

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 3108
OFFERED BY MR. SMITH OF MISSOURI**

Strike all after the enacting clause and insert the
following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Rural Patient Moni-
3 toring Access Act” or the “RPM Access Act”.

4 SEC. 2. PRACTICE EXPENSE INDEX FLOOR.

5 Section 1848(e)(1) of the Social Security Act (42
6 U.S.C. 1395w-4(e)(1)) is amended—

7 (1) in subparagraph (A), by striking “and (I)”
8 and inserting “(I), and (J)”; and

9 (2) by adding at the end the following new sub-
10 paragraph:

11 “(J) FLOOR FOR PRACTICE EXPENSE AND
12 MALPRACTICE GEOGRAPHIC INDICES FOR RE-
13 MOTE PHYSIOLOGIC MONITORING SERVICES.—

14 For purposes of payment for remote physiologic
15 monitoring services (as defined in section
16 1834(bb)(3)) furnished during the period begin-
17 ning on January 1, 2028, and ending on De-
18 cember 31, 2032, after calculating the practice

1 expense and malpractice geographic indices in
2 clauses (i) and (ii) of subparagraph (A) and in
3 subparagraph (B), the Secretary shall increase
4 any such index to 1.00 if such index would oth-
5 erwise be less than 1.00.”.

6 **SEC. 3. ENSURING HIGH-QUALITY REMOTE PHYSIOLOGIC**
7 **MONITORING SERVICES FOR MEDICARE**
8 **BENEFICIARIES.**

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

12 “(bb) PAYMENT FOR REMOTE PHYSIOLOGIC MONI-
13 TORING SERVICES.—

14 “(1) IN GENERAL.—Beginning January 1,
15 2028, with respect to remote physiologic monitoring
16 services for which payment is made under the fee
17 schedule established under section 1848(b), payment
18 may only be made for such services if the Secretary
19 determines that—

20 “(A) the supplier is capable of responding,
21 directly or through a contractor, to any physio-
22 logic anomaly detected through the furnishing
23 of such services;

24 “(B) such services are furnished through a
25 device that is capable of transmitting in real

1 time all relevant physiologic data in a format
2 that is compatible with electronic health
3 records, as needed; and

4 “(C) subject to paragraph (2), the supplier
5 collects and reports such data as the Secretary
6 may require for purposes of the report required
7 under section 3(b) of the Rural Patient Moni-
8 toring Access Act.

9 “(2) EXCEPTIONS FOR SMALL PRACTICES.—
10 The Secretary shall specify circumstances under
11 which the Secretary may waive the requirement
12 under paragraph (1)(C) with respect to a supplier
13 that is a small medical practice (as defined by the
14 Secretary).

15 “(3) REMOTE PHYSIOLOGIC MONITORING SERV-
16 ICES DEFINED.—In this section, the term ‘remote
17 physiologic monitoring services’—

18 “(A) means non-face-to-face monitoring
19 and analysis of physiologic factors used to un-
20 derstand the health status of an individual; and

21 “(B) includes the collection and analysis of
22 the physiologic data of an individual for pur-
23 poses of the treatment or management of a
24 chronic or acute condition.”.

25 (b) REPORT.—

1 (1) IN GENERAL.—Not later than January 1,
2 2031, the Secretary of Health and Human Services
3 shall submit to Congress a report on differences in
4 health outcomes between Medicare beneficiaries fur-
5 nished remote physiologic monitoring services and
6 similarly situated Medicare beneficiaries that were
7 not furnished such services. Such report shall in-
8 clude the following:

9 (A) An analysis of claims data submitted
10 with respect to Medicare beneficiaries furnished
11 remote physiologic monitoring services and
12 similarly situated Medicare beneficiaries that
13 were not furnished such services, including,
14 with respect to each such group of Medicare
15 beneficiaries—

16 (i) the rate of hospital admissions;
17 and

18 (ii) the average number of days spent
19 as an inpatient after such an admission.

20 (B) With respect to Medicare beneficiaries
21 furnished remote physiologic monitoring serv-
22 ices and to the rate described in clause (i) of
23 subparagraph (A) and the average number of
24 days described in clause (ii) of such subpara-
25 graph, an analysis of whether such beneficiaries

1 were furnished care management services prior
2 to a hospital admission.

3 (C) An analysis of the demographics and
4 locations of residence of Medicare beneficiaries
5 furnished remote physiologic monitoring serv-
6 ices.

7 (2) DEFINITIONS.—In this subsection:

8 (A) CARE MANAGEMENT SERVICES.—The
9 term “care management services” means re-
10 mote physiologic monitoring services identified
11 by HCPCS code 99457 (or any successor code).

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

18 (C) REMOTE PHYSIOLOGIC MONITORING
19 SERVICES.—The term “remote physiologic mon-
20 itoring services” has the meaning given such
21 term in subsection (bb)(3) of section 1834 of
22 the Social Security Act (42 U.S.C. 1395m).

