

109TH CONGRESS
1ST SESSION

S. 2022

To amend title XVIII of the Social Security Act to provide for coverage of remote patient management services for chronic health care conditions under the Medicare program.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 16, 2005

Mr. COLEMAN (for himself and Mr. BINGAMAN) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to provide for coverage of remote patient management services for chronic health care conditions 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 “Remote Monitoring
5 Access Act of 2005”.

1 **SEC. 2. COVERAGE OF REMOTE PATIENT MANAGEMENT**
 2 **SERVICES FOR CHRONIC HEALTH CARE CON-**
 3 **DITIONS.**

4 (a) IN GENERAL.—Section 1861(s)(2) of the Social
 5 Security Act (42 U.S.C. 1395x(s)(2)) is amended—

6 (1) in subparagraph (Y), by striking “and” at
 7 the end;

8 (2) in subparagraph (Z), by inserting “and” at
 9 the end; and

10 (3) by inserting after subparagraph (Z) the fol-
 11 lowing new subparagraph:

12 “(AA) remote patient management services
 13 (as defined in subsection (bbb));”.

14 (b) SERVICES DESCRIBED.—Section 1861 of the So-
 15 cial Security Act (42 U.S.C. 1395x) is amended by adding
 16 at the end the following new subsection:

17 “Remote Patient Management Services
 18 “(bbb)(1) The term ‘remote patient management
 19 services’ means the remote monitoring and management
 20 of an individual with a covered chronic health condition
 21 (as defined in paragraph (2)) through the utilization of
 22 a system of technology that allows a remote interface to
 23 collect and transmit clinical data between the individual
 24 and the responsible physician or supplier for the purposes
 25 of clinical review or response by the physician or supplier.

1 “(2) For purposes of paragraph (1), the term ‘cov-
2 ered chronic health condition’ includes—

3 “(A) heart failure;

4 “(B) diabetes;

5 “(C) cardiac arrhythmia; and

6 “(D) any other chronic condition determined by
7 the Secretary to be appropriate for treatment
8 through remote patient management services.

9 “(3)(A) The Secretary, in consultation with appro-
10 priate physician groups, may develop guidelines on the fre-
11 quency of billing for remote patient management services.
12 Such guidelines shall be determined based on medical ne-
13 cessity and shall be sufficient to ensure appropriate and
14 timely monitoring of individuals being furnished such serv-
15 ices.

16 “(B) The Secretary, acting through the Agency for
17 Health Care Research and Quality, shall do the following:

18 “(i) Not later than 1 year after the date of en-
19 actment of the Remote Monitoring Access Act of
20 2005, develop, in consultation with appropriate phy-
21 sician groups, a standard of care and quality stand-
22 ards for remote patient management services for the
23 covered chronic health conditions specified in sub-
24 paragraphs (A), (B), and (C) of paragraph (2).

1 “(ii) If the Secretary makes a determination
 2 under paragraph (2)(D) with respect to a chronic
 3 condition, develop, in consultation with appropriate
 4 physician groups, a standard of care and quality
 5 standards for remote patient management services
 6 for such condition within 1 year of such determina-
 7 tion.

8 “(iii) Periodically review and update such
 9 standards of care and quality standards under this
 10 subparagraph as necessary.”.

11 (c) PAYMENT UNDER THE PHYSICIAN FEE SCHED-
 12 ULE.—Section 1848 of the Social Security Act (42 U.S.C.
 13 1395w-4) is amended—

14 (1) in subsection (c)(2)—

15 (A) in subparagraph (B)—

16 (i) in clause (ii)(II), by striking
 17 “clause (iv)” and inserting “clauses (iv)
 18 and (v)”; and

19 (ii) by adding at the end the following
 20 new clause:

21 “(v) BUDGETARY TREATMENT OF
 22 CERTAIN SERVICES.—The additional ex-
 23 penditures attributable to services de-
 24 scribed in section 1861(s)(2)(AA) shall not

1 be taken into account in applying clause
2 (ii)(II) for 2006.”; and

3 (B) by adding at the end the following new
4 paragraph:

5 “(7) TREATMENT OF REMOTE PATIENT MAN-
6 AGEMENT SERVICES.—In determining relative value
7 units for remote patient management services (as
8 defined in section 1861(bbb)), the Secretary, in con-
9 sultation with appropriate physician groups, shall
10 take into consideration—

11 “(A) costs associated with such services,
12 including physician time involved, installation
13 and information transmittal costs, costs of re-
14 mote patient management technology (including
15 devices and software), and resource costs nec-
16 essary for patient monitoring and follow-up
17 (but not including costs of any related item or
18 non-physician service otherwise reimbursed
19 under this title); and

20 “(B) the level of intensity of services pro-
21 vided, based on—

22 “(i) the frequency of evaluation nec-
23 essary to manage the individual being fur-
24 nished the services;

1 “(ii) the amount of time necessary
 2 for, and the complexity of, the evaluation,
 3 including the information that must be ob-
 4 tained, reviewed, and analyzed; and

5 “(iii) the number of possible diagnoses
 6 and the number of management options
 7 that must be considered.”; and

8 (2) in subsection (j)(3), by inserting “(2)(AA),”
 9 after “(2)(W),”.

10 (d) INCENTIVE PAYMENTS.—Section 1833 of the So-
 11 cial Security Act (42 U.S.C. 1395l) is amended by adding
 12 at the end the following new subsection:

13 “(v) INCENTIVE FOR MEETING CERTAIN STANDARDS
 14 OF CARE AND QUALITY STANDARDS IN THE FURNISHING
 15 OF REMOTE PATIENT MANAGEMENT SERVICES.—In the
 16 case of remote patient management services (as defined
 17 in section 1861(bbb)) that are furnished by a physician
 18 who the Secretary determines meets or exceeds the stand-
 19 ards of care and quality standards developed by the Sec-
 20 retary under paragraph (3)(B) of such section for such
 21 services, in addition to the amount of payment that would
 22 otherwise be made for such services under this part, there
 23 shall also be paid to the physician (or to an employer or
 24 facility in cases described in clause (A) of section
 25 1842(b)(6)) (on a monthly or quarterly basis) from the

1 Federal Supplementary Medical Insurance Trust Fund an
2 amount equal to 10 percent of the payment amount for
3 the service under this part.”.

4 (e) EFFECTIVE DATE.—The amendments made by
5 this section shall apply to services furnished on or after
6 January 1, 2006.

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