

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 8883
OFFERED BY MR. SMITH OF MISSOURI**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Protecting Seniors and
3 Stopping Fraudsters Act”.

**4 SEC. 2. REVALIDATING ENROLLMENT OF HOSPICE PRO-
5 GRAMS IN CERTAIN STATES.**

6 (a) IN GENERAL.—Section 1866(j) of the Social Se-
7 curity Act (42 U.S.C. 1395cc(j)) is amended by adding
8 at the end the following new paragraph:

9 “(10) REVALIDATION OF HOSPICE PROGRAMS
10 IN CERTAIN STATES.—

11 “(A) IN GENERAL.—In the case that the
12 Secretary provides, pursuant to paragraph
13 (3)(A), that new hospice programs located in a
14 State are subject to the enhanced oversight de-
15 scribed in such paragraph under the program
16 under this title, the Secretary shall, not later
17 than 1 year after the date specified in subpara-
18 graph (B) with respect to such enhanced over-

1 sight requirement, revalidate the enrollment in
2 the program under this title of each hospice
3 program located in such State that—

4 “(i) is not a new hospice program;

5 and

6 “(ii) was not subject to such revalida-
7 tion during the 18-month period preceding
8 such date.

9 “(B) DATE SPECIFIED.—For purposes of
10 subparagraph (A), the date specified in this
11 subparagraph is, with respect to an enhanced
12 oversight requirement described in subpara-
13 graph (A)—

14 “(i) in the case that such requirement
15 took effect before the date of enactment of
16 this paragraph and is in effect on such
17 date of enactment, such date of enactment;
18 and

19 “(ii) in the case that such require-
20 ment takes effect on or after the date of
21 enactment of this paragraph, such effective
22 date.”.

23 (b) TECHNICAL CORRECTION.—Section
24 1866(j)(3)(A) of the Social Security Act (42 U.S.C.

1 1395cc(j)(3)(A)) is amended by striking “title XIX. and”
2 and inserting “title XIX, and”.

3 **SEC. 3. ADDITIONAL OVERSIGHT PROVISIONS FOR HOS-**
4 **PICE PROGRAMS.**

5 (a) INCREASED SURVEY FREQUENCY FOR CERTAIN
6 HOSPICE PROGRAMS.—Section 1822(a)(1) of the Social
7 Security Act (42 U.S.C. 1395i–6(a)(1)) is amended—

8 (1) by striking “Any entity” and inserting:

9 “(A) IN GENERAL.—Subject to subpara-
10 graph (B), any entity”; and

11 (2) by adding at the end the following new sub-
12 paragraph:

13 “(B) INCREASED FREQUENCY FOR CER-
14 TAIN HOSPICE PROGRAMS.—

15 “(i) NEWLY ENROLLED; CHANGE OF
16 OWNERSHIP; REACTIVATED BILLING PRIVI-
17 LEGES.—Beginning 1 year after the date
18 of enactment of this clause, a hospice pro-
19 gram that is newly enrolled under this
20 title, has undergone a change of ownership
21 (as defined by the Secretary), or has reac-
22 tivated billing privileges under this title in
23 accordance with section 424.540(b) of title
24 42, Code of Federal Regulations (or a suc-
25 cessor regulation), shall be subject to such

1 a survey not less frequently than once
2 every 12 months during the 36-month pe-
3 riod immediately following such enroll-
4 ment, change, or reactivation.

5 “(ii) ADDITIONAL HOSPICE PRO-
6 GRAMS.—

7 “(I) IN GENERAL.—Subject to
8 subclause (II), beginning 1 year after
9 the date of enactment of this clause—

10 “(aa) a hospice program
11 that did not submit quality data
12 to the Secretary in accordance
13 with section 1814(i)(5)(C) for the
14 most recent fiscal year for which
15 data is available (as determined
16 by the Secretary) shall be subject
17 to such a survey not later than
18 18 months after the most recent
19 such survey conducted with re-
20 spect to such hospice program;
21 and

22 “(bb) a hospice program
23 that has a live discharge rate
24 that is aberrant compared to
25 peers (as determined by the Sec-

