

119TH CONGRESS
2D SESSION

H. R. 8883

To amend title XVIII of the Social Security Act to provide for additional oversight of hospice programs and home health agencies under the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 19, 2026

Ms. VAN DUYNE introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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 provide for additional oversight of hospice programs and home health agencies under the Medicare program, and for other purposes.

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 “Protecting Seniors and
5 Stopping Fraudsters Act”.

1 **SEC. 2. REVALIDATING ENROLLMENT OF HOSPICE PRO-**
2 **GRAMS IN CERTAIN STATES.**

3 (a) IN GENERAL.—Section 1866(j) of the Social Se-
4 curity Act (42 U.S.C. 1395cc(j)) is amended by adding
5 at the end the following new paragraph:

6 “(10) REVALIDATION OF HOSPICE PROGRAMS
7 IN CERTAIN STATES.—

8 “(A) IN GENERAL.—In the case that the
9 Secretary provides, pursuant to paragraph
10 (3)(A), that new hospice programs located in a
11 State are subject to the enhanced oversight de-
12 scribed in such paragraph under the program
13 under this title, the Secretary shall, not later
14 than 1 year after the date specified in subpara-
15 graph (B) with respect to such enhanced over-
16 sight requirement, revalidate the enrollment in
17 the program under this title of each hospice
18 program located in such State that—

19 “(i) is not a new hospice program;
20 and

21 “(ii) was not subject to such revalida-
22 tion during the 18-month period preceding
23 such date.

24 “(B) DATE SPECIFIED.—For purposes of
25 subparagraph (A), the date specified in this
26 subparagraph is, with respect to an enhanced

1 oversight requirement described in subpara-
 2 graph (A)—

3 “(i) in the case that such requirement
 4 took effect before the date of enactment of
 5 this paragraph and is in effect on such
 6 date of enactment, such date of enactment;
 7 and

8 “(ii) in the case that such require-
 9 ment takes effect on or after the date of
 10 enactment of this paragraph, such effective
 11 date.”.

12 (b) TECHNICAL CORRECTION.—Section
 13 1866(j)(3)(A) of the Social Security Act (42 U.S.C.
 14 1395cc(j)(3)(A)) is amended by striking “title XIX. and”
 15 and inserting “title XIX, and”.

16 **SEC. 3. ADDITIONAL OVERSIGHT PROVISIONS FOR HOS-**
 17 **PICE PROGRAMS.**

18 (a) INCREASED SURVEY FREQUENCY FOR CERTAIN
 19 HOSPICE PROGRAMS.—Section 1822(a)(1) of the Social
 20 Security Act (42 U.S.C. 1395i–6(a)(1)) is amended—

21 (1) by striking “Any entity” and inserting:

22 “(A) IN GENERAL.—Subject to subpara-
 23 graph (B), any entity”; and

24 (2) by adding at the end the following new sub-
 25 paragraph:

1 “(B) INCREASED FREQUENCY FOR CER-
2 TAIN HOSPICE PROGRAMS.—

3 “(i) NEWLY ENROLLED; CHANGE OF
4 OWNERSHIP; REACTIVATED BILLING PRIVI-
5 LEGES.—Beginning 1 year after the date
6 of enactment of this clause, a hospice pro-
7 gram that is newly enrolled under this
8 title, has undergone a change of ownership
9 (as defined by the Secretary), or has reac-
10 tivated billing privileges under this title in
11 accordance with section 424.540(b) of title
12 42, Code of Federal Regulations (or a suc-
13 cessor regulation), shall be subject to such
14 a survey not less frequently than once
15 every 12 months during the 36-month pe-
16 riod immediately following such enroll-
17 ment, change, or reactivation.

