

117TH CONGRESS  
1ST SESSION

# H. R. 4347

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

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## 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 subse-  
quently determined by the Speaker, in each case for consideration of such  
provisions as fall within the jurisdiction of the committee concerned

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## 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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