

109TH CONGRESS
2^D SESSION

H. R. 6063

To amend title XVIII of the Social Security Act to provide for coverage of remote patient management services under part B of the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 13, 2006

Mr. PICKERING (for himself, Ms. ESHOO, Mr. HAYWORTH, and Mr. TANNER) 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 to provide for coverage of remote patient management services under part B of 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 “Remote Monitoring
5 Access Act of 2006”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) Remote patient monitoring can make chron-
2 ic disease management more effective and efficient
3 for patients and the health care system.

4 (2) By collecting, analyzing, and transmitting
5 clinical health information to a health care practi-
6 tioner, remote monitoring technologies allow patients
7 and physicians to manage the patient's condition in
8 a consistent and real-time fashion.

9 (3) Utilization of these technologies not only
10 improves the quality of care given to patients, it also
11 reduces the need for frequent physician office ap-
12 pointments, costly emergency room visits, and un-
13 necessary hospitalizations.

14 (4) Monitoring a patient's disease from the
15 home reduces the need for face-to-face physician
16 interactions, thereby minimizing unnecessary travel
17 and missed work and providing particular value to
18 individuals residing in rural or underserved commu-
19 nities who would otherwise face potentially signifi-
20 cant access barriers to receiving needed care.

21 (5) Four major areas in which remote manage-
22 ment technologies are emerging in health care are
23 the treatment of congestive heart failure, diabetes,
24 cardiac arrhythmia, and sleep apnea (sleep dis-
25 ordered breathing). Prompt transmission of clinical

1 data on each of these conditions, to the physician or
2 the patient as appropriate, are essential to providing
3 timely and appropriate therapeutic interventions
4 which can then reduce expensive hospitalizations.

5 (6) Despite these innovations, remote manage-
6 ment technologies have failed to diffuse rapidly. A
7 significant barrier to wider adoption is the relative
8 lack of payment mechanisms in fee-for-service Medi-
9 care to reimburse for remote, non-face-to-face man-
10 agement.

11 (7) This Act will eliminate this barrier to new
12 technologies by requiring Medicare to reimburse doc-
13 tors for time spent analyzing data transmitted to
14 them by remote patient management technologies.

15 (8) This Act also promotes high quality care by
16 requiring the Secretary of Health and Human Serv-
17 ices to consult with physician groups to create a
18 standard of care and a quality standard for remote
19 patient management services for the covered chronic
20 conditions.

21 **SEC. 3. COVERAGE OF REMOTE PATIENT MANAGEMENT**
22 **SERVICES FOR CHRONIC CARE CONDITIONS.**

23 (a) IN GENERAL.—Section 1861(s)(2) of the Social
24 Security Act (42 U.S.C. 1395x(s)(2)) is amended—

1 (1) in subparagraph (Z), by striking “and” at
2 the end;

3 (2) by adding “and” at the end of subpara-
4 graph (AA); and

5 (3) by adding after subparagraph (AA) the fol-
6 lowing new subparagraph:

7 “(BB) remote patient management services (as
8 defined in subsection (ccc)).”.

9 (b) SERVICES DESCRIBED.—Section 1861 of such
10 Act (42 U.S.C. 1395x) is amended by adding at the end
11 the following new subsection:

12 “Remote Patient Management Services for Chronic
13 Conditions

14 “(ccc)(1) The term “remote patient management
15 services” means the remote monitoring and management
16 of an individual with a covered chronic health condition
17 (as defined in paragraph (2)) or through the utilization
18 of a system of technology that allows a remote interface
19 to collect and transmit clinical data between the individual
20 and the responsible physician or supplier for the purposes
21 of clinical review or response by the physician or supplier.

22 “(2) For purposes of paragraph (1), the term ‘cov-
23 ered chronic health condition’ includes—

24 “(A) heart failure;

25 “(B) diabetes;

1 “(C) cardiac arrhythmia;

2 “(D) sleep apnea; and

3 “(E) any other chronic condition determined by
4 the Secretary to be appropriate for treatment
5 through remote patient management services.

6 “(3)(A) The Secretary, in consultation with appro-
7 priate physician groups, may develop guidelines on the fre-
8 quency of billing for remote patient management services.
9 Such guidelines shall be determined based on medical ne-
10 cessity and shall be sufficient to ensure appropriate and
11 timely monitoring of individuals being furnished such serv-
12 ices.

13 “(B) The Secretary, acting through the Agency for
14 Health Care Research and Quality, shall do the following:

15 “(i) Not later than 1 year after the date of en-
16 actment of this subsection, develop, in consultation
17 with appropriate physician groups, a standard of
18 care and quality standards for remote patient man-
19 agement services for the covered chronic health con-
20 ditions specified in subparagraphs (A), (B), (C), and
21 (D) of paragraph (2).

22 “(ii) If the Secretary makes a determination
23 under paragraph (2)(E) with respect to a chronic
24 condition, develop, in consultation with appropriate
25 physician groups, a standard of care and quality

1 standards for remote patient management services
2 for such condition within 1 year of the date of such
3 determination.

4 “(iii) Periodically review and update such
5 standards of care and quality standards under this
6 subparagraph as necessary.”.

7 (c) PAYMENT UNDER THE PHYSICIAN FEE SCHED-
8 ULE.—Section 1848 of such Act (42 U.S.C. 1395w-4) is
9 amended—

10 (1) in subsection (c)—

11 (A) in paragraph (2)(B)—

12 (i) in clause (ii)(II), by striking “and
13 (v)” and inserting “, (v), and (vi)”;

14 (ii) by adding at the end the following
15 new clause:

16 “(vi) BUDGETARY TREATMENT OF
17 CERTAIN SERVICES.—The additional ex-
18 penditures attributable to section
19 1861(s)(2)(BB) shall not be taken into ac-
20 count in applying clause (ii)(II) for review:
21 2008.”; and

22 (B) by adding at the end the following new
23 paragraph:

24 “(7) TREATMENT OF REMOTE PATIENT MAN-
25 AGEMENT SERVICES.—In determining relative value

1 units for remote patient management services (as
2 defined in section 1861(ccc)), the Secretary, in con-
3 sultation with appropriate physician groups, shall
4 take into consideration—

5 “(A) costs associated with such services,
6 including physician time involved, installation
7 and information transmittal costs, costs of re-
8 mote patient management technology (including
9 devices and software), and resource costs nec-
10 essary for patient monitoring and follow-up
11 (but not including costs of any related item or
12 non-physician service otherwise reimbursed
13 under this title); and

14 “(B) the level of intensity of services pro-
15 vided, based on—

16 “(i) the frequency of evaluation nec-
17 essary to manage the individual being fur-
18 nished the services;

19 “(ii) the amount of time necessary
20 for, and complexity of, the evaluation, in-
21 cluding the information that must be ob-
22 tained, reviewed and analyzed; and

23 “(iii) the number of possible diagnoses
24 and the number of management options
25 that must be considered.”; and

1 (2) in section (j)(3), by inserting “(2)(BB),”
2 after “(2)(AA),”.

3 (d) EFFECTIVE DATE.—The amendments made by
4 this section shall apply to services furnished on or after
5 January 1, 2008.

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