

119TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To ensure high-quality remote physiologic monitoring services for Medicare beneficiaries and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Mrs. BLACKBURN (for herself and Mr. WARNER) introduced the following bill; which was read twice and referred to the Committee on

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**A BILL**

To ensure high-quality remote physiologic monitoring services for Medicare beneficiaries and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Rural Patient Moni-  
5 toring (RPM) Access Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Remote physiologic monitoring (referred to  
9 in this section as “RPM”) supports highly coordi-

1 nated care, improves patient outcomes, and can  
2 lower costs to the Medicare program.

3 (2) Three out of five federally designated health  
4 professional shortage areas are in rural regions, and  
5 rural residents generally must travel farther than  
6 urban counterparts to access health care services.

7 (3) Medicare reimbursement for RPM is lowest  
8 in States where the prevalence of heart failure, hy-  
9 pertension, and diabetes are well above the national  
10 average.

11 (4) The practice expenses and malpractice ex-  
12 penses incurred in the delivery of RPM are not lower  
13 in rural areas and do not widely vary by State.

14 **SEC. 3. PRACTICE EXPENSE INDEX FLOOR.**

15 Section 1848(e)(1) of the Social Security Act (42  
16 U.S.C. 1395w-4(e)(1)) is amended by adding at the end  
17 the following

18 “(J) FLOOR FOR PRACTICE EXPENSE AND  
19 MALPRACTICE GEOGRAPHIC INDICES FOR RE-  
20 MOTE PHYSIOLOGIC MONITORING SERVICES.—

21 “(i) IN GENERAL.—For purposes of  
22 payment for remote physiologic monitoring  
23 services furnished on or after January 1,  
24 2026, after calculating the practice ex-  
25 pense and malpractice geographic indices,

1 the Secretary shall increase any such index  
2 to 1.00 if such index would otherwise be  
3 less than 1.00.

4 “(ii) NON-BUDGET NEUTRALITY.—  
5 Clause (i) shall not be applied in a budget  
6 neutral manner.”.

7 **SEC. 4. ENSURING HIGH-QUALITY SERVICES FOR MEDI-**  
8 **CARE BENEFICIARIES.**

9 (a) IN GENERAL.—Section 1848 of the Social Secu-  
10 rity Act (42 U.S.C. 1395w-4) is amended by adding at  
11 the end the following:

12 “(u) ENSURING HIGH-QUALITY SERVICES FOR MEDI-  
13 CARE BENEFICIARIES.—

14 “(1) IN GENERAL.—The Secretary shall ensure  
15 that remote physiologic monitoring services fur-  
16 nished under this title meet the following require-  
17 ments:

18 “(A) Providers of remote physiologic moni-  
19 toring must be capable of responding to data  
20 anomalies detected by the monitoring service  
21 through clinical support. This capability may be  
22 offered directly or through a contracted part-  
23 ner.

24 “(B) Providers of remote physiologic moni-  
25 toring must be capable of transmitting all rel-

1           evant captured vitals and treatment manage-  
2           ment notes to the electronic health record of the  
3           supervising provider as needed for effective care  
4           management.

5           “(C) Providers of remote physiologic moni-  
6           toring must collect and report data required by  
7           the Secretary in order to facilitate the evalua-  
8           tion of cost savings to the Medicare program  
9           generated by the proliferation of remote physio-  
10          logic monitoring services.

11          “(2) EXCEPTIONS FOR SMALL PRACTICES.—  
12          The Secretary shall establish exceptions to the re-  
13          quirements under paragraph (1) for small medical  
14          practices as the Secretary determines appropriate.

15          “(3) DEFINITION OF REMOTE PHYSIOLOGIC  
16          MONITORING.—For purposes of this section, the  
17          term ‘remote physiologic monitoring’ means non-  
18          face-to-face monitoring and analysis of physiologic  
19          factors used to understand a patient’s health status,  
20          including the collection and analysis of patient phys-  
21          iologic data that are used to develop and manage a  
22          treatment plan related to chronic or acute condi-  
23          tions.”.

24          (b) REPORT.—Not later than 2 years after the date  
25          of the enactment of this Act, the Secretary of Health and

1 Human Services shall submit to Congress a report that  
2 includes the following:

3           (1) An analysis of the estimated savings to the  
4 Medicare program under title XVIII of the Social  
5 Security Act (42 U.S.C. 1395 et seq.) resulting from  
6 earlier interventions and fewer days of hospitaliza-  
7 tions among beneficiaries furnished remote physio-  
8 logic monitoring services.

9           (2) An analysis of the estimated savings to the  
10 Medicare program resulting from greater medication  
11 adherence among beneficiaries furnished remote  
12 physiologic monitoring services.

13           (3) An analysis of practice expenses related to  
14 the furnishing of remote physiologic monitoring serv-  
15 ices, including cellular connectivity and other tech-  
16 nology platform maintenance.