

119TH CONGRESS
1ST SESSION

H. R. 3092

To amend title XVIII of the Social Security Act to provide for additional requirements with respect to electrodiagnostic services under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

APRIL 30, 2025

Mr. SESSIONS (for himself, Mr. WEBER of Texas, and Mr. SMUCKER) 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 provide for additional requirements with respect to electrodiagnostic services under the Medicare program.

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 “Electrodiagnostic Med-
5 icine Patient Protection and Fraud Elimination Act of
6 2025”.

1 **SEC. 2. ADDITIONAL REQUIREMENTS FOR**
2 **ELECTRODIAGNOSTIC SERVICES.**

3 Section 1834 of the Social Security Act (42 U.S.C.
4 1395m) is amended by adding at the end the following
5 new subsection:

6 “(aa) PAYMENT FOR ELECTRODIAGNOSTIC SERV-
7 ICES.—

8 “(1) IN GENERAL.—No payment may be made
9 under this part for electrodiagnostic services de-
10 scribed in paragraph (2) furnished on or after a date
11 determined appropriate by the Secretary that is not
12 earlier than 3 years after the date of the enactment
13 of this subsection and not later than 4 years after
14 such date of enactment that are not furnished at a
15 qualified facility. The preceding sentence shall not
16 apply with respect to such services furnished for
17 interoperative neuromonitoring.

18 “(2) ELECTRODIAGNOSTIC SERVICES.—The
19 services described in this paragraph are the fol-
20 lowing:

21 “(A) Nerve conduction studies.

22 “(B) Needle electromyography tests.

23 “(3) QUALIFIED FACILITY.—In this subsection,
24 the term ‘qualified facility’ means a facility accred-
25 ited by an organization specified by the Secretary
26 pursuant to paragraph (4).

1 “(4) ACCREDITATION ORGANIZATIONS.—

2 “(A) IN GENERAL.—Not later than 2 years
3 after the date of the enactment of this sub-
4 section, the Secretary shall specify accrediting
5 organizations, in consultation with the advisory
6 committee described in paragraph (5), for pur-
7 poses determining whether a facility is a quali-
8 fied facility. The Secretary may specify an orga-
9 nization pursuant to the preceding sentence
10 only if such organization requires, as a condi-
11 tion of accreditation of a facility by such orga-
12 nization, that such facility meet the require-
13 ments described in subparagraph (B). In mak-
14 ing such specification, the Secretary shall—

15 “(i) ensure that the number of accred-
16 iting organizations so specified is adequate
17 to facilitate the accreditation of facilities;
18 and

19 “(ii) prioritize such specification of
20 accrediting organizations that are widely
21 recognized by both public and private enti-
22 ties as having experience in the accredita-
23 tion of such facilities.

24 “(B) FACILITY REQUIREMENTS.—The re-
25 quirements described in this subparagraph are,

1 with respect to a facility and electrodiagnostic
2 services furnished at such facility, the following:

3 “(i) The facility establishes and main-
4 tains a quality assurance and control pro-
5 gram to ensure the reliability, safety, and
6 accuracy of such service.

7 “(ii) The facility ensures that such
8 service is conducted using a device capable
9 of performing both nerve conduction stud-
10 ies that record amplitude and latency and
11 needle electromyography tests capable of
12 real-time waveform display and analysis.

13 “(iii) In the case that such service is
14 a needle electromyography test, the facility
15 ensures that the individual furnishing such
16 test has completed not less than 3 months
17 of training in performing and interpreting
18 electrodiagnostic studies during a residency
19 or fellowship program accredited by the
20 Accreditation Council for Graduate Med-
21 ical Education or the Royal College of
22 Physicians and Surgeons of Canada, or by
23 an individual described in section
24 410.32(b)(2)(iv) of title 42, Code of Fed-

1 eral Regulations (or a successor regula-
2 tion).

3 “(iv) The facility ensures that the re-
4 sults are interpreted on-site and at the
5 time of the procedure—

6 “(I) in the case of a needle
7 electromyography test, by the indi-
8 vidual who performed such test; and

9 “(II) in the case of a nerve con-
10 duction study, by the individual who
11 performed or supervised such study.

12 “(v) Any other requirement deter-
13 mined appropriate by the Secretary.

14 “(C) REGULATIONS.—Not later than 1
15 year after the date of the enactment of this
16 subsection, the Secretary shall finalize regula-
17 tions that outline—

18 “(i) the process by which an accred-
19 iting organization may be specified under
20 subparagraph (A);

21 “(ii) the duration and the minimum
22 time period between reviews for reaccredi-
23 tation an organization so specified must
24 provide for with respect to an accreditation
25 of a facility made by such organization;

“(iii) the process by which the Secretary may withdraw approval of an accrediting organization so specified if the Secretary determines that such organization no longer requires, as a condition of accreditation of a facility by such organization, that such facility meet the requirements described in subparagraph (B); and

“(iv) the effect such a withdrawal will have on facilities accredited by such organization as of the date of such withdrawal.

“(5) ADVISORY COMMITTEE.—

“(A) IN GENERAL.—Not later than 2 years after the date of the enactment of this subsection, the Secretary shall establish an advisory committee to be known as the ‘National Electrodiagnostic Services Advisory Committee’ (in this subsection referred to as the ‘committee’) for purposes of carrying out the duties specified in subparagraph (B).

“(B) DUTIES.—The duties of the committee are the following:

“(i) To provide to the Secretary recommendations with respect to requirements that may be determined appropriate

1 by the Secretary pursuant to paragraph
2 (4)(B)(v), including any proposed additions
3 to such requirements or modifications of
4 such requirements. In developing such rec-
5 ommendations, the committee shall
6 prioritize—

7 “(I) reducing unnecessary treat-
8 ments and surgeries;

9 “(II) decreasing the need for re-
10 testing of individuals;

11 “(III) enhancing the reliability of
12 diagnoses and promoting positive
13 health outcomes for individuals;

14 “(IV) addressing emerging waste,
15 fraud, and abuse schemes; and

16 “(V) otherwise improving the
17 quality of care for individuals.

18 “(ii) To provide to the Secretary rec-
19 ommendations regarding the regulations
20 described in paragraph (4)(C).

21 “(iii) To provide to the Secretary rec-
22 ommendations with respect to whether ac-
23 crediting organizations seeking to be speci-
24 fied pursuant to paragraph (4)(A) should
25 be so specified.

1 “(C) COMPOSITION.—The committee shall
2 be composed of not fewer than 9 and not more
3 than 11 individuals selected by the Secretary.
4 Such individuals shall not be officers or employ-
5 ees of the Federal Government and shall in-
6 clude—

7 “(i) at least one physician with experi-
8 ence in furnishing electrodiagnostic serv-
9 ices described in paragraph (2) in a lab ac-
10 credited by an organization determined ap-
11 propriate by the Secretary;

12 “(ii) at least one physical therapist
13 that is certified in clinical electrophysiology
14 by an organization determined appropriate
15 by the Secretary;

16 “(iii) other health care practitioners;

17 “(iv) at least one patient representing
18 an affected community; and

19 “(v) other individuals determined ap-
20 propriate by the Secretary.

21 “(D) MEETINGS.—The committee shall
22 convene not less than twice each year.”.

○