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

Rural Patient Monitoring Access Act S. 1535/H.R. 3108

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 study of over 5,000 patients with chronic disease found that RPM:

- **Significant cost reductions**: $1,302 decrease in total cost of care per patient per year
- **Fewer hospitalizations**: 64 fewer admissions per 1,000 patients (27% reduction)
- **Key tool for value-based care outcomes:** Many value-based care providers use RPM to drive cost and quality improvements in Medicare.

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.

Widespread Support for The RPM Access Act

National Rural Health Association, American Association of Nurse Practitioners, American Heart Association, Heart Failure Society of America, American College of Gastroenterology, HIMSS, American Telemedicine Association, Alliance for Connected Care, National League for Nursing, Bipartisan Policy Center, Remote Monitoring Leadership Council, Ascension, Lifepoint Health, Marshfield Clinic, SSM Health, Essentia Health, University of Virginia Center for Telehealth, and others.