

119TH CONGRESS
2D SESSION

H. R. 8871

To amend title XVIII of the Social Security Act to promote Medicare program integrity with respect to certain medical equipment and supplies.

IN THE HOUSE OF REPRESENTATIVES

MAY 19, 2026

Mr. BEAN of Florida 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 subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to promote Medicare program integrity with respect to certain medical equipment and supplies.

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 “DME Scammer Pre-
5 vention Act of 2026”.

1 **SEC. 2. PROMOTING MEDICARE PROGRAM INTEGRITY WITH**
2 **RESPECT TO CERTAIN MEDICAL EQUIPMENT**
3 **AND SUPPLIES.**

4 (a) ELECTRONIC SUBMISSION OF CLAIMS BY ALL
5 PROVIDERS AND SUPPLIERS.—Section 1862(h) of the So-
6 cial Security Act (42 U.S.C. 1395y(h)) is amended—

7 (1) in paragraph (1)(A)(ii), by striking “the en-
8 tity” and inserting “except in the case of claims for
9 specified items (as defined in paragraph (3)), the en-
10 tity”; and

11 (2) by adding at the end the following new
12 paragraph:

13 “(3) For purposes of paragraph (1)(A)(ii), the term
14 ‘specified items’ means medical equipment and supplies
15 (as defined in section 1834(j)(5)) furnished on or after
16 January 1, 2027, that are included on the Master List
17 described in section 1834(a)(23).”.

18 (b) SUBMISSION OF CLAIMS WITHIN 90 DAYS.—Sec-
19 tion 1842(b)(3) of the Social Security Act (42 U.S.C.
20 1395u(b)(3)) is amended—

21 (1) in subparagraph (B), in the flush matter
22 following clause (ii), by inserting “(or, in the case of
23 claims for applicable items, the period ending 90
24 days after such date of service)” after “date of serv-
25 ice”; and

1 (2) in the flush matter following subparagraph

2 (L)—

3 (A) in the sixth sentence—

4 (i) by inserting “or end of the 90-day
5 period specified in such subparagraph (as
6 applicable)” after “close of the following
7 calendar year”; and

8 (ii) by inserting “or end of such pe-
9 riod (as applicable)” after “close of such
10 year”;

11 (B) in the ninth sentence, by inserting “or
12 90-day period (as applicable)” after “1 calendar
13 year period”; and

14 (C) by adding at the end the following new
15 sentence: “For purposes of subparagraph (B),
16 the term ‘applicable items’ means specified
17 items (as defined in section 1862(h)(3)), other
18 than any such item that is included on the Re-
19 quired Face-to-Face Encounter and Written
20 Order Prior to Delivery List described in sec-
21 tion 410.38(c)(8) of title 42, Code of Federal
22 Regulations (or a successor regulation) or on
23 the Required Prior Authorization List described
24 in section 414.234(c)(1) of title 42 of such

1 Code (or a successor regulation) or for which
2 payment is made on a monthly rental basis.”.

3 (c) REPORT.—

4 (1) IN GENERAL.—Not later than January 1,
5 2030, the Comptroller General of the United States
6 shall submit to Congress a report on the technology
7 used by medicare administrative contractors to
8 screen claims for specified items to identify errors or
9 indicators of potential waste, fraud, or abuse. Such
10 report shall include, with respect to the 1-year pe-
11 riod beginning on January 1, 2027—

12 (A) an examination of—

13 (i) the total number of such claims
14 submitted during such period for which
15 payment was initially denied on the basis
16 of such screening technology; and

17 (ii) the total number of claims so de-
18 nied for which payment was ultimately
19 made; and

20 (B) an examination of the extent to which
21 the use of such screening technology (taking
22 into account the amendments made by sub-
23 sections (a) and (b)) assists in the identification
24 of—

1 (i) suspicious claims or aberrant bill-
2 ing practices that may be indicative of im-
3 proper payments; and

4 (ii) the basis of claims denials.

5 (2) DEFINITIONS.—In this subsection:

6 (A) MEDICARE ADMINISTRATIVE CON-
7 TRACTOR.—The term “medicare administrative
8 contractor” has the meaning given such term in
9 section 1874A(a)(3) of the Social Security Act
10 (42 U.S.C. 1395kk–1(a)(3)).

11 (B) SPECIFIED ITEMS.—The term “speci-
12 fied items” has the meaning given such term in
13 section 1862(h)(3) of the Social Security Act,
14 as added by subsection (a).

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