

118TH CONGRESS
2D SESSION

S. 3

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

DECEMBER 20 (legislative day, DECEMBER 16), 2024

Mr. WARNER (for himself, Ms. COLLINS, Ms. BALDWIN, and Ms. KLOBUCHAR) 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 a visit between an eligible
 6 practitioner (as defined in paragraph (2)) enrolled
 7 under section 1866(j) and an individual, a family
 8 member of such individual, or a surrogate des-
 9 ignated by such individual, 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)); or

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.”.

12 (b) NO APPLICATION OF COINSURANCE OR DEDUCT-
13 IBLE UNDER PART B.—

14 (1) AMOUNT.—Section 1833(a)(1) of the Social
15 Security Act (42 U.S.C. 1395l(a)(1)) is amended—

16 (A) in subparagraph (GG), by striking
17 “and” at the end; and

18 (B) in subparagraph (HH), by striking the
19 semicolon at the end and inserting the fol-
20 lowing: “and (II) with respect to advance care
21 planning services (as defined in section
22 1861(nnn)) furnished on or after January 1,
23 2026, the amounts paid shall be 100 percent of
24 the lesser of the actual charge for the services

1 or the amount determined under the fee sched-
 2 ule established under section 1848(b)”.

3 (2) WAIVER OF APPLICATION OF DEDUCT-
 4 IBLE.—The first sentence of section 1833(b) of the
 5 Social Security Act (42 U.S.C. 1395l(b)) is amend-
 6 ed—

7 (A) by striking “, and (13)” and inserting
 8 “(13)”; and

9 (B) by striking “section 1861(n).” and in-
 10 sserting the following: “section 1861(n), and
 11 (14) such deductible shall not apply with re-
 12 spect to advance care planning services (as de-
 13 fined in section 1861(nnn)) furnished on or
 14 after January 1, 2026”.

15 (c) EFFECTIVE DATE.—The amendments made by
 16 this section shall apply to items and services furnished on
 17 or after January 1, 2026.

18 **SEC. 3. HHS PROVIDER OUTREACH.**

19 (a) OUTREACH.—The Secretary of Health and
 20 Human Services (in this section referred to as the “Sec-
 21 retary”) shall conduct outreach to physicians and appro-
 22 priate non-physician practitioners participating under the
 23 Medicare program under title XVIII of the Social Security
 24 Act with respect to Medicare payment for advance care
 25 planning counseling services furnished to individuals to

1 discuss their health care preferences, identified by
 2 Healthcare Common Procedure Coding System (HCPCS)
 3 codes 99497 and 99498 (or any successor to such codes).
 4 Such outreach shall include a new, comprehensive, one-
 5 time education initiative to inform such physicians and
 6 practitioners of the addition of such services as a covered
 7 benefit under the Medicare program, including the re-
 8 quirements for eligibility for such services.

9 (b) REPORT.—Not later than 1 year after the date
 10 of enactment of this Act, the Secretary shall submit to
 11 the Committee on Ways and Means and the Committee
 12 on Energy and Commerce of the House of Representatives
 13 and the Committee on Finance of the Senate a report on
 14 the outreach conducted under subsection (a). Such report
 15 shall include a description of the methods used for such
 16 outreach.

17 **SEC. 4. MEDPAC REPORT ON THE FURNISHING OF AD-**
 18 **VANCE CARE PLANNING SERVICES AND THE**
 19 **USE OF ADVANCE CARE PLANNING CODES**
 20 **UNDER THE MEDICARE PROGRAM.**

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

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

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

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

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

(D) any barriers related to providers furnishing, or beneficiaries being furnished, such services;

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

(A) circumstances under which codes other than advance care planning CPT codes are used to bill for such services under the Medicare program and why providers do not use advance care planning CPT codes; and

(B) any barriers to providers using advance care planning CPT codes to bill for such services under the Medicare program; and

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

1 (b) REPORT.—

2 (1) IN GENERAL.—Not later than June 30,
3 2026, the Commission shall submit to the Com-
4 mittee on Ways and Means and the Committee on
5 Energy and Commerce of the House of Representa-
6 tives and the Committee on Finance of the Senate
7 a report on the study conducted under subsection
8 (a), together with recommendations for such legisla-
9 tion and administrative action as the Commission
10 determines appropriate.

○