Remote Monitoring Talking Points

Core Message: CMS's proposed remote monitoring policies would cut off access to essential care for Medicare beneficiaries who rely on RPM and RTM to manage chronic conditions, recover safely at home, and avoid preventable hospitalizations. By restricting clinically integrated partnerships, imposing new operational barriers, and reducing reimbursement, the proposals would force many physician practices and health systems to scale back or discontinue remote monitoring programs.

The result would be worse outcomes for patients, higher costs for taxpayers, and a direct conflict with the Trump Administration's investments in chronic disease management, technology-enabled care, and rural health transformation.

The Trump Administration should delay implementation of the proposed policy to allow time to work with impacted stakeholders on a more balanced solution.

Proposed Policy Would Sever Established Connections and Patient Access to Their Care Teams

Thousands of Medicare beneficiaries with chronic and post-acute conditions could lose access to services they currently depend on to remain stable, independent, and out of the hospital.

- Many patients receive remote monitoring through clinically integrated collaborations among physician practices, health systems, and specialized remote monitoring partners.
- Patients could be removed from established programs for reasons unrelated to their health status or clinical needs.
- New patients could face significant delays or lose the opportunity to enroll altogether, including after a hospitalization, medication change, new diagnosis, or worsening conditions.
- Patients would lose regular review of their health data, early clinical intervention, medication and treatment support, and ongoing contact with their care teams.
- Caregivers would lose visibility into treatment progress and tools that help them support patients safely at home.
- The impact would be especially severe for older adults, people with mobility or transportation barriers, and patients managing heart failure, hypertension, diabetes, respiratory disease, musculoskeletal and other complex chronic and non-chronic conditions.

Disrupting Remote Monitoring Would Increase Costs to Taxpayer Dollars

The proposal would shift Medicare away from prevention and early intervention and back toward more expensive, reactive care.

- Remote monitoring gives clinicians an early warning when a patient's condition begins to worsen.
- It allows care teams to respond to changes in blood pressure, weight, oxygen levels, symptoms, treatment adherence, and other indicators before a crisis occurs.
- Patients with multiple chronic conditions are among Medicare's highest-cost and highest-risk populations. Reducing access to tools that help manage those conditions is unlikely to produce meaningful long-term savings. Without this support, patients are more likely to deteriorate unnoticed until they require an emergency department visit or hospitalization.
- Patients with heart failure, hypertension, diabetes, respiratory disease, musculoskeletal, and other chronic and non-chronic conditions would be particularly vulnerable.

Proposal Would Disrupt Clinicians and Undermine Continuity of Care

Providers may be forced to reduce enrollment, terminate programs, or stop offering remote monitoring altogether.

- Physician practices and health systems will not be able to build a fully in-house remote monitoring workforce and technology platform before January 1, 2027. Even with additional implementation time, many providers will not choose to recreate capabilities that specialized partners already provide efficiently and at scale.
- High-quality remote monitoring requires clinical staffing, patient onboarding, device logistics, technical support, software, data review, alert management, documentation, escalation protocols, and integration with the treating clinician.
    - These capabilities are difficult and expensive to operationalize well.
- Smaller practices, rural providers, and safety-net organizations are least likely to have the capital, staffing, and scale needed to bring these functions entirely in-house.
- The resulting disruption would fracture established workflows and patient relationships, even where the existing program is clinically integrated and operating responsibly.

Proposals Are Misaligned with The Administration's Agenda

CMS' proposed policy dismantles proven technology-enabled care models.

- The Trump Administration has emphasized technology-enabled care, patient empowerment, rural health transformation, all of which improve chronic disease management.
- Remote monitoring advances each of these goals by moving Medicare beyond episodic office visits and toward continuous, proactive care.
- It gives patients greater visibility into their health and helps them take a more active role in managing chronic conditions.
- It allows clinicians to detect problems earlier and direct limited resources toward patients who need intervention.
- It supports care in the home and helps patients avoid unnecessary institutional care.
- The proposed restrictions would move Medicare in the opposite direction by reducing access, discouraging innovation, and pushing providers back toward outdated care-delivery models.

Rural patients frequently face long travel distances, transportation barriers, workforce shortages, hospital closures, and limited access to timely follow-up care.

- RPM and RTM extends the reach of scarce rural clinicians by allowing them to monitor patients between visits and intervene without requiring unnecessary travel. Many rural providers do not have the staffing, technology, or infrastructure to operate remote monitoring programs without specialized clinical and technology partners.
- States are investing in remote monitoring, workforce capacity, health information technology, and care-at-home models through rural health transformation initiatives. These investments are intended to modernize rural care, extend limited clinical resources, and improve outcomes for patients with chronic conditions.
- States and providers could invest in remote monitoring infrastructure only to find that federal payment rules make the programs operationally or financially unworkable.