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ABC MISSION:

To promote the prevention and treatment of cardiovascular disease including stroke, in Blacks and other minorities and to achieve health equity for all through the elimination of disparities.

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Delivered my email to HCPCS@cms.hhs.gov

Re: Self-Measured Blood Pressure (SMBP) Devices - IHC221222X2AHC

The Association of Black Cardiologists (ABC) appreciates the opportunity to share its position that home self-measured blood pressure (SMBP) devices should be classified by the Centers for Medicare & Medicaid Services (CMS) as durable medical equipment (DME).

Hypertension, also known as high blood pressure, affects more than three million Americans each year, and the burden of hypertension falls disproportionately on the Medicare population and communities of color. Roughly 55 percent of all Black Americans have hypertension — and more often severe hypertension — and by age 55, more than three in four will develop it.

Hypertension is the single largest modifiable risk factor for cardiovascular disease. If left untreated, hypertension can lead to blocked arteries and resultant stroke or heart attack. Hypertension can also impact kidney function, as well as overall cardiovascular-related morbidity and mortality, and it exacts a tremendous toll on our health care system, health care professionals and communities across the country.

To prevent harms associated with hypertension, among the basic starting points is putting SMBP devices in the hands of patients.

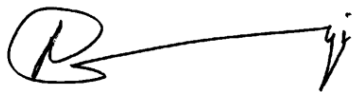
There is a strong body of evidence and clinical consensus¹ on the use of SMBP devices for the treatment and management of hypertension. The ABC disagrees with CMS' preliminary Medicare payment determination that SMBP home devices do not meet criteria for DME designation because patients do not use the devices in a way that leads to immediate self-treatment. To the contrary, SMBP devices empower patients to make lifestyle changes on their own to improve their blood pressure based on readings obtained at home.

¹ Whelton PK, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Hypertension. 2018;71:e13–e115

Individuals with insulin-dependent and non-insulin diabetes may use glucometer readings to self-titrate insulin or make lifestyle choices. Like blood glucose monitoring, patients with high blood pressure are counseled by their physician and care team on how they can take action to self-manage hypertension based on their daily SMBP measurements. This includes instructions for when and how to adjust non-pharmacological treatments for hypertension. If SMBP measurements are too low, patients can take immediate action by following their treatment plan to reduce the risk of harm. If SMBP measurements are too high, patients can follow their treatment plan to reduce their blood pressure, including reducing salt intake, refraining from using alcohol and tobacco, and modifying their medications if indicated.

Cardiovascular disease remains the leading cause of death in the United States. While there have been improvements in life expectancy, those improvements have attenuated in recent years and disparities in treatment and the gap in mortality between African American and White patients persist.¹ ABC prioritizes SMBP as a strategy for blood pressure control and requests that CMS designate SMBP home devices as DME.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Onwuanyi', with a long horizontal line extending to the right.

Anekwe E. Onwuanyi, MD
President
Association of Black Cardiologists

¹ Ferdinand K. Cardiovascular risk reduction in African Americans: Current concepts and controversies. *Glob Cardiol Sci Pract.* 2016 Mar 31; 2016(1): e201602