18 “(ii) ADDITIONAL HOSPICE PRO-
19 GRAMS.—

20 “(I) IN GENERAL.—Subject to
21 subclause (II), beginning 1 year after
22 the date of enactment of this clause—

23 “(aa) a hospice program
24 that did not submit quality data
25 to the Secretary in accordance

1 with section 1814(i)(5)(C) for the
2 most recent fiscal year for which
3 data is available (as determined
4 by the Secretary) shall be subject
5 to such a survey not later than
6 18 months after the most recent
7 such survey conducted with re-
8 spect to such hospice program;
9 and

10 “(bb) a hospice program
11 that has a live discharge rate
12 that is aberrant compared to
13 peers (as determined by the Sec-
14 retary) or otherwise displays
15 characteristics or engages in
16 practices that may indicate
17 fraudulent or aberrant behavior
18 (as specified by the Secretary
19 after consultation with stake-
20 holders, such as beneficiary advo-
21 cates and representatives of the
22 hospice industry, and the Inspec-
23 tor General of the Department of
24 Health and Human Services, and
25 updated as necessary after addi-

1 tional consultation with such
2 stakeholders not less often than
3 once every 3 years) shall be sub-
4 ject to such a survey not later
5 than 18 months after the most
6 recent such survey conducted
7 with respect to such hospice pro-
8 gram.

9 “(II) LIMITING DUPLICATIVE
10 SURVEYS.—A hospice program shall
11 not be subject to more than 1 survey
12 under this clause within any 18-month
13 period.”.

14 (b) PAYMENT ADJUSTMENT IF QUALITY DATA NOT
15 SUBMITTED.—Section 1814(i)(5) of the Social Security
16 Act (42 U.S.C. 1395f(i)(5)) is amended—

17 (1) in subparagraph (A)(i)—

18 (A) by striking “for fiscal year 2024 and
19 each subsequent fiscal year” and inserting “for
20 fiscal years 2024 through 2028”; and

21 (B) by inserting “, or, for fiscal year 2029
22 and each subsequent fiscal year, 15 percentage
23 points” after “4 percentage points”; and

24 (2) in subparagraph (C), by adding at the end
25 the following new sentence: “For fiscal year 2029

1 and each subsequent fiscal year, in specifying a time
 2 for the submission of such data pursuant to the pre-
 3 vious sentence, the Secretary shall establish a proc-
 4 ess under which any hospice program that has dem-
 5 onstrated a good faith effort to submit such data by
 6 such time may be granted additional time (not to ex-
 7 ceed 30 days) to complete such submission.”.

8 **SEC. 4. ADDITIONAL OVERSIGHT PROVISIONS FOR HOME**
 9 **HEALTH AGENCIES.**

10 (a) INCREASED SURVEY FREQUENCY FOR CERTAIN
 11 HOME HEALTH AGENCIES.—Section 1891(c)(2)(B) of the
 12 Social Security Act (42 U.S.C. 1395bbb(c)(2)(B)) is
 13 amended—

14 (1) in clause (ii), by striking the period at the
 15 end and inserting a semicolon;

16 (2) by redesignating clauses (i) and (ii) as sub-
 17 clauses (I) and (II), respectively, and adjusting the
 18 margins accordingly;

19 (3) by striking “, a standard survey” and in-
 20 serting the following: “—

21 “(i) a standard survey”; and

22 (4) by adding at the end the following new
 23 clauses:

24 “(ii) beginning 1 year after the date of enact-
 25 ment of this clause, in the case that the agency is

1 newly enrolled under this title, has undergone a
2 change of ownership (as defined by the Secretary),
3 or has reactivated billing privileges under this title
4 in accordance with section 424.540(b) of title 42,
5 Code of Federal Regulations (or a successor regula-
6 tion), a standard survey of an agency shall be con-
7 ducted not less frequently than once every 12
8 months during the 36-month period immediately fol-
9 lowing such enrollment, change, or reactivation; and

10 “(iii) beginning 1 year after the date of enact-
11 ment of this clause, a standard survey of an agency
12 shall be conducted—

13 “(I) in the case that the agency did not
14 submit quality data to the Secretary in accord-
15 ance with subclauses (II) and (IV) of section
16 1895(b)(3)(B)(v) for the most recent year for
17 which data is available (as determined by the
18 Secretary), not later than 18 months after the
19 most recent such survey conducted with respect
20 to such agency; and

21 “(II) in the case that the agency has a
22 beneficiary admission rate that is aberrant com-
23 pared to peers (as determined by the Secretary)
24 or otherwise displays characteristics or engages
25 in practices that may indicate fraudulent or ab-

