

119TH CONGRESS
1ST SESSION

S. 2830

To amend title XVIII of the Social Security Act to improve the annual wellness visit under the Medicare program.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 17 (legislative day, SEPTEMBER 16), 2025

Mr. KING introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to improve the annual wellness visit 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 “Wellness and Edu-
5 cation for Longer Lives for Seniors Act of 2025” or the
6 “WELL Seniors Act of 2025”.

7 **SEC. 2. IMPROVEMENTS TO THE MEDICARE ANNUAL**
8 **WELLNESS VISIT.**

9 (a) **ADDITIONAL ELEMENTS.**—

1 (1) IN GENERAL.—Section 1861(hhh)(2) of the
 2 Social Security Act (42 U.S.C. 1395x(hhh)(2)) is
 3 amended—

4 (A) in subparagraph (F), by striking “and
 5 nutrition” and inserting “nutrition, mobility,
 6 food security, housing security, transportation
 7 access, social support, and other social deter-
 8 minants of health as determined by the Sec-
 9 retary”;

10 (B) by moving subparagraphs (G) and (H)
 11 2 ems to the left;

12 (C) by redesignating subparagraph (I) as
 13 subparagraph (J); and

14 (D) by inserting after subparagraph (H)
 15 the following new subparagraph:

16 “(I) Screening for balance to identify risk for
 17 falls and referral for treatment as appropriate.”.

18 (2) EFFECTIVE DATE.—The amendments made
 19 by paragraph (1) shall apply to items and services
 20 furnished on or after January 1, 2026.

21 (b) INCENTIVE PAYMENTS.—Section 1833 of the So-
 22 cial Security Act (42 U.S.C. 1395l) is amended by adding
 23 at the end the following new subsection:

1 “(ee) INCENTIVE PAYMENTS FOR ANNUAL
2 WELLNESS VISITS THAT INCLUDE CERTAIN ELE-
3 MENTS.—

4 “(1) IN GENERAL.—In the case of personalized
5 prevention plan services (as defined in paragraph (1)
6 of section 1861(hhh)) that are furnished on or after
7 January 1, 2026, and that include the element de-
8 scribed in subparagraph (F) of paragraph (2) of
9 such section 1861(hhh) and at least 2 additional ele-
10 ments described in subparagraphs (A) through (E)
11 and (G) through (J) of such paragraph (2), in addi-
12 tion to the amount of payment that would otherwise
13 be made for such personalized prevention plan serv-
14 ices under this part, there also shall be paid an
15 amount equal to 10 percent of the payment amount
16 for the service under this part.

17 “(2) COORDINATION WITH OTHER PAY-
18 MENTS.—The amount of the additional payment for
19 a service under this subsection and subsection (m)
20 shall be determined without regard to any additional
21 payment for the service under subsection (m) and
22 this subsection, respectively. The amount of the ad-
23 ditional payment for a service under this subsection
24 and subsection (z) shall be determined without re-

1 gard to any additional payment for the service under
2 subsection (z) and this subsection, respectively.”.

3 (c) EDUCATION AND OUTREACH.—

4 (1) IN GENERAL.—The Secretary of Health and
5 Human Services (in this section referred to as the
6 “Secretary”) shall conduct education and outreach
7 activities regarding the coverage of annual wellness
8 visits under the Medicare program, including
9 changes to such visits under the amendments made
10 by subsections (a) and (b).

11 (2) NATIONAL OUTREACH CAMPAIGN.—Not
12 later than 1 year after the date of enactment of this
13 Act, the Secretary shall conduct a national outreach
14 campaign to educate beneficiaries on the annual
15 wellness visit under the Medicare program. In con-
16 ducting such outreach campaign, the Secretary may
17 prioritize education and outreach to low-income
18 beneficiaries, non-physician providers, and to pro-
19 viders working and beneficiaries living in rural areas
20 or health professional shortage areas.

21 (3) AUTHORIZATION OF APPROPRIATIONS.—

22 There is authorized to be appropriated for fiscal
23 years 2026 through 2030 such sums as may be nec-
24 essary to carry out this subsection.