1 retary) or otherwise displays
2 characteristics or engages in
3 practices that may indicate
4 fraudulent or aberrant behavior
5 (as specified by the Secretary
6 after consultation with stake-
7 holders, such as beneficiary advo-
8 cates and representatives of the
9 hospice industry, and the Inspec-
10 tor General of the Department of
11 Health and Human Services, and
12 updated as necessary after addi-
13 tional consultation with such
14 stakeholders not less often than
15 once every 3 years) shall be sub-
16 ject to such a survey not later
17 than 18 months after the most
18 recent such survey conducted
19 with respect to such hospice pro-
20 gram.

21 “(II) LIMITING DUPLICATIVE
22 SURVEYS.—A hospice program shall
23 not be subject to more than 1 survey
24 under this clause within any 18-month
25 period.”.

1 (b) PAYMENT ADJUSTMENT IF QUALITY DATA NOT
2 SUBMITTED.—Section 1814(i)(5) of the Social Security
3 Act (42 U.S.C. 1395f(i)(5)) is amended—

4 (1) in subparagraph (A)(i)—

5 (A) by striking “for fiscal year 2024 and
6 each subsequent fiscal year” and inserting “for
7 fiscal years 2024 through 2028”; and

8 (B) by inserting “, or, for fiscal year 2029
9 and each subsequent fiscal year, 15 percentage
10 points” after “4 percentage points”; and

11 (2) in subparagraph (C), by adding at the end
12 the following new sentence: “For fiscal year 2029
13 and each subsequent fiscal year, in specifying a time
14 for the submission of such data pursuant to the pre-
15 vious sentence, the Secretary shall establish a proc-
16 ess under which any hospice program that has dem-
17 onstrated a good faith effort to submit such data by
18 such time may be granted additional time (not to ex-
19 ceed 30 days) to complete such submission.”.

20 **SEC. 4. ADDITIONAL OVERSIGHT PROVISIONS FOR HOME**
21 **HEALTH AGENCIES.**

22 (a) INCREASED SURVEY FREQUENCY FOR CERTAIN
23 HOME HEALTH AGENCIES.—Section 1891(c)(2)(B) of the
24 Social Security Act (42 U.S.C. 1395bbb(c)(2)(B)) is
25 amended—

1 (1) in clause (ii), by striking the period at the
2 end and inserting a semicolon;

3 (2) by redesignating clauses (i) and (ii) as sub-
4 clauses (I) and (II), respectively, and adjusting the
5 margins accordingly;

6 (3) by striking “, a standard survey” and in-
7 serting the following: “—

8 “(i) a standard survey”; and

9 (4) by adding at the end the following new
10 clauses:

11 “(ii) beginning 1 year after the date of enact-
12 ment of this clause, in the case that the agency is
13 newly enrolled under this title, has undergone a
14 change of ownership (as defined by the Secretary),
15 or has reactivated billing privileges under this title
16 in accordance with section 424.540(b) of title 42,
17 Code of Federal Regulations (or a successor regula-
18 tion), a standard survey of an agency shall be con-
19 ducted not less frequently than once every 12
20 months during the 36-month period immediately fol-
21 lowing such enrollment, change, or reactivation; and

22 “(iii) beginning 1 year after the date of enact-
23 ment of this clause, a standard survey of an agency
24 shall be conducted—

1 “(I) in the case that the agency did not
2 submit quality data to the Secretary in accord-
3 ance with subclauses (II) and (IV) of section
4 1895(b)(3)(B)(v) for the most recent year for
5 which data is available (as determined by the
6 Secretary), not later than 18 months after the
7 most recent such survey conducted with respect
8 to such agency; and

9 “(II) in the case that the agency has a
10 beneficiary admission rate that is aberrant com-
11 pared to peers (as determined by the Secretary)
12 or otherwise displays characteristics or engages
13 in practices that may indicate fraudulent or ab-
14 errant behavior (as specified by the Secretary
15 after consultation with stakeholders, such as
16 beneficiary advocates and representatives of the
17 home health industry, and the Inspector Gen-
18 eral of the Department of Health and Human
19 Services, and updated as necessary after addi-
20 tional consultation with such stakeholders not
21 less often than once every 3 years), not later
22 than 18 months after the most recent such sur-
23 vey conducted with respect to such agency,

1 except that an agency shall not be subject to more
2 than 1 survey under this clause within any 18-month
3 period.”.

