

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> 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.

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## 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

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## 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

1           which data is available, the total number of  
2           hospice programs or home health agencies  
3           (as applicable) located in such State or  
4           county significantly exceeded the total  
5           number of such programs or agencies lo-  
6           cated in such State or county during the  
7           preceding year.”.

8 **SEC. 6. ADDITIONAL SURVEY AND TRAINING REQUIRE-**  
9 **MENTS FOR ACCREDITATION ORGANIZA-**  
10 **TIONS.**

11           Section 1865 of the Social Security Act (42 U.S.C.  
12 1395bb) is amended—

13           (1) in subsection (a)(2)—

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

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

18           “(B)(i) Beginning 1 year after the date of en-  
19           actment of this subparagraph, the Secretary may  
20           not approve a request for a finding under paragraph  
21           (1) with respect to a national accreditation body un-  
22           less the survey procedures of such accreditation  
23           body—

24           “(I) met or exceeded the standards  
25           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

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

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

8 (5) The number and nature of enforcement ac-  
9 tions taken by the Centers for Medicare & Medicaid  
10 Services with respect to hospice programs and home  
11 health agencies as a result of the findings described  
12 in paragraph (4), including the number of revoca-  
13 tions of enrollment in the Medicare program under  
14 title XVIII of the Social Security Act (42 U.S.C.  
15 1395 et seq.) of hospice programs and home health  
16 agencies.

17 (6) A description of any actions taken by the  
18 Centers for Medicare & Medicaid Services to reduce  
19 duplication of efforts among such entities, including  
20 any actions taken to prevent or mitigate the admin-  
21 istrative burden on hospice programs and home  
22 health agencies associated with program integrity  
23 activities.

24 (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.

○