Artiga S, Garfield R, Orgera K. Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19. April 7, 2020. Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>

<sup>iv</sup> Walsh C. Harvard experts say pandemic exacerbates longstanding inequities in American society. April 14, 2020. *The Harvard Gazette*. <https://news.harvard.edu/gazette/story/2020/04/health-care-disparities-in-the-age-of-coronavirus/>

<sup>v</sup> Thebault R, Ba Tran A, Williams V. The coronavirus is infecting and killing black Americans at an alarmingly high rate. April 7, 2020. *The Washington Post*. <https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/>

<sup>vi</sup> Riley P, Hayes SL, Ryan J. Closing the Equity Gap in Health Care for Black Americans. July 15, 2016. *The Commonwealth Fund*. <https://www.commonwealthfund.org/blog/2016/closing-equity-gap-health-care-black-americans>

<sup>vii</sup> Centers for Medicare and Medicaid Services. Physicians and Other Clinicians:CMS Flexibilities to Fight COVID-19. April 29, 2020. <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

<sup>viii</sup> Centers for Medicare and Medicaid Services. State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth, COVID-19 Version. 2020. <https://www.medicare.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>

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<sup>ix</sup> Berg S. New Year, new CPT codes for self-measured BP. Nov 28, 2019. *American Medical Association*. <https://www.ama-assn.org/practice-management/cpt/new-year-new-cpt-codes-self-measured-bp>

<sup>x</sup> Centers for Medicare and Medicaid Services. Physicians and Other Clinicians:CMS Flexibilities to Fight COVID-19. April 29, 2020. <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

<sup>xi</sup> Mehrotra A, Chernew M, Linetsky D, Hatch H, Cutler D. What Impact Has COVID-19 Had on Outpatient Visits? April 23, 2020. *The Commonwealth Fund*. <https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits>.

<sup>xii</sup> *Id.*

<sup>xiii</sup> US Blood Pressure Validated Device Listing. 2019. *American Medical Association*. <https://www.validatebp.org/>

<sup>xiv</sup> NORC Supports Effort to Create List of U.S. Blood Pressure Devices Validated for Clinical Accuracy. April 29, 2020. National Opinion Research Center at the University of Chicago. <https://www.norc.org/NewsEventsPublications/PressReleases/Pages/norc-supports-effort-to-create-list-of-u-s-blood-pressure-devices-validated-for-clinical-accuracy.aspx>