4 (b) PAYMENT ADJUSTMENT IF QUALITY DATA NOT
5 SUBMITTED.—Section 1895(b)(3)(B)(v) of the Social Se-
6 curity Act (42 U.S.C. 1395fff(b)(3)(B)(v)) is amended—

7 (1) in subclause (I)—

8 (A) by striking “applicable under such
9 clause for such year” and inserting “applicable
10 under such clause for 2007 and each subse-
11 quent year through 2028”; and

12 (B) by inserting “, and, for 2029 and each
13 subsequent year, shall be reduced by 15 per-
14 centage points” after “2 percentage points”;

15 (2) in subclause (II), by adding at the end the
16 following new sentence: “For 2029 and each subse-
17 quent year, in specifying a time for the submission
18 of such data pursuant to the previous sentence, the
19 Secretary shall establish a process under which any
20 home health agency that has demonstrated a good
21 faith effort to submit such data by such time may
22 be granted additional time (not to exceed 30 days)
23 to complete such submission.”; and

24 (3) in subclause (IV)(cc), by adding at the end
25 the following new sentence: “For 2029 and each

1 subsequent year, in specifying a time for the submis-
2 sion of such data pursuant to the previous sentence,
3 the Secretary shall establish a process under which
4 any home health agency that has demonstrated a
5 good faith effort to submit such data by such time
6 may be granted additional time (not to exceed 30
7 days) to complete such submission.”.

8 **SEC. 5. ENHANCING ENROLLMENT SCREENING FOR HOS-**
9 **PICE PROGRAMS AND HOME HEALTH AGEN-**
10 **CIES.**

11 Section 1866(j)(2) of the Social Security Act (42
12 U.S.C. 1395cc(j)(2)) is amended—

13 (1) in subparagraph (B)—

14 (A) in clause (i), by striking “and” at the
15 end;

16 (B) in clause (ii)(V), by striking the period
17 at the end and inserting “; and”; and

18 (C) by adding at the end the following new
19 clause:

20 “(iii) beginning 1 year after the date
21 of enactment of this clause, in the case of
22 a hospice program or home health agency
23 applying for enrollment under this title
24 that is at an extreme risk of fraud (as de-
25 termined under subparagraph (G)), shall,

1 in addition to any other screening required
2 under this subparagraph—

3 “(I) in the case that
4 fingerprinting is included in such
5 screening with respect to hospice pro-
6 grams or home health agencies (as ap-
7 plicable) pursuant to clause (ii)(II),
8 require fingerprinting of the adminis-
9 trator and the medical director of
10 such hospice program or home health
11 agency; and

12 “(II) require obtaining evidence
13 that such hospice program or home
14 health agency has a comprehensive li-
15 ability insurance policy, as determined
16 by the Secretary.”; and

17 (2) by adding at the end the following new sub-
18 paragraph:

19 “(G) HOSPICE PROGRAMS AND HOME
20 HEALTH AGENCIES AT EXTREME RISK OF
21 FRAUD.—

22 “(i) IN GENERAL.—Beginning 1 year
23 after the date of enactment of this sub-
24 paragraph, for purposes of subparagraph
25 (B)(iii), the Secretary shall determine

1 whether a hospice program or home health
2 agency is at an extreme risk of fraud based
3 on—

4 “(I) the determination made
5 under clause (ii); and

6 “(II) such other factors as the
7 Secretary may specify.

8 “(ii) DETERMINATION OF HIGH-RISK
9 AREAS.—For purposes of clause (i), the
10 Secretary shall determine whether a hos-
11 pice program or home health agency is lo-
12 cated in a State or county with respect to
13 which, during the most recent year for
14 which data is available, the total number of
15 hospice programs or home health agencies
16 (as applicable) located in such State or
17 county significantly exceeded the total
18 number of such programs or agencies lo-
19 cated in such State or county during the
20 preceding year.”.

