

117TH CONGRESS
1ST SESSION

H. R. 4347

To ensure appropriate access to remote physiologic monitoring services
furnished under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

JULY 2, 2021

Mr. BALDERSON (for himself and Ms. PORTER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To ensure appropriate access to remote physiologic
monitoring services furnished under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Analyzing the Dura-
5 tion of Remote Monitoring Services Act of 2021”.

1 **SEC. 2. ENSURING APPROPRIATE ACCESS TO REMOTE**
2 **PHYSIOLOGIC MONITORING SERVICES FUR-**
3 **NISHED UNDER THE MEDICARE PROGRAM.**

4 (a) **IN GENERAL.**—Notwithstanding any other provi-
5 sion of law, the Secretary of Health and Human Services
6 (in this section referred to as the “Secretary”) shall en-
7 sure that remote physiologic monitoring services furnished
8 under title XVIII of the Social Security Act (42 U.S.C.
9 1395 et seq.) during the period beginning on the date of
10 the enactment of this Act and ending on the date that
11 is 2 years after the last day of the emergency period de-
12 scribed in section 1135(g)(1)(B) of such Act (42 U.S.C.
13 1320b–5(g)(1)(B)) are payable for a minimum of 2 days
14 of data collection over a 30-day period (as described at
15 85 Fed. Reg. 84544), regardless of whether the individual
16 receiving such services has been diagnosed with, or is sus-
17 pected of having, COVID–19.

18 (b) **REPORTS.**—Not later than 18 months after the
19 last day of the emergency period described in subsection
20 (a), and again 5 years after the date on which the first
21 report is submitted under this subsection, the Secretary
22 shall submit to Congress a report specifying the appro-
23 priate number of days of data collection over a 30-day pe-
24 riod that should be required for payment for remote phys-
25 iologic monitoring services furnished under title XVIII of
26 the Social Security Act (42 U.S.C. 1395 et seq.) and for

1 any other remote monitoring services payable under such
2 title. Such appropriate number of days so specified may
3 vary depending on the condition with respect to which
4 such services are furnished, taking into account clinical
5 protocols for the treatment and management of such con-
6 dition. In determining such number of days, the Secretary
7 shall—

8 (1) take into account the experience with such
9 remote physiologic monitoring services being payable
10 under such title for a minimum of 2 days of data
11 collection over a 30-day period during the period be-
12 ginning on the first day of the emergency period de-
13 scribed in subsection (a) and ending on the date that
14 is 1 year after the last day of such emergency pe-
15 riod; and

16 (2) consult with—

17 (A) relevant agencies within the Depart-
18 ment of Health and Human Services (including,
19 with respect to issues relating to waste, fraud,
20 or abuse, the Inspector General of such Depart-
21 ment);

22 (B) licensed and practicing osteopathic and
23 allopathic physicians, anesthesiologists, physi-
24 cian assistants, and nurse practitioners;

1 (C) hospitals, health systems, academic
2 medical centers, and other medical facilities,
3 such as acute care hospitals, cancer hospitals,
4 psychiatric hospitals, hospital emergency de-
5 partments, facilities furnishing urgent care
6 services, ambulatory surgical centers, and post-
7 acute care and long-term care facilities;

8 (D) medical professional organizations and
9 medical specialty organizations;

10 (E) organizations with expertise in the de-
11 velopment of or operation of innovative remote
12 physiologic monitoring services technologies;

13 (F) beneficiary advocacy organizations;

14 (G) the American Medical Association Cur-
15 rent Procedural Terminology Editorial Panel;
16 and

17 (H) any other entity determined appro-
18 priate by the Secretary.

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