

119TH CONGRESS
1ST SESSION

S. 1535

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

IN THE SENATE OF THE UNITED STATES

APRIL 30, 2025

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

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
 13 MEDICARE 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.

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