21 **SEC. 6. ADDITIONAL SURVEY AND TRAINING REQUIRE-**
22 **MENTS FOR ACCREDITATION ORGANIZA-**
23 **TIONS.**

24 Section 1865 of the Social Security Act (42 U.S.C.
25 1395bb) is amended—

1 (1) in subsection (a)(2)—

2 (A) by striking “In making” and inserting
3 the following: “(A) In making”; and

4 (B) by adding at the end the following new
5 subparagraph:

6 “(B) (i) Beginning 1 year after the date of enactment
7 of this subparagraph, the Secretary may not approve a
8 request for a finding under paragraph (1) with respect to
9 a national accreditation body unless the survey procedures
10 of such accreditation body—

11 “(I) met or exceeded the standards appli-
12 cable to the survey procedures that State and
13 local agencies that have entered into an agree-
14 ment with the Secretary under section 1864(a)
15 are required to use; and

16 “(II) require surveyors to complete the rel-
17 evant basic surveyor training courses offered by
18 the Centers for Medicare & Medicaid Services
19 before serving as a member of a survey team.

20 “(ii) The Secretary may only continue to give
21 effect to any such finding made prior to the date
22 that is 1 year after the date of enactment of this
23 subparagraph with respect to a national accredita-
24 tion body if the Secretary determines before such
25 date that the survey procedures of such accreditation

1 body meet the conditions described in clause (i).”;

2 and

3 (2) by adding at the end the following new sub-
4 section:

5 “(f) (1) Not later than 1 year after the date of enact-
6 ment of this subsection, the Secretary shall establish and
7 implement a mechanism for periodically assessing the per-
8 formance of an accreditation body that has received ap-
9 proval from the Secretary under subsection (a)(3)(A) for
10 accreditation of provider entities.

11 “(2) In the case that the Secretary finds, pur-
12 suant to the mechanism established under paragraph
13 (1), that the performance of such accreditation body
14 is deficient, the Secretary shall provide for an appro-
15 priate remedy, which may include the imposition of
16 a corrective action plan, ongoing monitoring of the
17 accreditation body, and the termination of such ap-
18 proval with respect to the accreditation body for ac-
19 creditation of such provider entities.”.

20 **SEC. 7. EXTENDING ADJUSTMENT TO CALCULATION OF**
21 **HOSPICE CAP AMOUNT UNDER MEDICARE.**

22 Section 1814(i)(2)(B) of the Social Security Act (42
23 U.S.C. 1395f(i)(2)(B) is amended—

24 (1) in clause (ii), by striking “2035” and in-
25 serting “2036”; and

1 (2) in clause (iii), by striking “2035” and in-
2 serting “2036”.

3 **SEC. 8. REQUIRING NOTICE REGARDING REVOCATION OF**
4 **HOSPICE PROGRAM ELECTION UNDER MEDI-**
5 **CARE.**

6 (a) IN GENERAL.—Section 1812(d)(2) of the Social
7 Security Act (42 U.S.C. 1395d(d)(2)) is amended by add-
8 ing at the end the following new subparagraph:

9 “(E) With respect to elections under this paragraph
10 made on or after the date that is 1 year after the date
11 of enactment of this subparagraph, the Secretary shall,
12 not later than 15 calendar days after the effective date
13 of such election, provide to such individual written notice
14 of such election. Such notice shall display the toll-free tele-
15 phone number 1–800–MEDICARE, and shall include—

16 “(i) the name, address, and telephone number
17 of the hospice program with respect to which such
18 election is made;

19 “(ii) a description, in plain language, of the
20 waiver of rights applicable under subparagraph (A);
21 and

22 “(iii) an explanation of how such individual may
23 revoke such election under subparagraph (B) or
24 change the hospice program with respect to which
25 such election is made under subparagraph (C).”.