1 errant behavior (as specified by the Secretary
 2 after consultation with stakeholders, such as
 3 beneficiary advocates and representatives of the
 4 home health industry, and the Inspector Gen-
 5 eral of the Department of Health and Human
 6 Services, and updated as necessary after addi-
 7 tional consultation with such stakeholders not
 8 less often than once every 3 years), not later
 9 than 18 months after the most recent such sur-
 10 vey conducted with respect to such agency,
 11 except that an agency shall not be subject to more
 12 than 1 survey under this clause within any 18-month
 13 period.”.

14 (b) PAYMENT ADJUSTMENT IF QUALITY DATA NOT
 15 SUBMITTED.—Section 1895(b)(3)(B)(v) of the Social Se-
 16 curity Act (42 U.S.C. 1395fff(b)(3)(B)(v)) is amended—
 17 (1) in subclause (I)—

18 (A) by striking “applicable under such
 19 clause for such year” and inserting “applicable
 20 under such clause for 2007 and each subse-
 21 quent year through 2028”; and

22 (B) by inserting “, and, for 2029 and each
 23 subsequent year, shall be reduced by 15 per-
 24 centage points” after “2 percentage points”;

1 (2) in subclause (II), by adding at the end the
 2 following new sentence: “For 2029 and each subse-
 3 quent year, in specifying a time for the submission
 4 of such data pursuant to the previous sentence, the
 5 Secretary shall establish a process under which any
 6 home health agency that has demonstrated a good
 7 faith effort to submit such data by such time may
 8 be granted additional time (not to exceed 30 days)
 9 to complete such submission.”; and

10 (3) in subclause (IV)(cc), by adding at the end
 11 the following new sentence: “For 2029 and each
 12 subsequent year, in specifying a time for the submis-
 13 sion of such data pursuant to the previous sentence,
 14 the Secretary shall establish a process under which
 15 any home health agency that has demonstrated a
 16 good faith effort to submit such data by such time
 17 may be granted additional time (not to exceed 30
 18 days) to complete such submission.”.

19 **SEC. 5. ENHANCING ENROLLMENT SCREENING FOR HOS-**
 20 **PICE PROGRAMS AND HOME HEALTH AGEN-**
 21 **CIES.**

22 Section 1866(j)(2) of the Social Security Act (42
 23 U.S.C. 1395cc(j)(2)) is amended—

24 (1) in subparagraph (B)—

1 (A) in clause (i), by striking “and” at the
2 end;

3 (B) in clause (ii)(V), by striking the period
4 at the end and inserting “; and”; and

5 (C) by adding at the end the following new
6 clause:

7 “(iii) beginning 1 year after the date
8 of enactment of this clause, in the case of
9 a hospice program or home health agency
10 applying for enrollment under this title
11 that is at an extreme risk of fraud (as de-
12 termined under subparagraph (G)), shall,
13 in addition to any other screening required
14 under this subparagraph—

15 “(I) in the case that
16 fingerprinting is included in such
17 screening with respect to hospice pro-
18 grams or home health agencies (as ap-
19 plicable) pursuant to clause (ii)(II),
20 require fingerprinting of the adminis-
21 trator and the medical director of
22 such hospice program or home health
23 agency; and

24 “(II) require obtaining evidence
25 that such hospice program or home

1 health agency has a comprehensive li-
2 ability insurance policy, as determined
3 by the Secretary.”; and

4 (2) by adding at the end the following new sub-
5 paragraph:

6 “(G) HOSPICE PROGRAMS AND HOME
7 HEALTH AGENCIES AT EXTREME RISK OF
8 FRAUD.—

9 “(i) IN GENERAL.—Beginning 1 year
10 after the date of enactment of this sub-
11 paragraph, for purposes of subparagraph
12 (B)(iii), the Secretary shall determine
13 whether a hospice program or home health
14 agency is at an extreme risk of fraud based
15 on—

16 “(I) the determination made
17 under clause (ii); and

18 “(II) such other factors as the
19 Secretary may specify.

