

Senators Marsha Blackburn (R-TN) and Mark Warner (D-VA) and Representatives David Kustoff (R-TN), Troy Balderson (R-OH), Mark Pocan (D-WI), and Don Davis (D-NC)

# The Rural Patient Monitoring Access Act

would ensure access to **high-quality** remote physiologic monitoring (RPM) services for **Medicare beneficiaries** in **rural** and **underserved** areas.

## RPM Improves Patient Outcomes and Lowers Cost

### Remote Physiologic Monitoring is Crucial for Rural Patients

Medicare patients living in rural areas face high rates of **heart failure, hypertension, and diabetes**. These patients have limited access to health care, given higher rates of chronic disease, provider shortages, and longer distances to care. **RPM supports highly coordinated care, and improves patient outcomes leading to lower long-term costs.**

### Remote Physiologic Monitoring Lowers Costs and Improves Care

A recent study of over 4,000 hypertension patients found that RPM:



**More than 50% decrease in patients' total monthly cost of care.**



Twice as many patients at **blood pressure goal** (BP<130/80).

## Medicare does not adequately support this care nationwide

- Medicare reimbursement for RPM is **lowest** in areas where the prevalence of **heart failure, hypertension, and diabetes** are **well above average**.
- According to the Bipartisan Policy Center and the Peterson Center on Healthcare, geographic variation for reimbursement leads to **providers in rural areas not implementing RPM, further reducing access to cost-saving, patient-centered care.**

## Ensuring Fair Access in Rural Areas

The proposed legislation would set a geographic payment floor for RPM at the national average, allowing rural providers to offer RPM services for the same payment that clinicians in other areas receive. This small tweak will address the lack of access in rural areas.

The RPM Access Act also includes provisions to ensure high-quality services for Medicare beneficiaries:

- RPM providers must be capable of responding to data anomalies detected by the monitoring service.
- RPM providers must be capable of promptly transmitting captured vitals and treatment management notes to electronic health record of the supervising provider.
- CMS may collect additional data to facilitate the evaluation of cost savings generated to the Medicare program through the proliferation of RPM.

Together, these changes will ensure greater access to high-quality remote physiologic monitoring services.

## Support for The RPM Access Act

*National Rural Health Association, Bipartisan Policy Center, American Association of Nurse Practitioners, HIMSS, American Telemedicine Association, Alliance for Connected Care, Ascension, LifePoint Health, Marshfield Clinic, SSM Health*