1 (b) FUNDING.—Section 1812 of the Social Security
2 Act (42 U.S.C. 1395d) is amended by adding at the end
3 the following new subsection:

4 “(h) FUNDING FOR ELECTION NOTICES.—The Sec-
5 retary shall provide for the transfer, from the Federal
6 Hospital Insurance Trust Fund under section 1817 to the
7 Centers for Medicare & Medicaid Services Program Man-
8 agement Account, of \$6,000,000 for each fiscal year (be-
9 ginning with fiscal year 2026) for purposes of carrying
10 out subsection (d)(2)(E). Sums so transferred shall re-
11 main available until expended.”.

12 **SEC. 9. REPORT ON PROGRAM INTEGRITY ACTIVITIES.**

13 (a) IN GENERAL.—Not later than the date that is
14 1 year after the date of the enactment of this section, and
15 annually thereafter for a period of 5 years, the Secretary
16 of Health and Human Services shall report to the appro-
17 priate committees of Congress on the outcome of program
18 integrity activities conducted with respect to hospice pro-
19 grams or home health agencies enrolled under title XVIII
20 of the Social Security Act (42 U.S.C. 1395 et seq.), which
21 shall include the following information with respect to the
22 preceding year:

23 (1) A description of each type of entity of the
24 Centers for Medicare & Medicaid Services that con-
25 ducted reviews, audits, or any other program integ-

1 rity activities with respect to hospice programs or
2 home health agencies enrolled under title XVIII of
3 the Social Security Act (42 U.S.C. 1395 et seq.).

4 (2) The number of reviews, audits, or other
5 program integrity activities performed by each such
6 type of entity with respect to hospice programs or
7 home health agencies.

8 (3) A description of any trends, including in-
9 stances of individual physicians with high rates of
10 ineligible certifications, identified by such entities
11 with respect to improper payments made to hospice
12 programs or home health agencies.

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

17 (5) The number and nature of enforcement ac-
18 tions taken by the Centers for Medicare & Medicaid
19 Services with respect to hospice programs and home
20 health agencies as a result of the findings described
21 in paragraph (4), including the number of revoca-
22 tions of enrollment in the Medicare program under
23 title XVIII of the Social Security Act (42 U.S.C.
24 1395 et seq.) of hospice programs and home health
25 agencies.

1 (6) A description of any actions taken by the
2 Centers for Medicare & Medicaid Services to reduce
3 duplication of efforts among such entities, including
4 any actions taken to prevent or mitigate the admin-
5 istrative burden on hospice programs and home
6 health agencies associated with program integrity
7 activities.

8 (b) DEFINITIONS.—In this section:

9 (1) APPROPRIATE COMMITTEES OF CON-
10 GRESS.—The term “appropriate committees of Con-
11 gress” means—

12 (A) the Committee on Ways and Means
13 and the Committee on Energy and Commerce
14 of the House of Representatives; and

15 (B) the Committee on Finance of the Sen-
16 ate.

17 (2) HOME HEALTH AGENCY.—The term “home
18 health agency” has the meaning given such term in
19 section 1861(o) of the Social Security Act (42
20 U.S.C. 1395x(o)).

21 (3) HOSPICE PROGRAM.—The term “hospice
22 program” has the meaning given such term in sec-
23 tion 1861(dd)(2) of the Social Security Act (42
24 U.S.C. 1395x(dd)(2)).

1 **SEC. 10. FUNDING.**

2 The Secretary of Health and Human Services shall
3 provide for the transfer from the Federal Hospital Insur-
4 ance Trust Fund established under section 1817 of the
5 Social Security Act (42 U.S.C. 1395i) to the Centers for
6 Medicare & Medicaid Services' Program Management Ac-
7 count of \$190,000,000 for fiscal year 2026 for purposes
8 of carrying out section 1822(a)(1) of such Act, as amend-
9 ed by section 3(a), and section 1891(c)(2) of such Act,
10 as amended by section 4(a). Sums so transferred shall re-
11 main available until expended. Any transfer pursuant to
12 this subsection shall be in addition to any transfer pursu-
13 ant to section 3(a)(2) of the Improving Medicare Post-
14 Acute Care Transformation Act of 2014.

