

110TH CONGRESS
2D SESSION

H. R. 5765

To amend title XVIII of the Social Security Act to cover remote patient management services for certain chronic health conditions under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

APRIL 10, 2008

Ms. ESHOO (for herself, Mr. PICKERING, Mr. TANNER, Mr. HULSHOF, Mr. STUPAK, Mr. RAMSTAD, Mr. CAMP of Michigan, and Mr. LINDER) 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 amend title XVIII of the Social Security Act to cover remote patient management services for certain chronic health 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 “Medicare Remote Mon-
5 itoring Access Act of 2008”.

1 **SEC. 2. REMOTE PATIENT MANAGEMENT SERVICES FOR**
2 **CHRONIC HEALTH CONDITIONS UNDER THE**
3 **MEDICARE PROGRAM.**

4 (a) COVERAGE OF REMOTE PATIENT MANAGEMENT
5 SERVICES FOR CERTAIN CHRONIC HEALTH CONDI-
6 TIONS.—

7 (1) IN GENERAL.—Section 1861(s)(2) of the
8 Social Security Act (42 U.S.C. 1395x(s)(2)) is
9 amended—

10 (A) in subparagraph (Z), by striking
11 “and” at the end;

12 (B) in subparagraph (AA), by inserting
13 “and” at the end; and

14 (C) by inserting after subparagraph (AA)
15 the following new subparagraph:

16 “(BB) remote patient management services (as
17 defined in subsection (ccc));”.

18 (2) SERVICES DESCRIBED.—Section 1861 of
19 the Social Security Act (42 U.S.C. 1395x) is amend-
20 ed by adding at the end the following new sub-
21 section:

22 “(ccc) REMOTE PATIENT MANAGEMENT SERVICES
23 FOR CHRONIC HEALTH CONDITIONS.—(1) The term ‘re-
24 mote patient management services’ means the remote
25 monitoring, evaluation, and management of an individual
26 with a covered chronic health condition (as defined in

1 paragraph (2)), insofar as such monitoring, evaluation,
2 and management is with respect to such condition,
3 through the utilization of a system of technology that al-
4 lows a remote interface to collect and transmit clinical
5 data between the individual and the responsible physician
6 (as defined in subsection (r)) or supplier (as defined in
7 subsection (d)) for the purposes of clinical review or re-
8 sponse by the physician or supplier.

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

11 “(A) heart failure; and

12 “(B) cardiac arrhythmia.

13 “(3)(A) Not later than January 1, 2010, the Sec-
14 retary, in consultation with appropriate physician and sup-
15 plier groups, shall develop guidelines on the frequency of
16 billing for remote patient management services. Such
17 guidelines shall be determined based on medical necessity
18 and shall be sufficient to ensure appropriate and timely
19 monitoring of individuals being furnished such services.

20 “(B) The Secretary shall do the following:

21 “(i) Not later than 2 years after the date of the
22 enactment of this subsection, develop, in consulta-
23 tion with appropriate physician and supplier groups,
24 standards (governing such matters as qualifications
25 of personnel and the maintenance of equipment) for

remote patient management services for the covered chronic health conditions specified in subparagraphs (A) and (B) of paragraph (2).

“(ii) Periodically review and update such standards under this subparagraph as necessary.”.

(3) PAYMENT UNDER THE PHYSICIAN FEE SCHEDULE.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended—

(A) in subsection (c)—

(i) in paragraph (2)((B)—

(I) in clause (ii)(II), by striking

“and (v)” and inserting “(v), (and (vi))”; and

(II) by adding at the end the fol-

lowing new clause:

“(vi) BUDGETARY TREATMENT OF CERTAIN SERVICES.—The additional expenditures attributable to services described in section 1861(s)(2)(BB) shall not be taken into account in applying clause (ii)(II) for 2010.”; and

(ii) by adding at the end the following new paragraph:

“(7) TREATMENT OF REMOTE PATIENT MANAGEMENT SERVICES.—

1 “(A) In determining relative value units
2 for remote patient management services (as de-
3 fined in section 1861(ccc)), the Secretary, in
4 consultation with appropriate physician groups,
5 shall take into consideration—

6 “(i) physician resources, including
7 physician time and the level of intensity of
8 services provided, based on—

9 “(I) the frequency of evaluation
10 necessary to manage the individual
11 being furnished the services;

12 “(II) the complexity of the eval-
13 uation, including the information that
14 must be obtained, reviewed, and ana-
15 lyzed; and

16 “(III) the number of possible di-
17 agnoses and the number of manage-
18 ment options that must be considered;
19 and

20 “(ii) practice expense costs associated
21 with such services, including installation
22 and information transmittal costs, costs of
23 remote patient management technology
24 (including equipment and software), and
25 resource costs necessary for patient moni-

toring and follow-up (but not including costs of any related item or non-physician service otherwise reimbursed under this title).

“(iii) malpractice expense resources.

“(B) Using the relative value units determined in subparagraph (A), the Secretary shall provide for separate payment for such services and shall not adjust the relative value units assigned to other services that might otherwise have been determined to include such separately paid remote patient management services.”; and

(B) in subsection (j)(3), by inserting “(2)(BB)” after “(2)(AA),”.

(4) EFFECTIVE DATE.—

(A) IN GENERAL.—The amendments made by this section shall apply to services furnished on or after January 1, 2010 without regard to whether the guidelines under paragraph (3)(A) or the standards under paragraph (3)(B) of section 1861(ccc) of the Social Security Act (as added by paragraph (2)) have been developed.

