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RE: HHS Health Sector AI RFI

Assistant Secretary Keane,

Remote Physiologic Monitoring (RPM) creates access to real-time data, empowering Americans, especially those in rural areas with less access to in-person care, to take accountability for their health in partnership with their clinicians. Patients appreciate building knowledge and self-management capability through the use of RPM tools. Artificial intelligence enhances RPM by transforming raw patient data into highly curated, clinically actionable insights delivered directly to the care team and patient. **We welcome the conversation on how HHS can accelerate the adoption and use of AI and RPM side-by-side. We look forward to working with HHS and ASTP to help shape the continued evolution of our health care system.**

The Remote Monitoring Leadership Council

The [Remote Monitoring Leadership Council](#) (RMLC) is a collaborative of eight, innovative companies operating across all 50 states and collectively offering a large percentage of all remote monitoring and care management services being delivered to Medicare beneficiaries. In addition to advancing patient access to these important tools, we have agreed to [promote best practices and standards](#) for the delivery of RPM services. Our companies collect vast amounts of patient data that are provided to both patients and treating providers. RPM data are crucial to the future of AI as part of clinical care. RPM introduces rapid movement of highly curated data to the clinical care team, who use it to make crucial treatment decisions. Our capabilities should be a top use case for efforts to unlock AI for clinical care at the point of care and make it more available for treatment.

Highly-Accurate Clinical Data, Captured by FDA-Approved Devices, Are Crucial to the Future of AI-Driven Care Delivery

The clinical capability of AI-enabled care is reliant on the input of highly accurate and detailed patient data. RPM is a necessary component of capturing these data points for complex, high-need patients.

While RPM is already creating valuable insights and tools to manage patients, this is only the first step in the transformation of our health care delivery system. Care models that leverage AI are creating the opportunity to fully realize the clinical potential of the highly accurate patient data captured through RPM. Unlike the data in medical records, which are subject to many challenges, vitals data collected through a highly accurate FDA-approved medical device creates an unbiased source of truth upon which AI capabilities can rely. These capabilities detect conditions sooner and filter out noise which may confuse diagnoses, streamlining the delivery of care. Key examples include:



- **Earlier detection and intervention:** AI can identify subtle patterns and deviations that may signal deterioration earlier than traditional threshold-based alerts, enabling proactive care before conditions escalate.
- **Reduced clinician burden:** AI-driven summarization, triage, and prioritization of RPM data can significantly lessen documentation and review burden, allowing clinicians to focus on high-value clinical decisions rather than raw data processing.

RPM data systems already capture and interpret data, generate reports, send alerts, and transmit data to appropriate electronic health records (EHR) and partners. RPM companies are working to deploy AI models to continuously analyze incoming physiologic data streams (e.g., blood pressure, glucose, heart rate) to detect patterns indicative of clinical deterioration and prioritize alerts for clinician review.

These capabilities are already driving strong outcomes in the management of patients, and empowering clinicians to make better, data-driven decisions. However, this is only the beginning of the opportunities created by accurate longitudinal patient data.

AI with RPM Will Further Empower Patients to Take Ownership of Their Care

The intersection of RPM and AI will also dramatically expand the opportunity for patients to take ownership of their health and wellbeing. Many Americans already review their data from RPM services – strengthening opportunities for personal accountability and lifestyle changes that they are working to advance alongside their clinicians. These capabilities have been highly effective in the management of conditions and chronic diseases; however, this is another area in which the potential is only now being fully realized. The expansion of AI-powered interpretation, guidance, and coaching will dramatically expand patient self-management of these capabilities without further straining an already stretched health care workforce.

AI will allow for more robust patient support that considers many variables and health conditions when making behavior change and treatment plan recommendations. There are already many effective patient tools using AI to support healthy behavior – but these capabilities can be brought to a new, more robust level when anchored to clinically accurate data collected by FDA-approved devices over a longitudinal period.

Reimbursement, Particularly Fee-for-Service, Creates Challenges for AI Expansion

Time-based care requirements, such as those applied to Medicare RPM care management codes 99470, 99457 and 99458, limit the ability for AI to create greater access and efficiency. CMS should modernize regulation and reimbursement structures by taking steps towards the removal of time-based care requirements that constrain innovation and limit the ability of providers to deliver more personalized, efficient support.

Rather than relying on periodic, arbitrary check-ins, RPM creates continuity of care through an ongoing line of communication that enables timely discussions and proactive outreach. AI can expound on these capabilities by utilizing the data generated through RPM and identify inconsistent medication adherence, driving timely, data-informed decisions that improve outcomes. For example, AI can translate RPM data to daily care by creating personalized RPM usage through integrated AI-driven education tools with RPM platforms that provide patients with tailored feedback, adherence nudges, and condition-specific support.



While the costs for these capabilities are different from those of a clinical workforce providing care in 20-minute increments, they are not free to provide. We believe a robust conversation is needed to recognize and incorporate the significant software costs expended to create capabilities like this. HHS will need to create a method of classifying modern clinical software resource costs incurred for a technology-enabled service. Without this first step for today's technology-enabled services such as RPM, AI in clinical care will [not be adequately reimbursed](#) for the practice expenses of delivering augmented services.

We encourage policymakers, particularly CMS, to work closely with RPM leaders to ensure sustainable reimbursement for the care being delivered now, while looking to the future of this care. It is possible to scale RPM effectively while still saving dollars for the Medicare program.

RPM is Foundational to AI Transformation

RPM is already growing from a single-purpose monitoring tool into a scalable, multi-purpose clinical asset, as providers offering RPM have increasingly offered more robust and dynamic care management capabilities. As HHS and ASTP/ONC look to further integrate AI into clinical care, we request that agencies first modernize payment policy for present technology-enabled care services like RPM, to set a stronger foundation for future AI-enabled care. RPM and AI together create significant workforce efficiencies without hindering patient safety.

As mentioned above, there are both current and future challenges with the current Medicare fee-for-service payment structure. CPT codes, as currently covered, do not accurately capture the costs of providing high-quality RPM services with robust data capabilities. While some may have envisioned RPM as requiring no more than a simple device that captures data, the delivery of an effective RPM program that engages patients and shares data is far more complex and has different costs. Looking to the future, the scaling of RPM as an underpinning of a high-quality, data-driven health care system hinge on changes to move beyond time-based billing and allow for the scaling of this care with robust agentic AI capabilities.

Moving forward, we request three actions from HHS –

- [Work with the RMLC to understand and accurately reflect the costs currently associated with tech-enabled care and AI capabilities.](#) This doesn't necessarily mean higher Medicare reimbursement – it is a request for reimbursement that more accurately captures the clinical tools being provided. These steps are crucial to stabilizing the fee-for-service foundation.
- [Work with the RMLC to create a payment pathway for AI-enabled care management services](#) that does not rely upon time-based care management coding.
- [Continue to push forward on outcomes-based payment structures that incent highly efficient, tech-enabled care delivery.](#) These are the structures required to support both further expansion of RPM and the wrap-around agentic AI services that further heighten the clinical value of this care.

Thank you for your consideration of these policy recommendations. We look forward to continuing to work with you on the tech-enabled transformation of care for all Americans. Please contact Chris Adamec (cadamec@rpmleadershipcouncil.org) with any additional questions.

Respectfully,

Remote Monitoring Leadership Council