1 (d) INCLUSION AS TELEHEALTH SERVICE.—Section
 2 1834(m)(4)(F)(i) of the Social Security Act (42 U.S.C.
 3 1395m(m)(4)(F)(i)) is amended by adding at the end the
 4 following new sentence: “Such term includes, with respect
 5 to telehealth services furnished on or after January 1,
 6 2026, an annual wellness visit (as defined in section
 7 1861(hhh)).”

8 (e) PROVIDER ELIGIBILITY.—

9 (1) IN GENERAL.—Section 1861(hhh)(3) of the
 10 Social Security Act (42 U.S.C. 1395x(hhh)(3)) is
 11 amended:

12 (A) by striking “or” at the end of subpara-
 13 graph (B);

14 (B) by redesignating subparagraph (C) as
 15 subparagraph (D); and

16 (C) by inserting after subparagraph (B)
 17 the following new subparagraph:

18 “(C) a physical therapist, an occupational ther-
 19 apist, or a pharmacist; or”.

20 (2) EFFECTIVE DATE.—The amendments made
 21 by paragraph (1) shall apply to items and services
 22 furnished on or after January 1, 2026.

23 (f) GUIDANCE REVISION.—Not later than 1 year
 24 after the date of enactment of this Act, the Secretary shall
 25 issue guidance amending section 410.15 of title 42, Code

1 of Federal Regulations (or any successor regulation), to
 2 include guidance on processes, oversight, and standards
 3 for the post-visit follow-up to ensure consistency and com-
 4 pliance with the Health Risk Assessment, personalized
 5 prevention plan, and referrals.

6 (g) RESEARCH AND EVALUATION.—

7 (1) REPORT.—

8 (A) IN GENERAL.—Not later than 1 year
 9 after the date of enactment of this Act, the Sec-
 10 retary, acting through the Administrator of the
 11 Centers for Medicare & Medicaid Services (in
 12 this subsection referred to as the “Adminis-
 13 trator”), shall analyze and publish a report on
 14 the prevalence in use of the annual wellness
 15 visit (as defined in section 1861(hhh) of the So-
 16 cial Security Act (42 U.S.C. 1395x(hhh))) by
 17 Medicare beneficiaries, including current prac-
 18 tices and recommendations for increasing the
 19 use and effectiveness of the annual wellness
 20 visit under the Medicare program under title
 21 XVIII of the Social Security Act (42 U.S.C.
 22 1395 et seq.). Such report shall include—

23 (i) information regarding the inter-
 24 views conducted under subparagraph (B);

(ii) data on the prevalence of annual wellness visits furnished to Medicare beneficiaries via telehealth during the COVID-19 public health emergency; and

(iii) utilization and claims data for annual wellness visits over the preceding 10 years broken down by State, demographic groups (including age, race, ethnicity, income, and education), the type of provider furnishing the annual wellness visit, and whether the beneficiary is enrolled for benefits under the original Medicare-fee-for-service program under parts A and B of title XVIII of the Social Security Act or the Medicare Advantage program under part C of title XVIII of the Social Security Act.

(B) INTERVIEWS WITH STAKEHOLDERS.—

The Administrator shall conduct interviews with stakeholders, including provider groups, on their concerns regarding billing for and using the annual wellness visit under the Medicare program, including whether and to what extent personalized prevention plan services and appropriate referrals and follow-up are taking

1 place for beneficiaries who are at particular risk
 2 and which referral models are most effective.

3 (2) FOCUS GROUP STUDY.—Not later than 6
 4 months after the date of enactment of this Act, the
 5 Secretary, acting through the Administrator, shall
 6 conduct a focus group study among providers, com-
 7 munity-based organizations, and beneficiaries to-
 8 wards increasing use of the annual wellness visit by
 9 Medicare beneficiaries. The Secretary shall work
 10 with beneficiary and stakeholder groups to develop
 11 the interview questions for such focus group study,
 12 and shall include questions on—

13 (A) improving referrals to community serv-
 14 ices;

15 (B) barriers to utilization and rec-
 16 ommendations to increase uptake; and

17 (C) the types of providers in practices that
 18 furnish the visits.

19 (3) AUTHORIZATION OF APPROPRIATIONS.—
 20 There is authorized to be appropriated for fiscal
 21 years 2026 through 2030 such sums as may be nec-
 22 essary to carry out this subsection.

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