20 “(ii) DETERMINATION OF HIGH-RISK
21 AREAS.—For purposes of clause (i), the
22 Secretary shall determine whether a hos-
23 pice program or home health agency is lo-
24 cated in a State or county with respect to
25 which, during the most recent year for

which data is available, the total number of hospice programs or home health agencies (as applicable) located in such State or county significantly exceeded the total number of such programs or agencies located in such State or county during the preceding year.”.

SEC. 6. ADDITIONAL SURVEY AND TRAINING REQUIREMENTS FOR ACCREDITATION ORGANIZATIONS.

Section 1865 of the Social Security Act (42 U.S.C. 1395bb) is amended—

(1) in subsection (a)(2)—

(A) by striking “In making” and inserting the following: “(A) In making”; and

(B) by adding at the end the following new subparagraph:

“(B)(i) Beginning 1 year after the date of enactment of this subparagraph, the Secretary may not approve a request for a finding under paragraph (1) with respect to a national accreditation body unless the survey procedures of such accreditation body—

“(I) met or exceeded the standards applicable to the survey procedures that

1 State and local agencies that have entered
2 into an agreement with the Secretary
3 under section 1864(a) are required to use;
4 and

5 “(II) require surveyors to complete
6 the relevant basic surveyor training courses
7 offered by the Centers for Medicare &
8 Medicaid Services before serving as a
9 member of a survey team.

10 “(ii) The Secretary may only continue to give
11 effect to any such finding made prior to the date
12 that is 1 year after the date of enactment of this
13 subparagraph with respect to a national accredita-
14 tion body if the Secretary determines before such
15 date that the survey procedures of such accreditation
16 body meet the conditions described in clause (i) .”;
17 and

18 (2) by adding at the end the following new sub-
19 section:

20 “(f)(1) Not later than 1 year after the date of enact-
21 ment of this subsection, the Secretary shall establish and
22 implement a mechanism for periodically assessing the per-
23 formance of an accreditation body that has received ap-
24 proval from the Secretary under subsection (a)(3)(A) for
25 accreditation of provider entities.

1 “(2) In the case that the Secretary finds, pursuant
 2 to the mechanism established under paragraph (1), that
 3 the performance of such accreditation body is deficient,
 4 the Secretary shall provide for an appropriate remedy,
 5 which may include the imposition of a corrective action
 6 plan, ongoing monitoring of the accreditation body, and
 7 the termination of such approval with respect to the ac-
 8 creditation body for accreditation of such provider enti-
 9 ties.”.

10 **SEC. 7. EXTENDING ADJUSTMENT TO CALCULATION OF**
 11 **HOSPICE CAP AMOUNT UNDER MEDICARE.**

12 Section 1814(i)(2)(B) of the Social Security Act (42
 13 U.S.C. 1395f(i)(2)(B) is amended—

14 (1) in clause (ii), by striking “2035” and in-
 15 sserting “2036”; and

16 (2) in clause (iii), by striking “2035” and in-
 17 sserting “2036”.

18 **SEC. 8. REQUIRING NOTICE REGARDING REVOCATION OF**
 19 **HOSPICE PROGRAM ELECTION UNDER MEDI-**
 20 **CARE.**

21 (a) IN GENERAL.—Section 1812(d)(2) of the Social
 22 Security Act (42 U.S.C. 1395d(d)(2)) is amended by add-
 23 ing at the end the following new subparagraph:

24 “(E) With respect to elections under this paragraph
 25 made on or after the date that is 1 year after the date

1 of enactment of this subparagraph, the Secretary shall,
2 not later than 15 calendar days after the effective date
3 of such election, provide to such individual written notice
4 of such election. Such notice shall display the toll-free tele-
5 phone number 1-800-MEDICARE, and shall include—

6 “(i) the name, address, and telephone number
7 of the hospice program with respect to which such
8 election is made;

9 “(ii) a description, in plain language, of the
10 waiver of rights applicable under subparagraph (A);
11 and

12 “(iii) an explanation of how such individual may
13 revoke such election under subparagraph (B) or
14 change the hospice program with respect to which
15 such election is made under subparagraph (C).”.

