

119TH CONGRESS
1ST SESSION

H. R. 3108

To amend title XVIII of the Social Security Act with respect to payment for remote patient monitoring under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

APRIL 30, 2025

Mr. KUSTOFF (for himself, Mr. BALDERSON, Mr. DAVIS of North Carolina, and Mr. POCAN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act with respect to payment for remote patient monitoring under the Medicare program.

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 Access Act” or the “RPM Access Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Remote patient monitoring (in this section
2 referred to as “RPM”) supports highly coordinated
3 care, improves patient outcomes, and can lower costs
4 to the Medicare program.

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

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

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

16 **SEC. 3. FLOOR FOR PRACTICE EXPENSE AND MAL-**
17 **PRACTICE GEOGRAPHIC INDICES FOR RE-**
18 **MOTE PATIENT MONITORING.**

19 Section 1848(e)(1) of the Social Security Act (42
20 U.S.C. 1395w-4(e)(1)) is amended by adding at the end
21 the following new subparagraph:

22 “(J) FLOOR FOR PRACTICE EXPENSE AND
23 MALPRACTICE GEOGRAPHIC INDICES FOR RE-
24 MOTE PATIENT MONITORING.—For purposes of
25 payment for remote patient monitoring fur-

1 nished on or after January 1, 2026, after calcu-
 2 lating the practice expense and malpractice geo-
 3 graphic indices in clauses (i) and (ii) of sub-
 4 paragraph (A) and in subparagraph (B), the
 5 Secretary shall increase any such index to 1.00
 6 if such index would otherwise be less than 1.00.
 7 The preceding sentence shall not be applied in
 8 a budget neutral manner.”.

9 **SEC. 4. ENSURING HIGH-QUALITY REMOTE PATIENT MONI-**
 10 **TORING UNDER MEDICARE.**

11 (a) IN GENERAL.—Section 1834 of the Social Secu-
 12 rity Act (42 U.S.C. 1395m) is amended by adding at the
 13 end the following new subsection:

14 “(aa) PAYMENT FOR REMOTE PATIENT MONI-
 15 TORING.—In the case of remote patient monitoring fur-
 16 nished on or after January 1, 2026, no payment may be
 17 made under this part for such monitoring furnished by
 18 a provider of services or supplier unless—

19 “(1) a physician, nurse practitioner, clinical
 20 nurse specialist, or physician assistant is available in
 21 real time to respond to any physiologic anomaly de-
 22 tected through such monitoring;

23 “(2) such monitoring is furnished through a
 24 system that can transmit physiologic data obtained

1 through such monitoring in a format that is compat-
2 ible with electronic health records, as needed; and

3 “(3) the provider or supplier collects and re-
4 ports such data as the Secretary may require in
5 order to facilitate the evaluation of cost savings to
6 the program under this title that are generated by
7 the use of remote patient monitoring, except that the
8 Secretary may exempt a provider or supplier under
9 this paragraph if the Secretary determines that such
10 collection and reporting of data would result in un-
11 reasonable hardship upon such provider or sup-
12 plier.”.

13 (b) REPORT.—

14 (1) IN GENERAL.—Not later than 5 years after
15 the date of the enactment of this section, the Sec-
16 retary of Health and Human Services shall submit
17 to Congress a report that includes the following in-
18 formation, with respect to the 4-year period begin-
19 ning January 1, 2026:

20 (A) An analysis of the estimated savings to
21 the Medicare program resulting from earlier
22 interventions and fewer days of hospitalization
23 among Medicare beneficiaries furnished remote
24 patient monitoring (as such term is used for
25 purposes of title XVIII of the Social Security

1 Act (42 U.S.C. 1395 et seq.)) during such pe-
2 riod.

3 (B) An analysis of the estimated savings to
4 the Medicare program resulting from increased
5 adherence to prescription medications among
6 Medicare beneficiaries furnished remote patient
7 monitoring during such period.

8 (C) An analysis of practice expenses as de-
9 fined in section 1848(j) of the Social Security
10 Act (42 U.S.C. 1395w-4(j)) related to the fur-
11 nishing of remote patient monitoring during
12 such period, including expenses related to cel-
13 lular connectivity and other technology platform
14 maintenance.

15 (2) DEFINITIONS.—In this subsection:

16 (A) MEDICARE BENEFICIARY.—The term
17 “Medicare beneficiary” means an individual en-
18 titled to benefits under part A of title XVIII of
19 the Social Security Act (42 U.S.C. 1395c et
20 seq.) or enrolled under part B of such title (42
21 U.S.C. 1395j et seq.)

22 (B) MEDICARE PROGRAM.—The term
23 “Medicare program” means the Medicare pro-

- 1 gram under title XVIII of the Social Security
- 2 Act (42 U.S.C. 1395 et seq.).

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