

HR 3108

RPM Access Act

Congress: 119 (2025–2027, Current)

Chamber: House

Policy Area: Health

Introduced: Apr 30, 2025

Current Status: Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means

Latest Action: 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. (Apr 30, 2025)

Official Text: <https://www.congress.gov/bill/119th-congress/house-bill/3108>

Sponsor

Name: Rep. Kustoff, David [R-TN-8]

Party: Republican • **State:** TN • **Chamber:** House

Cosponsors (7 total)

| Cosponsor | Party / State | Role | Date Joined |
|-----------------------------------|---------------|------|--------------|
| Rep. Balderson, Troy [R-OH-12] | R · OH | | Apr 30, 2025 |
| Rep. Davis, Donald G. [D-NC-1] | D · NC | | Apr 30, 2025 |
| Rep. Pocan, Mark [D-WI-2] | D · WI | | Apr 30, 2025 |
| Rep. Miller, Carol D. [R-WV-1] | R · WV | | Jun 25, 2025 |
| Rep. Wittman, Robert J. [R-VA-1] | R · VA | | Sep 15, 2025 |
| Rep. Smith, Adrian [R-NE-3] | R · NE | | Feb 2, 2026 |
| Rep. Steube, W. Gregory [R-FL-17] | R · FL | | Feb 9, 2026 |

Committee Activity

| Committee | Chamber | Activity | Date |
|-------------------------------|---------|-------------|--------------|
| Energy and Commerce Committee | House | Referred To | Apr 30, 2025 |
| Ways and Means Committee | House | Referred To | Apr 30, 2025 |

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Rural Patient Monitoring Access Act or the RPM Access Act

This bill conditions Medicare payment for remote patient monitoring services on certain requirements.

Specifically, the bill conditions payment on (1) the ability of certain health care practitioners to be available in real time to respond to any detected anomalies; (2) the use of a system that can transmit relevant data in a format that is compatible with electronic health records, as needed; and (3) the reporting of such data, as required by the Centers for Medicare & Medicaid Services (CMS), to evaluate any cost savings as a result of such services.

The bill also establishes a floor for certain payment calculations with respect to such services.

The CMS must report on cost savings realized and expenses incurred from the use of such services over a four-year period.

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