Congress of the United States
Washington, DC 20515

September 23, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Oz:

We write regarding the sweeping proposed changes to remote monitoring in the Calendar Year 2027 Medicare Physician Fee Schedule proposed rule.

We share CMS's commitment to strengthening program integrity and ensuring taxpayer dollars are used to provide high-quality services to Medicare beneficiaries. However, we are deeply concerned that the proposed policies would impede the ability for providers to deliver more efficient care for millions of Medicare beneficiaries, with particularly severe consequences for rural communities and patients served by hospitals as well as small and independent practices.

We urge CMS not to finalize these policies as proposed and instead work with Medicare beneficiaries, health care providers who utilize remote monitoring in their practice, and other stakeholders to collect any necessary data and develop targeted safeguards that address fraud, waste, and abuse without disrupting clinically appropriate care.

Remote monitoring services are especially important in rural communities, where patients often face long travel distances, transportation barriers, clinician shortages, hospital closures, and limited access to timely follow-up care. These services allow clinicians to monitor patients between visits, identify worsening conditions earlier, and intervene before a patient requires an emergency department visit or hospitalization. Congress, states, and providers are working to expand technology-enabled care, strengthen the rural health workforce, modernize health information infrastructure, and support care in the home. Remote monitoring is central to these rural health transformation efforts.[1,2,3] It extends the reach of limited clinical workforces, improves chronic disease management, supports patients following hospitalization, and helps rural residents remain stable and independent at home.

[1]https://virginiamercury.com/2026/08/28/va-officials-announce-disbursement-of-122-million-in-rural-health-transformation-fund-awards/
[2] https://www.tn.gov/health/rural.html
[3]https://johnsoncitypress.com/news/388602/ballad-healths-expanded-command-center-leverages-tech-in-medicine/

Further, this proposed rule works against bipartisan efforts by Congress and HHS itself to strengthen rural access to remote monitoring. Recently, the House Ways and Means Committee unanimously passed the *Rural Patient Monitoring Access Act*, which we introduced in the Senate. Additionally, HHS continues to work with states on the ongoing rollout of the $50 billion Rural Health Transformation Program (RHTP). Through the RHTP, CMS is partnering with states to make investments in rural health technology, enabling rural providers in many states to deploy RPM infrastructure. We are concerned that the provisions in the proposed rule will disrupt the care delivery models that CMS and the states are working to build.

The proposed rule would make a number of changes that would fundamentally impact how RPM services are provided. One concerning change would prohibit contracting for RPM clinical services and instead require RPM services to be provided by clinical staff employed by the billing practitioner or the practitioner's practice. Many hospitals and rural, small, and independent practices rely on specialized clinical and technology partners to make remote monitoring available. However, these vendors are not mere middlemen; they are specialized to partner with health care practitioners to help provide these services to medically complicated patients. These arrangements help practices manage patient onboarding, device support, data review, alert management, documentation, and clinical escalation under the oversight of the treating practitioner. Because both hospital as well as small and rural practices often lack the internal workforce to manage these programs entirely in-house, we urge CMS to develop a regulatory framework that protects against waste while preserving flexible staffing models. In addition to the above, the proposed rule also includes provisions that create new payment methodologies, reduce reimbursement, and require additional health care appointments, all while acknowledging that it is making some of these changes without even having all the information it needs.[4]

We share CMS's commitment to strengthen oversight of technology-enabled care, including remote patient monitoring (RPM). However, in 2024, the HHS Office of the Inspector General reviewed RPM and agreed that CMS "lacks key information for oversight."[5] OIG also made substantive recommendations that would enable CMS to create the data and accountability pathways to distinguish clinically integrated remote monitoring from arrangements that present genuine program integrity risk without imposing a blanket employment restriction. We believe CMS should work first to implement OIG's recommendations for collecting more information about how these services are being provided. Once CMS has that information, it can implement guardrails that appropriately steward taxpayer dollars by rooting out waste, fraud and abuse without leaving rural providers who are following the rules with fewer tools to serve their patients, which would only and push care back toward more costly emergency departments and institutional settings.

[4] https://www.govinfo.gov/content/pkg/FR-2026-07-16/pdf/2026-14327.pdf (Page 43893: "Specifically, we are concerned that, due to lack of information regarding the typical device used to perform these procedures, these services are overvalued."

[5] https://oig.hhs.gov/documents/evaluation/10001/OEI-02-23-00260.pdf

We respectfully urge CMS to reconsider the proposal's changes to remote patient monitoring, particularly the limits on remote monitoring staffing, and partner with providers, patient advocates, and remote monitoring stakeholders on program integrity standards that reach bad actors while preserving access for the beneficiaries these services were designed to serve.

Thank you for your attention. We look forward to your prompt reply.

Sincerely,

Marsha Blackburn
United States Senator

Mark R. Warner
United States Senator