(B) AVAILABILITY OF CODES AS OF JANUARY 1, 2010.—The Secretary of Health and Human Services shall—

1 (i) promptly evaluate existing codes
2 that would be used to bill for remote pa-
3 tient management services (as defined in
4 paragraph (1) of such section 1861(ccc),
5 as so added) under title XVIII of the So-
6 cial Security Act; and

7 (ii) if the Secretary determines that
8 new codes are necessary to ensure accurate
9 reporting and billing of such services under
10 such title, issue such codes so that they are
11 available for use as of January 1, 2010.

12 (b) DEMONSTRATION PROJECT FOR THE COVERAGE
13 OF REMOTE PATIENT MANAGEMENT SERVICES FOR AD-
14 DITIONAL CHRONIC HEALTH CONDITIONS UNDER THE
15 MEDICARE PROGRAM.—

16 (1) ESTABLISHMENT.—

17 (A) IN GENERAL.—The Secretary shall es-
18 tablish a demonstration project for the purpose
19 of evaluating the impact and benefits of cov-
20 ering under the Medicare program remote pa-
21 tient management services for certain chronic
22 health conditions.

23 (B) CONSULTATION.—In establishing the
24 demonstration project, the Secretary shall con-
25 sult with appropriate physician and supplier

groups, eligible beneficiaries, and organizations representing eligible beneficiaries.

(C) PARTICIPATION.—Any eligible beneficiary may participate in the demonstration project on a voluntary basis.

(2) CONDUCT OF THE DEMONSTRATION PROJECT.—

(A) SITES.—

(i) SELECTION OF DEMONSTRATION SITES.—The Secretary shall conduct the demonstration project at 3 sites.

(ii) GEOGRAPHIC DIVERSITY.—In selecting the sites under clause (i), the Secretary shall ensure that at least 1 of the sites is in a rural area.

(B) IMPLEMENTATION; DURATION.—

(i) IMPLEMENTATION.—The Secretary shall implement the demonstration project not later than January 1, 2010.

(ii) DURATION.—The Secretary shall complete the demonstration project by the date that is 2 years after the date on which the demonstration project is implemented.

(3) EVALUATION AND REPORT.—

1 (A) EVALUATION.—The Secretary shall
2 conduct an evaluation of the demonstration
3 project—

4 (i) to determine improvements in the
5 quality of care and utilization of services
6 received by eligible beneficiaries partici-
7 pating in the demonstration project;

8 (ii) to determine the cost of providing
9 payment for remote monitoring services
10 under the Medicare program;

11 (iii) to determine the satisfaction of
12 eligible beneficiaries participating in the
13 demonstration projects; and

14 (iv) to evaluate such other matters as
15 the Secretary determines is appropriate.

16 (4) WAIVER AUTHORITY.—The Secretary may
17 waive such provisions of titles XI and XVIII of the
18 Social Security Act as the Secretary determines to
19 be appropriate for the conduct of the demonstration
20 project.

21 (5) FUNDING.—

22 (A) DEMONSTRATION.—

23 (i) IN GENERAL.—Subject to clause
24 (ii), the Secretary shall provide for the
25 transfer from the Federal Supplementary

1 Medical Trust Fund under section 1841 of
2 the Social Security Act (42 U.S.C. 1395t)
3 of such funds as are necessary for the
4 costs of carrying out the demonstration
5 project.

6 (ii) CAP ON EXPENDITURES.—The
7 amount transferred under clause (i) for the
8 period during which the demonstration
9 project is conducted may not exceed an
10 amount equal to the lesser of—

11 (I) \$9,000,000; or

12 (II) an amount equal to the costs
13 of providing remote monitoring serv-
14 ices to 7,500 individuals during such
15 period.

16 (B) EVALUATION AND REPORT.—There
17 are authorized to be appropriated such sums as
18 are necessary for the purpose of conducting the
19 evaluation and developing and submitting the
20 report to Congress under paragraph (3).

21 (6) DEFINITIONS.—In this section:

22 (A) REMOTE PATIENT MANAGEMENT SERV-
23 ICES.—The term “remote patient management
24 services” means the remote monitoring, evalua-
25 tion, and management of an individual with a

1 covered chronic health condition (as defined in
2 paragraph (B)), insofar as such monitoring,
3 evaluation, and management is with respect to
4 such condition, through the utilization of a sys-
5 tem of technology that allows a remote interface
6 to collect and transmit clinical data between the
7 individual and the responsible physician (as de-
8 fined in subsection (r) of section 1861 of the
9 Social Security Act (42 U.S.C. 1395X))) or
10 supplier (as defined in subsection (d) of such
11 section) for the purposes of clinical review or
12 response by the physician or supplier.

13 (B) COVERED CHRONIC HEALTH CONDI-
14 TION.—The term “covered chronic health condi-
15 tion” means diabetes, sleep apnea, or epilepsy.

16 (C) DEMONSTRATION PROJECT.—The term
17 “demonstration project” means a demonstra-
18 tion project conducted under this subsection.

19 (D) ELIGIBLE BENEFICIARY.—The term
20 “eligible beneficiary” means an individual who
21 is enrolled under part B of the Medicare pro-
22 gram and has a covered chronic health condi-
23 tion.

24 (E) MEDICARE PROGRAM.—The term
25 “Medicare program” means the health benefits

1 program under title XVIII of the Social Secu-
2 rity Act (42 U.S.C. 1395 et seq.).

3 (F) SECRETARY.—The term “Secretary”
4 means the Secretary of Health and Human
5 Services.

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