

WHAT THEY'RE SAYING

Thousands of Comments Submitted on CMS's Proposed Remote Monitoring Changes

In the Calendar Year (CY) 2027 Medicare Physician Fee Schedule proposed rule, CMS [proposed sweeping changes](#) to Medicare remote monitoring that would dismantle established programs and disrupt care for patients. Thousands of comments have raised concerns to CMS's proposed remote monitoring policies.

The quotes below are drawn from [publicly available comments submitted by organizations](#) across the broader health care stakeholder community.

REMOTE MONITORING CONNECTS RURAL PATIENTS TO CARE

"In well-designed programs, **RPM is not simply the provision of a connected device; it is part of a longitudinal model of care** in which remotely collected physiologic information is integrated into clinical workflows, reviewed pursuant to established protocols, escalated when appropriate, and used by the patient's care team to intervene before deterioration results in an emergency department visit or hospitalization." [Federation of American Hospitals](#)

"Practitioners...discuss remote monitoring options **during the course of regular clinical care.**" [American Academy of Neurology](#)

"**Remote monitoring can support earlier intervention, improve care coordination, and help people living with ALS remain safely connected to their care teams.** The ALS Association is concerned that certain proposed changes could unintentionally reduce access to these services." [ALS Association](#)

"There are examples, especially in rural areas facing severe physician shortages, where third-party vendors serve as a physician extender. Moreover, few providers in rural areas have the capacity to build in-house RPM or RTM programs, especially considering the proposed cuts in reimbursement. Penalizing providers for using these partnerships disincentivizes the adoption of effective technology-enabled care solutions." [Premier](#)

TARGETED GUARDRAILS WITHOUT CUTTING ACCESS

"FAH's overarching concern is that the **proposed policies are substantially broader than necessary and will have significant adverse consequences for patients.** CMS should instead implement narrowly tailored, targeted guardrails to address the identified risks while preserving beneficiary access to legitimate RPM and RTM services that have become an important component of care management and post-discharge care." [Federation of American Hospitals](#)

"**CMS has simply not created a mechanism or requirement for providers to report this data.** We call on CMS to implement all OIG recommendations and use the data collected through these changes to inform a more nuanced future policymaking on remote monitoring." [Alliance for Connected Care](#)

"CTA **supports alternative guardrails** to help address potentially inappropriate or fraudulent billing that have been proposed by the [Remote Monitoring Leadership Council](#)." [Consumer Technology Association](#)

"CMS should require periodic redeterminations of medical necessity, eliminate geographic payment adjustments, and collect more detailed claims data...The agency should also continue working toward outcomes-based payment..." [Bipartisan Policy Center](#)

RURAL HEALTH TRANSFORMATION PROGRAM

"**At a time when the Administration is making historic investments to expand technology-enabled care and address chronic disease, these proposals run counter to those efforts.**"

[American Hospital Association](#)

"Forty-seven states have **prioritized investments** for remote monitoring in the Rural Health Transformation Program (RHTP).

These proposals would jeopardize the sustainability of RHTP investments before they are even fully implemented. It would make statewide scaling significantly more difficult, limit participation by small rural practices, and undermine the ability of states to sustain these programs after time-limited federal funding expires.

[Alliance for Connected Care](#)

FLEXIBLE PARTNERSHIPS ESSENTIAL FOR PROVIDERS

"Changes of this magnitude beginning **only months from now** would result in immediate and significant disruption for Medicare beneficiaries"

[American Hospital Association](#)

"Many providers, including independent, rural and safety-net hospitals, simply do not have the staffing capacity or other resources necessary to provide these services to patients without the use of contractors. **For many hospitals and health systems, it is a strategic business decision to rely on outside parties with specific expertise in certain areas,** such as technology support; device setup, maintenance and retrieval; and patient education on the use of specialized equipment." [American Hospital Association](#)

"Over 35% of surveyed RHCs offer RPM, RTM, or both, with over a quarter of these facilities partnering with a third-party vendor in delivering those services...If finalized, **many RHCs indicated they would no longer be able to provide such services to their patients,** and it is also likely to significantly impact future uptake of these needed services in rural communities where **additional staffing presents unique challenges that are often alleviated through third-party partnerships.**" [National Association of Rural Health Clinics](#)

"RPM vendors provide a large proportion of technical monitoring services to patients. **Capacity does not exist for practices and clinics** to take on this burden exclusively utilizing in-house clinical staff and supplies/equipment **starting January 1, 2027.** Such a change would **massively disrupt patient care.**" [American College of Cardiology](#)

"NAACOS strongly opposes this proposal, which **disregards the role that vendor partnerships can play in increasing efficiency,** lowering the cost of care, and making remote monitoring a viable option. Clinically integrated vendor arrangements provide specialized expertise, clinical staffing, technology and operational infrastructure, and patient engagement capabilities that allow remote monitoring programs to scale efficiently and sustainably while preserving clinician oversight and accountability for care." [National Association of ACOs](#)