United States House Committee on
Ways & Means
CHAIRMAN JASON SMITH

H.R. 3108, the *Rural Patient Monitoring Access Act*

Rep. Kustoff (R-TN)

Background:

- Remote patient monitoring (RPM) **empowers patients to take charge of their health** using **innovative technology** to stay connected with their health care provider.
- RPM advances care coordination to **better treat complex chronic disease patients**.
    - RPM use has **reduced heart attack and stroke rates by 50%** for individuals with uncontrolled hypertension.
    - RPM has resulted in a **27% reduction in hospital admissions**.
- RPM is a critical tool incorporated in **value-based care to lower costs and improve quality.**
    - An RPM program **lowered spending by 52%** for Medicare patients with heart failure.
    - A study found a **decrease of $1,300 in total cost of care and over $1,400 in decreased patient spending per year** for Medicare patients with chronic diseases.
- RPM bridges care gaps for rural patients who face disproportionately higher rates of chronic disease and related mortality.
    - Rural Americans are **19% higher risk of heart failure**.
    - **Hypertension rates in rural areas are 10%** higher than urban areas.
- Current Medicare payment rules **arbitrarily decrease RPM reimbursement for services provided in certain rural areas – disincentivizing RPM utilization where it is needed most.**
    - Rural Medicare beneficiaries use remote monitoring **33% less** than urban beneficiaries.

H.R. 3108, *Rural Patient Monitoring Access Act*:

- **Establishes a national floor** for RPM reimbursement, **eliminating any negative payment adjustments** to remote monitoring services in rural areas for 5 years.
- **Strengthens quality of remote monitoring** by clarifying technology and response requirements.
- **Bolsters clinical evidence of RPM** by requiring a report on hospital admissions and inpatient days for patients furnished RPM.