

**Explanation of Changes Reflected in the Chairman’s
Amendment in the Nature of a Substitute to
H.R. 3108, *Rural Patient Monitoring Access Act***

July 14, 2026

The Chairman’s amendment in the nature of a substitute includes the following changes to H.R. 3108 as introduced:

Page 1, line 6: Strike the entirety of “Sec. 2. Findings”.

Page 2, line 16: Rename “Sec. 3. Floor for Practice Expense and Malpractice Geographic Indices for Remote Patient Monitoring” to “Sec. 2. Practice Expense Index Floor.”

Page 2, line 20: Strike “by adding at the end the following new subparagraph” and insert:

“(1) in subparagraph (A), by striking “and (I)” and inserting “(I), and (J)”; and
(2) by adding at the end the following new subparagraph:”.

Page 2, line 24: Strike “Patient” and replace with “Physiologic” and add “Services” after “Monitoring”.

Page 2, line 25: Strike “Patient” and replace with “physiologic” and add “services (as defined in section 1834(bb)(3))” after “monitoring”.

Page 3, line 1: Strike “on or after January 1, 2026” and replace with “during the period beginning on January 1, 2028, and ending on December 31, 2032”.

Page 3, line 7: Strike “The preceding sentence shall not be applied in a budget neutral manner.”.

Page 3, line 9: Rename “Sec. 4. Ensuring High-Quality Remote Patient Monitoring Under Medicare” to “Sec. 3. Ensuring High-Quality Remote Physiologic Monitoring Services For Medicare Beneficiaries.”.

Page 3, line 14: Strike “(aa) Payment for Remote Patient Monitoring” and replace with “(bb) Payment for Remote Physiologic Monitoring Services.”.

Page 3, line 15 through line 22: Strike the text and replace with:

“(1) IN GENERAL.—Beginning January 1, 2028, with respect to remote physiologic monitoring services for which payment is made under the fee schedule established under section 1848(b), payment may only be made for such services if the Secretary determines that—

“(A) the supplier is capable of responding, directly or through a contractor, to any physiologic anomaly detected through the furnishing of such services;”.

Page 3, line 23 through page 4, line 2: strike the text and replace with:

“(B) such services are furnished through a device that is capable of transmitting in real time all relevant physiologic data in a format that is compatible with electronic health records, as needed; and”.

Page 4, line 3 through line 12: strike the text and replace with:

“(C) subject to paragraph (2), the supplier collects and reports such data as the Secretary may require for purposes of the report required under section 3(b) of the Rural Patient Monitoring Access Act.”.

Page 4, line 13: Insert the following text before “(b) Report.” in a new line underneath:

“(2) EXCEPTIONS FOR SMALL PRACTICES.—The Secretary shall specify circumstances under which the Secretary may waive the requirement under paragraph (1)(C) with respect to a supplier that is a small medical practice (as defined by the Secretary).

“(3) REMOTE PHYSIOLOGIC MONITORING SERVICES DEFINED.—In this section, the term ‘remote physiologic monitoring services’—

“(A) means non-face-to-face monitoring and analysis of physiologic factors used to understand the health status of an individual; and

“(B) includes the collection and analysis of the physiologic data of an individual for purposes of the treatment or management of a chronic or acute condition.”.

Page 4, line 14 through page 5, line 14: Strike all text after “Not later than” and replace with:

“January 1, 2031, the Secretary of Health and Human Services shall submit to Congress a report on differences in health outcomes between Medicare beneficiaries furnished remote physiologic monitoring services and similarly situated Medicare beneficiaries that were not furnished such services. Such report shall include the following:

(A) An analysis of claims data submitted with respect to Medicare beneficiaries furnished remote physiologic monitoring services and similarly situated Medicare beneficiaries that were not furnished such services, including, with respect to each such group of Medicare beneficiaries—

(i) the rate of hospital admissions; and

(ii) the average number of days spent as an inpatient after such an admission.

(B) With respect to Medicare beneficiaries furnished remote physiologic monitoring services and to the rate described in clause (i) of subparagraph (A) and the

average number of days described in clause (ii) of such subparagraph, an analysis of whether such beneficiaries were furnished care management services prior to a hospital admission.

(C) An analysis of the demographics and locations of residence of Medicare beneficiaries furnished remote physiologic monitoring services.”

Page 5, line 15: Insert the following text in a new line underneath the line ending “subsection:”

“(A) CARE MANAGEMENT SERVICES.—The term “care management services” means remote physiologic monitoring services identified by HCPCS code 99457 (or any successor code).”

Page 5, line 16: Strike “(A)” and replace with “(B)”.

Page 5, line 22 through Page 6, line 2: Strike “(B) Medicare Program” and the following text and replace with:

“(C) REMOTE PHYSIOLOGIC MONITORING SERVICES.—The term “remote physiologic monitoring services” has the meaning given such term in subsection (bb)(3) of section 1834 of the Social Security Act (42 U.S.C. 1395m).”