

119TH CONGRESS
1ST SESSION

H. R. 1784

To amend titles XI and XVIII of the Social Security Act to strengthen health care waste, fraud, and abuse provisions.

IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 2025

Mr. DOGGETT 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 titles XI and XVIII of the Social Security Act to strengthen health care waste, fraud, and abuse provisions.

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 “Medicare Fraud Detec-
5 tion and Deterrence Act of 2025”.

6 **SEC. 2. STRENGTHENING HEALTH CARE WASTE, FRAUD,**
7 **AND ABUSE PROVISIONS.**

8 (a) DEACTIVATION OF NATIONAL PROVIDER IDENTI-
9 FIER FOR CERTAIN EXCLUDED ENTITIES.—Section

1 1173(b) of the Social Security Act (42 U.S.C. 1320d–
2 2(b)) is amended by adding at the end the following new
3 paragraph:

4 “(3) MANDATORY DEACTIVATION OF CERTAIN
5 IDENTIFIERS.—

6 “(A) IN GENERAL.—Not later than 180
7 days after the date of the enactment of this
8 paragraph, the Secretary shall revise the stand-
9 ards adopted under paragraph (1) to provide
10 for—

11 “(i) the deactivation of a standard
12 unique health identifier of entity type 1 (as
13 defined for purposes of such standards) as-
14 signed to an entity if such entity is ex-
15 cluded from participation in any Federal
16 health care program under section 1128 or
17 1128A;

18 “(ii) the deactivation of a standard
19 unique health identifier of entity type 2 (as
20 defined for purposes of such standards) as-
21 signed to an entity if such entity is so ex-
22 cluded, but only if—

23 “(I) the Inspector General of the
24 Department of Health and Human

1 Services submits to the Secretary a
2 request for such deactivation; and

3 “(II) the Secretary determines
4 such deactivation to be appropriate;
5 and

6 “(iii) the reactivation of a standard
7 unique health identifier deactivated pursu-
8 ant to clause (i) or (ii) at the end of such
9 deactivation (as described in subparagraph
10 (B)).

11 “(B) TERM OF DEACTIVATION.—A deacti-
12 vation described in subparagraph (A) made
13 with respect to an entity excluded from partici-
14 pation in any Federal health care program
15 under section 1128 or 1128A shall begin on the
16 date of such exclusion and shall end on the date
17 such exclusion is terminated.

18 “(C) NONAPPLICATION OF DEACTIVA-
19 TION.—Notwithstanding subparagraph (A), no
20 deactivation of a standard unique health identi-
21 fier assigned to an entity excluded from partici-
22 pation in any Federal health care program
23 under section 1128 or 1128A shall be made
24 pursuant to such subparagraph if the Secretary
25 has waived such exclusion with respect to any

1 Federal health care program pursuant to sec-
2 tion 1128(c)(3)(B).

3 “(D) ANNUAL REVIEW OF EXCLUSION
4 LIST.—Not later than 1 year after the date of
5 the enactment of this paragraph and not less
6 frequently than annually thereafter, the Sec-
7 retary shall compare the list of individuals and
8 entities excluded from participation in any Fed-
9 eral health care program under section 1128 or
10 1128A maintained by the Inspector General of
11 the Department of Health and Human Services
12 (or a successor list) with a list of active stand-
13 ard unique health identifiers described in sub-
14 paragraph (A) to ensure compliance with such
15 subparagraph.”.

16 (b) MEDICARE ADVANTAGE PLAN PROVISION OF NA-
17 TIONAL PROVIDER IDENTIFIER FOR CERTAIN ITEMS AND
18 SERVICES.—Section 1859 of the Social Security Act (42
19 U.S.C. 1395w–28) is amended by adding at the end the
20 following new subsection:

21 “(j) PROVIDER OF NATIONAL PROVIDER IDENTI-
22 FIER FOR CERTAIN ITEMS AND SERVICES.—

23 “(1) IN GENERAL.—In the case of any encoun-
24 ter data submitted by a Medicare Advantage plan
25 with respect to a designated item or service fur-

1 nished to an individual under such plan on or after
2 the date of the enactment of this subsection, the
3 Secretary shall require that such data include the
4 standard unique health identifier established pursu-
5 ant to standards described in section 1173(b) of the
6 provider of services or supplier that ordered such
7 item or service or referred such individual for such
8 item or service.

9 “(2) REJECTION OF DATA.—The Secretary
10 shall reject any encounter data submitted by a Medi-
11 care Advantage plan if—

12 “(A) such data does not comply with the
13 requirement described in paragraph (1); or

14 “(B) the Secretary determines that a
15 standard unique health identifier included in
16 such data in accordance with such requirement
17 is not active or is otherwise invalid.

18 “(3) DEFINITION OF DESIGNATED ITEM OR
19 SERVICE.—For purposes of this subsection, the term
20 ‘designated item or service’ means any of the fol-
21 lowing:

22 “(A) An item of durable medical equip-
23 ment.

24 “(B) A prosthetic or orthotic device.

25 “(C) A clinical diagnostic laboratory test.

1 “(D) A diagnostic imaging test (as speci-
2 fied by the Secretary).

3 “(E) A home health service (as specified
4 by the Secretary).”.

5 (c) IDENTIFICATION OF RELATIONSHIPS BETWEEN
6 TELEHEALTH SUPPLIERS AND TELEHEALTH COMPANIES
7 UNDER MEDICARE.—Section 1834(m) of the Social Secu-
8 rity Act (42 U.S.C. 1395m(m)) is amended by adding at
9 the end the following new paragraph:

10 “(10) IDENTIFICATION OF RELATIONSHIPS BE-
11 TWEEN TELEHEALTH SUPPLIERS AND TELEHEALTH
12 COMPANIES.—

13 “(A) IN GENERAL.—In the case of a tele-
14 health service furnished on or after the date
15 that is 180 days after the date of the enact-
16 ment of this paragraph by a specified entity, no
17 payment may be made under this section for
18 such service unless the claim for such service
19 includes the modifier established pursuant to
20 subparagraph (B).

21 “(B) ESTABLISHMENT OF MODIFIER.—Not
22 later than 180 days after the date of the enact-
23 ment of this paragraph, the Secretary shall es-
24 tablish a claims modifier for purposes of identi-
25 fying telehealth services payable under this sec-

1 tion furnished by a specified entity (as defined
2 in subparagraph (C)).

3 “(C) DEFINITIONS.—In this section:

4 “(i) SPECIFIED ENTITY.—The term
5 ‘specified entity’ means a physician or
6 practitioner (as such terms are defined in
7 paragraph (4)) that has an employment or
8 other contractual relationship in effect with
9 a telehealth company relating to the fur-
10 nishing telehealth services.

11 “(ii) TELEHEALTH COMPANY.—The
12 term ‘telehealth company’ means an enti-
13 ty—

14 “(I) that employs or otherwise
15 contracts with physicians or practi-
16 tioners to furnish telehealth services;
17 and

18 “(II) that does not employ or
19 otherwise contract with any physician
20 or practitioner to furnish items and
21 services in-person (or that employs or
22 otherwise contracts with physicians or
23 practitioners to furnish such in-person
24 items and services in a de minimis
25 manner compared to the amount of

1 telehealth services furnished by such
2 physicians or practitioners, as speci-
3 fied by the Secretary).”.

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