AMENDMENT TO RULES
COMMITTEE PRINT 118–36
OFFERED BY MS. SHERRILL OF NEW JERSEY

At the end of subtitle C of title VII, insert the following:

SEC. 7___. PILOT PROGRAM ON REMOTE BLOOD PRESSURE MONITORING FOR CERTAIN PREGNANT AND POST-PARTUM TRICARE BENEFICIARIES.

(a) ESTABLISHMENT .—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this act, the Secretary of Defense, acting through the Defense Health Agency, shall establish a pilot program on blood pressure monitoring for at-risk pregnant and postpartum TRICARE beneficiaries in order to increase the rate of early detection of hypertensive disorder related to pregnancy and postpartum.

(2) MODEL.—The Secretary may model the pilot program on a pilot program for blood pressure self-monitoring of the Healthy Start Program operated by the Health Resources and Services Administration of the Department of Health and Human Services.

(b) SITES.—The Secretary shall select sites for the pilot program in accordance with the following:

(1) The pilot program shall operate at not fewer than two military medical treatment facilities of each of the Army, Navy, Marine Corps, Air Force, and Space Force.

(2) Sites shall be geographically diverse, including locations in rural and urban areas.

(3) The Secretary shall give priority to a military medical treatment facility that has a large number of obstetric patients or a history of maternal health programs.

(c) PARTICIPANTS.—

(1) ELIGIBILITY.—An eligible participant for the pilot program, is an individual—

(A) who is enrolled in TRICARE;

(B) who is pregnant or postpartum;

(C) who receives health care through a military medical treatment facility selected under subsection (b); and

(D) whom the Secretary determines is at risk (based on evidence and current medical standards and recommendations) of a hypertensive disorder of pregnancy or negative health

outcomes as a result of a hypertensive disorder of pregnancy.

(2) VOLUNTARY.—Participation in the pilot program shall be voluntary.

(d) EQUIPMENT.—A participant in the pilot program shall receive—

(1) a device approved by the Food and Drug Administration for the digital monitoring of blood pressure, capable of remote monitoring and data transmission; and

(2) educational materials and instructions on the use of such device from a health care provider of the Department of Defense.

(e) PROVIDERS.—In carrying out the pilot program, the Secretary shall use primary care and obstetric care providers of eligible participants, to the extent practicable.

(f) MATERIALS.—The Secretary shall develop supporting materials for health care providers who facilitate the pilot program, including the following:

(1) Guidance on how to identify eligible participants for the pilot program;

(2) Evidence-based—

(A) educational materials regarding maternal health best practices for eligible participants; and

(B) guidance for sharing information between members of a participant's care team.

(g) TERM.—The pilot program shall terminate five years after the date on which the Secretary establishes such pilot program.

(h) REPORT.—Not later than 180 days after the termination of the pilot program, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and Senate a report on the pilot program, and publish such report on the website of the Department of Defense. The report shall include the following elements, disaggregated by the Armed Force, sex, age, race, and ethnicity of participants:

(1) The number of participants in the pilot program.

(2) The percentage of such participants who used the monitors as prescribed.

(3) A summary of how participants under-used the monitors.

(4) The percentage of participants who had blood pressure readings of concern.

(5) The percentage of participants described in paragraph (4) who received medical attention based on such readings.

(6) A summary of provider and participant feedback, including percentages of—

(A) providers that found the program influenced patient care; and

(B) participants who found the program was helpful in managing their own care.

(7) Recommendations of the Secretary whether the pilot program should be altered, expanded, or made permanent.

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