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August 6, 2020

Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Seema Verma
Administrator
Ctrs for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Azar and Administrator Verma:

The Society of General Internal Medicine (SGIM), a society of 3,500 general internists, thanks you for your leadership during the COVID-19 pandemic. The waivers implemented by HHS and CMS during the public health emergency have allowed physicians and enterprises the opportunity to respond to the radical disruptions that COVID-19 has wrought upon primary care, maintaining continuity of care for patients with chronic conditions. For patients with hypertension and other conditions for which blood pressure monitoring is necessary, specific revised policies related to audio and audio-visual E/M payments, relaxed geographic restrictions for telehealth services, and remote patient monitoring have helped physicians to continue to monitor and manage these patients. However, COVID-19 and telemedicine have significantly reduced the ability to conduct in-office blood pressure measurement. The numerous policy changes enacted by CMS thus far have not been able to help patients who do not have access to a reliable home blood pressure self-monitoring device. Professional and public health organizations have frequently called for access to and payment for such devices^{1,2}.

While coverage for home blood pressure monitoring devices is critical during the pandemic, this issue extends well beyond COVID-19. Home self-recorded blood pressure readings have been shown to correlate more closely with 24-hour ambulatory blood pressure monitoring (the “gold standard”) than office visits^{1,3,4}. It is also cheaper and more practical than 24-hour ambulatory blood pressure monitoring, which is already covered once a year by Medicare. While COVID-19 has accelerated the move to telemedicine, the benefits and flexibility of home blood pressure monitoring to facilitate effective blood pressure management will persist long after COVID-19, for those who can access it. Improving disparities in care is paramount, and structural inequities in our health care system cannot be allowed to persist. The cost of a home blood pressure device is prohibitive for many Medicare beneficiaries on a fixed income. **The Society strongly recommends that CMS expand Medicare Part B coverage of a validated automated brachial**

¹ Pickering TG et al. Call to Action on Use and Reimbursement for Home Blood Pressure Monitoring. A Joint Scientific Statement From the American Heart Association, American Society of Hypertension, and Preventive Cardiovascular Nurses Association. *Hypertension*. 2008 ;52(1):1

² Centers for Disease Control and Prevention. *Self-Measured Blood Pressure Monitoring: Actions Steps for Clinicians*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2014

³ Andersen MJ et al. Home Blood Pressure Monitoring in CKD. *Am J Kidney Dis*. 2005; 45(6):994

⁴ Verberk WJ et al. Home Blood Pressure Measurement: A Systematic Review. *J Am Coll Cardiol*. 2005;46(5):743.



blood pressure monitoring device beyond those receiving hemodialysis, to include all patients with prehypertension, hypertension, diabetes, cardiovascular disease, renal disease, cerebrovascular disease, or at high risk for development of the preceding conditions.

Sincerely,

A handwritten signature in black ink that reads "Jean S. Kutner". The signature is written in a cursive, flowing style.

Jean S. Kutner, MD, MSPH
President, Society of General Internal Medicine