

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 5394
OFFERED BY M. _____**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Expanding Remote
3 Monitoring Access Act”.

**4 SEC. 2. ENSURING APPROPRIATE ACCESS TO REMOTE
5 MONITORING SERVICES FURNISHED UNDER
6 THE MEDICARE PROGRAM.**

7 (a) IN GENERAL.—Notwithstanding any other provi-
8 sion of law, the Secretary of Health and Human Services
9 (in this section referred to as the “Secretary”) shall en-
10 sure that remote monitoring services furnished under title
11 XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)
12 during the period beginning 1 year after the date of the
13 enactment of this Act and ending on the date that is 2
14 years after such date of enactment are payable for a min-
15 imum of 2 days of data collection over a 30-day period,
16 regardless of whether the individual receiving such services
17 has been diagnosed with, or is suspected of having,
18 COVID–19.

1 (b) REPORT.—

2 (1) IN GENERAL.—Not later than 1 year after
3 the date of the enactment of this Act, the Secretary
4 shall, after consulting with entities specified in para-
5 graph (2), submit to Congress a report that includes
6 the following:

7 (A) To the extent possible, a summary and
8 analysis of previous experience with such re-
9 mote monitoring services being payable under
10 such title for a minimum of 2 days of data col-
11 lection over a 30-day period.

12 (B) Recommendations for implementing a
13 payment model that takes into account patient
14 acuity and cost of providing remote monitoring
15 services, including potentially creating differen-
16 tial payments for periods with different dura-
17 tions, such as fewer than and more than 16
18 days.

19 (C) An analysis and justification for the
20 appropriate place of service and supervision re-
21 quirements for non-clinical staff reviewing and
22 escalating patient data and provide rec-
23 ommendations.

24 (D) An analysis of the estimated savings
25 resulting from earlier interventions and fewer

1 days of hospitalizations among patients fur-
2 nished remote monitoring services.

3 (2) SPECIFIED ENTITIES.—For purposes of
4 paragraph (1), the entities specified in this para-
5 graph are the following:

6 (A) Relevant agencies within the Depart-
7 ment of Health and Human Services (including,
8 with respect to issues relating to waste, fraud,
9 or abuse, the Inspector General of such Depart-
10 ment).

11 (B) The Department of Veterans Affairs
12 (including the Office of Connected Care of such
13 Department).

14 (C) Licensed and practicing osteopathic
15 and allopathic physicians, anesthesiologists,
16 physician assistants, and nurse practitioners.

17 (D) Hospitals, health systems, academic
18 medical centers, and other medical facilities,
19 such as acute care hospitals, cancer hospitals,
20 psychiatric hospitals, hospital emergency de-
21 partments, facilities furnishing urgent care
22 services, ambulatory surgical centers, Federally
23 qualified health centers, rural health clinics,
24 and post-acute care and long-term care facili-
25 ties.

1 (E) Medical professional organizations and
2 medical specialty organizations.

3 (F) Organizations with expertise in the de-
4 velopment of or operation of innovative remote
5 physiologic monitoring services technologies.

6 (G) Beneficiary advocacy organizations.

7 (H) The American Medical Association
8 Current Procedural Terminology Editorial
9 Panel.

10 (I) Commercial payers.

11 (J) Any other entity determined appro-
12 priate by the Secretary.

13 (c) DEFINITIONS.—In this section:

14 (1) REMOTE MONITORING.—The term “remote
15 monitoring” means remote physiologic monitoring
16 and remote therapeutic monitoring.

17 (2) REMOTE PHYSIOLOGIC MONITORING.—The
18 term “remote physiologic monitoring” means non-
19 face-to-face monitoring and analysis of physiologic
20 factors used to understand a patient’s health status,
21 including the collection, analysis, and interpretation
22 of patient physiologic data that are used to develop
23 and manage a treatment plan related to chronic or
24 acute conditions.

1 (3) REMOTE THERAPEUTIC MONITORING.—The
2 term “remote therapeutic monitoring” means the
3 use of medical devices to monitor a patient’s health
4 or response to treatment using non-physiological
5 data.

