

119TH CONGRESS
1ST SESSION

S. 2865

To amend title XVIII of the Social Security Act to waive cost-sharing for advance care planning services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 18 (legislative day, SEPTEMBER 16), 2025

Mr. WARNER (for himself and Ms. COLLINS) 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 waive cost-sharing for advance care planning services, 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 “Improving Access to
5 Advance Care Planning Act”.

6 **SEC. 2. MEDICARE COVERAGE OF ADVANCE CARE PLAN-**
7 **NING SERVICES.**

8 (a) ADVANCE CARE PLANNING SERVICES DE-
9 FINED.—Section 1861 of the Social Security Act (42

1 U.S.C. 1395x) is amended by adding at the end the fol-
 2 lowing new subsection:

3 “(nnn) ADVANCE CARE PLANNING SERVICES.—

4 “(1) IN GENERAL.—The term ‘advance care
 5 planning services’ means services provided by an eli-
 6 gible practitioner (as defined in paragraph (2)) to an
 7 individual, a family member of such individual, a
 8 caregiver of such individual, or such individual’s rep-
 9 resentative, to discuss—

10 “(A) the health care preferences of such
 11 individual;

12 “(B) future health care decisions that may
 13 need to be made by, or on behalf of, such indi-
 14 vidual; and

15 “(C) advance directives or other standard
 16 forms, which may be completed by, or on behalf
 17 of, such individual.

18 “(2) ELIGIBLE PRACTITIONER.—For purposes
 19 of paragraph (1), the term ‘eligible practitioner’
 20 means—

21 “(A) a physician (as defined in subsection
 22 (r));

23 “(B) a physician assistant (as defined in
 24 subsection (aa)(5));

1 “(C) a nurse practitioner (as defined in
2 subsection (aa)(5));

3 “(D) a clinical nurse specialist (as defined
4 in subsection (aa)(5));

5 “(E) a clinical social worker (as defined in
6 subsection (hh)(1)) who possesses—

7 “(i) a relevant care planning certifi-
8 cation; or

9 “(ii) experience providing care plan-
10 ning conversations or similar services, as
11 defined by the Secretary; or

12 “(F) any other practitioner determined ap-
13 propriate by the Secretary.”.

14 (b) ENCOURAGING ADVANCE CARE PLANNING.—

15 (1) PAYMENT.—Section 1848(b) of the Social
16 Security Act (42 U.S.C. 1395w–4(b)) is amended by
17 adding at the end the following new paragraph:

18 “(13) ENCOURAGING ADVANCE CARE PLANNING
19 SERVICES.—

20 “(A) IN GENERAL.—In order to encourage
21 advance care planning services, the Secretary
22 shall, subject to subparagraph (B), make pay-
23 ments (as the Secretary determines to be ap-
24 propriate) under this section for advance care
25 planning services (as defined in section

1 1861(nnn)) furnished on or after the date of
 2 enactment of this paragraph.

3 “(B) POLICIES RELATED TO PAYMENT.—

4 In carrying out this paragraph, with respect to
 5 advance care planning services, the Secretary—

6 “(i) shall make payment to only 1 ap-
 7 plicable provider for such services fur-
 8 nished to an individual during a period;

9 “(ii) shall not make a payment under
 10 subparagraph (A) if such payment would
 11 be duplicative of a payment that is other-
 12 wise made under this title for such serv-
 13 ices; and

14 “(iii) shall not require that an annual
 15 wellness visit (as defined in section
 16 1861(hhh)) or an initial preventive phys-
 17 ical examination (as defined in section
 18 1861(ww)) be furnished as a condition of
 19 payment for such services.”.

20 (2) REMOVING COST-SHARING RESPONSIBIL-
 21 ITIES FOR ADVANCE CARE PLANNING SERVICES
 22 UNDER PART B OF THE MEDICARE PROGRAM.—Sec-
 23 tion 1833 of the Social Security Act (42 U.S.C.
 24 1395l) is amended—

25 (A) in subsection (a)(1)—

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

3 (ii) in subparagraph (HH), by strik-
4 ing the semicolon at the end and inserting
5 the following: “, and (II) with respect to
6 advance care planning services (as de-
7 scribed in section 1848(b)(13)) furnished
8 on or after January 1, 2027, the amount
9 paid shall be an amount equal to 100 per-
10 cent of the lesser of the actual charge for
11 such services or the amount determined
12 under such section;” and

13 (B) in subsection (b), in the first sen-
14 tence—

15 (i) by striking “, and (13)” and in-
16 serting “(13)”; and

17 (ii) by striking “section 1861(n).” and
18 inserting the following: “section 1861(n),
19 and (14) such deductible shall not apply
20 with respect to advance care planning serv-
21 ices (as described in section 1848(b)(13))
22 furnished on or after January 1, 2027”.

