

March 1, 2022

The Honorable Roger Hanshaw
Speaker of the House
West Virginia House of Delegates
Room 228M, Building 1
State Capitol Complex
Charleston, WV 25305

The Honorable Eric Householder
Chair, Finance Committee
West Virginia House of Delegates
Room 462M, Building 1
State Capitol Complex
Charleston, WV 25305

The Honorable Matthew Rohrbach
Chair, Health and Human Resources Committee
West Virginia House of Delegates
Room 215E-C, Building 1
State Capitol Complex
Charleston, WV 25305

The Honorable Amy Summers
Majority Leader
West Virginia House of Delegates
Room 228M, Building 1
State Capitol Complex
Charleston, WV 25305

Re: AMA support for House Bill 4089

Dear Speaker Hanshaw, Majority Leader Summers, Chair Householder, and Chair Rohrbach:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to express our strong support for House Bill (H.B.) 4089, legislation that would require Medicaid coverage of validated blood pressure monitoring devices and related services for enrollees with uncontrolled hypertension.

Hypertension, or high blood pressure, affects more than 1 in 3 West Virginians. When uncontrolled, hypertension can result in heart attack, heart failure, stroke, and kidney disease. The personal toll of these complications for patients is extensive, resulting in preventable suffering, prolonged hospital stays, and lost productivity and wages during recovery time. The financial cost of uncontrolled hypertension also increases dramatically with each additional co-morbidity, with estimated health care costs ranging from \$5,500 to \$19,000 per patient annually. In contrast, costs related to well-controlled hypertension are estimated to be \$700 per patient per year. Fortunately, hypertension can be controlled, and complications prevented through lifestyle changes and medication, especially when diagnosed early.

The only way to diagnose and monitor hypertension is through accurate blood pressure measurement. However, for many people, blood pressure measurements taken in a doctor's office differ greatly from those taken at home or otherwise outside of a clinical setting. For this reason, current clinical guidelines recommend the use of out-of-office blood pressure measurements for confirming a diagnosis of hypertension, adjusting medications, and assessing blood pressure control.

Passage of H.B. 4089 would align West Virginia's Medicaid policy with current clinical guidelines. Using validated home blood pressure devices, patients can regularly monitor blood pressure at different points in time and report their measurements directly to their physician. Self-measured blood pressure (SMBP) is a more accurate predictor of cardiovascular events and mortality than office-measured blood

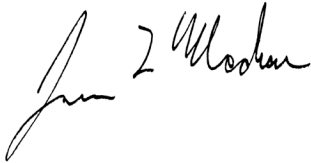
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pressure, and scientific evidence has shown that SMBP, when combined with clinical support, can improve blood pressure control. Effective SMBP requires the use of a validated automated blood pressure device, patient education on proper use of the device, and physician interpretation of readings to make diagnosis and treatment decisions – all components that H.B. 4089 would cover.

The burden of hypertension in West Virginia is immense, particularly among low-income patient populations and in rural areas. H.B. 4089 presents a significant opportunity for West Virginia policymakers to improve health outcomes and avert costly and preventable complications related to hypertension. We strongly urge the West Virginia House of Delegates to support H.B. 4089.

Thank you for your consideration. If the AMA may be of assistance, please contact Annalia Michelman, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at annalia.michelman@ama-assn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large, stylized initial "J".

James L. Madara, MD