16 (b) FUNDING.—Section 1812 of the Social Security
17 Act (42 U.S.C. 1395d) is amended by adding at the end
18 the following new subsection:

19 “(h) FUNDING FOR ELECTION NOTICES.—The Sec-
20 retary shall provide for the transfer, from the Federal
21 Hospital Insurance Trust Fund under section 1817 to the
22 Centers for Medicare & Medicaid Services Program Man-
23 agement Account, of \$6,000,000 for each fiscal year (be-
24 ginning with fiscal year 2026) for purposes of carrying

1 out subsection (d)(2)(E). Sums so transferred shall re-
2 main available until expended.”.

3 **SEC. 9. REPORT ON PROGRAM INTEGRITY ACTIVITIES.**

4 (a) IN GENERAL.—Not later than the date that is
5 1 year after the date of the enactment of this section, and
6 annually thereafter for a period of 5 years, the Secretary
7 of Health and Human Services shall report to the appro-
8 priate committees of Congress on the outcome of program
9 integrity activities conducted with respect to hospice pro-
10 grams or home health agencies enrolled under title XVIII
11 of the Social Security Act (42 U.S.C. 1395 et seq.), which
12 shall include the following information with respect to the
13 preceding year:

14 (1) A description of each type of entity of the
15 Centers for Medicare & Medicaid Services that con-
16 ducted reviews, audits, or any other program integ-
17 rity activities with respect to hospice programs or
18 home health agencies enrolled under title XVIII of
19 the Social Security Act (42 U.S.C. 1395 et seq.).

20 (2) The number of reviews, audits, or other
21 program integrity activities performed by each such
22 type of entity with respect to hospice programs or
23 home health agencies.

24 (3) A description of any trends, including in-
25 stances of individual physicians with high rates of

ineligible certifications, identified by such entities with respect to improper payments made to hospice programs or home health agencies.

(4) Any findings made by such entities with respect to reviews, audits, or other program integrity activities conducted with respect to hospice programs and home health agencies.

(5) The number and nature of enforcement actions taken by the Centers for Medicare & Medicaid Services with respect to hospice programs and home health agencies as a result of the findings described in paragraph (4), including the number of revocations of enrollment in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) of hospice programs and home health agencies.

(6) A description of any actions taken by the Centers for Medicare & Medicaid Services to reduce duplication of efforts among such entities, including any actions taken to prevent or mitigate the administrative burden on hospice programs and home health agencies associated with program integrity activities.

(b) DEFINITIONS.—In this section:

1 (1) APPROPRIATE COMMITTEES OF CON-
2 GRESS.—The term “appropriate committees of Con-
3 gress” means—

4 (A) the Committee on Ways and Means
5 and the Committee on Energy and Commerce
6 of the House of Representatives; and

7 (B) the Committee on Finance of the Sen-
8 ate.

9 (2) HOME HEALTH AGENCY.—The term “home
10 health agency” has the meaning given such term in
11 section 1861(o) of the Social Security Act (42
12 U.S.C. 1395x(o)).

13 (3) HOSPICE PROGRAM.—The term “hospice
14 program” has the meaning given such term in sec-
15 tion 1861(dd)(2) of the Social Security Act (42
16 U.S.C. 1395x(dd)(2)).

17 **SEC. 10. FUNDING.**

18 The Secretary of Health and Human Services shall
19 provide for the transfer from the Federal Hospital Insur-
20 ance Trust Fund established under section 1817 of the
21 Social Security Act (42 U.S.C. 1395i) to the Centers for
22 Medicare & Medicaid Services’ Program Management Ac-
23 count of \$100,000,000 for fiscal year 2026 for purposes
24 of carrying out section 1822(a)(1) of such Act, as amend-
25 ed by section section 3(a), and section 1891(c)(2) of such

1 Act, as amended by section section 4(a). Sums so trans-
2 ferred shall remain available until expended. Any transfer
3 pursuant to this subsection shall be in addition to any
4 transfer pursuant to section 3(a)(2) of the Improving
5 Medicare Post-Acute Care Transformation Act of 2014.

○