23 (c) IMPROVEMENTS TO ADVANCE CARE PLANNING
24 THROUGH TELEHEALTH.—Section 1834(m) of the Social
25 Security Act (42 U.S.C. 1395m(m)) is amended—

1 (1) in paragraph (4)(C)—

2 (A) in clause (i), in the matter preceding
3 subclause (I), by striking “and (7)” and insert-
4 ing “(7), and (10)”; and

5 (B) in clause (ii)(X), by inserting “or
6 paragraph (10)” before the period at the end;
7 and

8 (2) by adding at the end the following new
9 paragraph:

10 “(10) TREATMENT OF ADVANCE CARE PLAN-
11 NING SERVICES.—The geographic requirements de-
12 scribed in paragraph (4)(C)(i) shall not apply with
13 respect to telehealth services furnished on or after
14 the date of enactment of this paragraph for purposes
15 of furnishing advance care planning services (as de-
16 fined in section 1861(nnn)).”.

17 (d) ALIGNING DEFINITIONS.—Section 1861 of the
18 Social Security Act (42 U.S.C. 1395x) is amended—

19 (1) in subsection (ww)—

20 (A) in paragraph (1), by striking “end-of-
21 life planning (as defined in paragraph (3))” and
22 inserting “advance care planning (as defined in
23 subsection (nnn))”; and

24 (B) by striking paragraph (3); and

25 (2) in subsection (hhh)(2)—

1 (A) by redesignating subparagraph (I) as
 2 subparagraph (J);

3 (B) by redesignating subparagraph (I) as
 4 subparagraph (J); and

5 (C) by inserting after subparagraph (H)
 6 the following new subparagraph:

7 “(I) Advance care planning services (as defined
 8 in subsection (nnn)).”.

9 **SEC. 3. HHS PROVIDER OUTREACH.**

10 (a) **OUTREACH.**—The Secretary of Health and
 11 Human Services (in this section referred to as the “Sec-
 12 retary”) shall conduct outreach to physicians and appro-
 13 priate non-physician practitioners participating under the
 14 Medicare program under title XVIII of the Social Security
 15 Act with respect to Medicare payment for advance care
 16 planning services furnished to individuals to discuss their
 17 health care preferences, identified by Healthcare Common
 18 Procedure Coding System (HCPCS) codes 99497 and
 19 99498 (or any successor to such codes). Such outreach
 20 shall include a new, comprehensive, one-time education
 21 initiative to inform such physicians and practitioners of
 22 the addition of such services as a covered benefit under
 23 the Medicare program, including the requirements for ben-
 24 eficiary eligibility for such services.

1 (b) REPORT.—Not later than 1 year after the date
 2 of completion of the outreach described in subsection (a),
 3 the Secretary shall submit to the Committee on Finance
 4 of the Senate and the Committee on Ways and Means and
 5 the Committee on Energy and Commerce of the House
 6 of Representatives a report on the outreach conducted
 7 under subsection (a). Such report shall include a descrip-
 8 tion of the methods used for such outreach.

9 **SEC. 4. MEDPAC REPORT ON THE FURNISHING OF AD-**
 10 **VANCE CARE PLANNING SERVICES AND THE**
 11 **USE OF ADVANCE CARE PLANNING CODES**
 12 **UNDER THE MEDICARE PROGRAM.**

13 (a) STUDY.—The Medicare Payment Advisory Com-
 14 mission (in this section referred to as the “Commission”)
 15 shall conduct a study on advance care planning under the
 16 Medicare program under title XVIII of the Social Security
 17 Act. Such study shall include an analysis of—

18 (1) the furnishing of advance care planning
 19 services to Medicare beneficiaries, including—

20 (A) which providers are trained to provide
 21 such services;

22 (B) which providers are eligible to provide
 23 such services under the Medicare program;

24 (C) the length and frequency of the visits
 25 for furnishing such services; and

1 (D) any barriers related to providers fur-
2 nishing, or beneficiaries being furnished, such
3 services;

4 (2) the use of advance care planning Current
5 Procedural Terminology (CPT) codes to bill for the
6 furnishing of advance care planning services to
7 Medicare beneficiaries, including—

8 (A) circumstances under which codes other
9 than advance care planning CPT codes are used
10 to bill for such services under the Medicare pro-
11 gram and why providers do not use advance
12 care planning CPT codes; and

13 (B) any barriers to providers using ad-
14 vance care planning CPT codes to bill for such
15 services under the Medicare program; and

16 (3) such other items determined appropriate by
17 the Commission.

18 (b) REPORT.—Not later than June 30, 2027, the
19 Commission shall submit to the Committee on Finance of
20 the Senate and the Committee on Ways and Means and
21 the Committee on Energy and Commerce of the House
22 of Representatives a report on the study conducted under
23 subsection (a), together with recommendations for such

- 1 legislation and administrative action as the Commission
- 2 determines appropriate.

