WHAT THEY ARE 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 concerned 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 IS A RURAL HEALTH LIFELINE

"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

"**Coordinated care teams play a key role** in that achievement, **alongside the RPM devices** utilized by patients. RPM is particularly valuable for CHCs serving rural communities, where patients may travel significant distances for routine follow-up care and face transportation or workforce barriers to accessing in-person services. By allowing care teams to **monitor chronic conditions such as diabetes and hypertension between visits**, RPM can help CHCs identify changes in a patient's condition earlier and maintain ongoing connections with patients who may otherwise have difficulty accessing frequent in-person care." National Association of Community Health Centers (NACHC)

"**Remote monitoring services align with the Trump Administration's goal** to move towards continuous and proactive care. These services allow rural clinicians to identify a patient's worsening condition before they end up in an emergency room and allow physicians and clinical staff to catch medication management issues earlier on. **This foresight enables clinicians to respond** to changes in patient conditions by adjusting treatment plans **before a crisis occurs**…**RPM/RTM services decrease the cost to taxpayers by preventative/responsive care.** National Rural Health Association

"Out of necessity, Harris Health and other "super" safety net hospitals control costs and improve outcomes by shifting from reactive, high-cost sick care to proactive, value-based health promotion and disease prevention practices. **RPM and RTM are integral to this approach**." Harris Health

"Many practices, particularly small, rural, and safety-net practices, **may not have the staffing, infrastructure, or financial resources** necessary to operate remote monitoring programs entirely through direct employees. **These practices could be forced to reduce enrollment, discontinue programs, or stop offering remote monitoring** services altogether." American College of Gastroenterology

FEDERAL LEADERS SAY THE PROPOSAL RISKS UNDERMINING RURAL HEALTH PRIORITIES

This proposed rule **works against bipartisan efforts by Congress and HHS** itself to strengthen rural access to remote monitoring.

"We recognize the benefit remote monitoring has on both improved patient health and health system savings. The Rural Patient Monitoring Access Act (H.R.3108) recently advanced from the Ways and Means Committee with unanimous support. **Congress, states, and providers are working to expand technology-enabled care, strengthen the rural health workforce**, modernize health information infrastructure, and support care in the home through the Rural Health Transformation Program. **Remote monitoring is central to these rural health transformation efforts.**"

Rep. David Kustoff (R-TN), Troy Balderson (R-OH), Mark Pocan (D-WI), Don Davis (D-NC) and 30 colleagues in a bipartisan letter to CMS

"**We are concerned that the provisions in the proposed rule will disrupt the care** delivery models that CMS and the states are working to build." Sen. Marsha Blackburn (R-TN) and Sen. Mark Warner (D-VA) in a letter to CMS

"…suggests that **CMS consider alternative changes** to the proposed fee schedule that **effectively implement the recommendations of the Inspector General report** without posing significant economic impacts on small businesses."
Small Business Administration Office of Advocacy

REMOTE MONITORING IS CORE TO CHRONIC DISEASE PREVENTION

"**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

"**Refusing to pay for these services runs contrary to** HHS stated goal to **"Make America Healthy Again"** by more effectively combating the chronic disease epidemic through preventative care." Healthcare Information and Management Systems Society

"After the **federal government established and supported these remote-care policies during the first Trump Administration**, health systems invested for more than five years in virtual chronic-disease management and RPM infrastructure, staffing, technology, and workflows. Those **investments are now producing measurable clinical results**. CMS asked us to build lower-cost care models; we invested, improved outcomes, and scaled them; and **now the proposed rule would make those programs economically unsustainable.**" Rush University System for Health

The Alliance for Connected Care will continue adding stakeholder perspectives as comments are published.
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ALLIANCE for CONNECTED CARE

TARGETED GUARDRAILS WITHOUT CUTTING ACCESS

"...UHG is concerned that **restricting reimbursement** to services delivered only by practice-employed staff **could unintentionally limit beneficiary access and disrupt effective care models** that rely on specialized third-party monitoring support.

UHG encourages CMS to **pursue targeted oversight** mechanisms that address fraud, waste, and abuse while allowing providers to continue using compliant, high-quality third-party monitoring arrangements."

UnitedHealth Group

"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

"...**CMS should avoid a categorical approach**, especially one that reduces access for patients in rural, underserved, or workforce-constrained communities, where remote monitoring can extend limited clinical capacity and support timely intervention.

Rather than broadly prohibiting contracted clinical support, **CMS should establish clear accountability standards** for arrangements involving third-party technology or service organizations. The billing practitioner should remain responsible for patient selection, the plan of care, clinical oversight, documentation, and action on clinically significant findings."

CVS Health

"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

FLEXIBLE PARTNERSHIPS ESSENTIAL FOR PROVIDERS

"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

"If a practice lacks the capacity to provide consistent remote monitoring services, several negative effects may result...**remote monitoring is often used preventively** to enable early detection and intervention for potential issues. **Without this** opportunity, **patients may return** to a care setting **only after conditions have progressed far** enough that the cost and nature of treatment may have escalated." American Academy of Physician Associates

"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

"Amid **severe national clinical workforce constraints**, integrated delivery networks like Ascension **rely on centralized virtual care hubs and specialized vendor partnerships** to maintain 24/7 monitoring oversight...rigidly restricting supervision to direct employees of an individual billing practice fails to recognize modern operational structures that centralize monitoring staff across multiple health system entities and TINs." Ascension Health

"We are deeply concerned about these proposed changes, and respectfully request CMS not finalize these changes as proposed. They would result in **significant disruption to patient care**, inhibit access to these technologies for patients, and place a significant burden on health care providers." American Association of Nurse Practitioners

REMOTE MONITORING IS CARE, NOT JUST A DEVICE

"Duke Health's experience demonstrates that **RPM is most effective** when it **combines technology, clinical protocols**, centralized monitoring resources, and physician oversight into **a coordinated care model**. As written, the restriction would likely require us to discontinue or materially reduce services for our patients. The consequences would be delayed intervention, reduced support for patients and caregivers, and more avoidable emergency department visits and hospitalizations." Duke University Health System

"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

"**Contracted staff may function as part of a well-integrated, physician-directed care team**, while employed staff may work within a poorly designed monitoring program...A direct employment requirement could disproportionately affect small, rural, and independent practices that lack the volume or resources to employ dedicated monitoring staff, unintentionally favoring larger or vertically integrated organizations." American College of Physicians

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

American Hospital Association

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