

110TH CONGRESS
1ST SESSION

S. 631

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

FEBRUARY 15, 2007

Mr. COLEMAN 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 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Remote patient monitoring can make chron-
2 ic disease management more effective and efficient
3 for patients and the health care system.

4 (2) By collecting, analyzing, and transmitting
5 clinical health information to a health care practi-
6 tioner, remote monitoring technologies allow patients
7 and physicians to manage the patient's condition in
8 a consistent and real-time fashion.

9 (3) Utilization of these technologies not only
10 improves the quality of care given to patients, it also
11 reduces the need for frequent physician office ap-
12 pointments, costly emergency room visits, and un-
13 necessary hospitalizations.

14 (4) Monitoring a patient's disease from the
15 home reduces the need for face-to-face physician
16 interactions, thereby minimizing unnecessary travel
17 and missed work and providing particular value to
18 individuals residing in rural or underserved commu-
19 nities who would otherwise face potentially signifi-
20 cant access barriers to receiving needed care.

21 (5) Four major areas in which remote manage-
22 ment technologies are emerging in health care are
23 the treatment of congestive heart failure, diabetes,
24 cardiac arrhythmia, and sleep apnea (sleep dis-
25 ordered breathing). Prompt transmission of clinical

1 data on each of these conditions, to the physician or
2 the patient as appropriate, are essential to providing
3 timely and appropriate therapeutic interventions
4 which can then reduce expensive hospitalizations.

5 (6) Despite these innovations, remote manage-
6 ment technologies have failed to diffuse rapidly. A
7 significant barrier to wider adoption is the relative
8 lack of payment mechanisms in fee-for-service Medi-
9 care to reimburse for remote, non-face-to-face man-
10 agement.

11 (7) This Act will eliminate this barrier to new
12 technologies by requiring Medicare to reimburse doc-
13 tors for time spent analyzing data transmitted to
14 them by remote patient management technologies.

15 (8) This Act also promotes high quality care by
16 requiring the Secretary of Health and Human Serv-
17 ices to consult with physician groups to create a
18 standard of care and a quality standard for remote
19 patient management services for the covered chronic
20 conditions.

21 (9) This Act provides physicians with a finan-
22 cial incentive to meet or exceed the standard of care
23 and quality standards.

1 **SEC. 3. 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 (Z), by striking “and” at
 7 the end;

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

10 (3) by inserting after subparagraph (AA) the
 11 following new subparagraph:

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

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 “(ccc)(1) The term ‘remote patient management serv-
 19 ices’ means the remote monitoring and management of an
 20 individual with a covered chronic health condition (as de-
 21 fined in paragraph (2)) through the utilization of a system
 22 of technology that allows a remote interface to collect and
 23 transmit clinical data between the individual and the re-
 24 sponsible physician or supplier for the purposes of clinical
 25 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;

6 “(D) sleep apnea; and

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

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

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

19 “(i) Not later than 1 year after the date of en-
20 actment of the Remote Monitoring Access Act of
21 2007, develop, in consultation with appropriate phy-
22 sician groups, a standard of care and quality stand-
23 ards for remote patient management services for the
24 covered chronic health conditions specified in sub-
25 paragraphs (A), (B), (C), and (D) of paragraph (2).

1 “(ii) If the Secretary makes a determination
 2 under paragraph (2)(E) 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)—

15 (A) in paragraph (2)(B)—

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

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

20 “(vi) BUDGETARY TREATMENT OF
 21 CERTAIN SERVICES.—The additional ex-
 22 penditures attributable to services de-
 23 scribed in section 1861(s)(2)(BB) shall not
 24 be taken into account in applying clause
 25 (ii)(II) for 2008.”; and

1 (B) by adding at the end the following new
2 paragraph:

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

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

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

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

23 “(ii) the amount of time necessary
24 for, and the complexity of the evaluation,

1 including the information that must be ob-
 2 tained, reviewed, and analyzed; and

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

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

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

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

1 amount equal to 10 percent of the payment amount for
2 the service under this part.”.

3 (e) EFFECTIVE DATE.—The amendments made by
4 this section shall apply to services furnished on or after
5 January 1, 2008.

