

119TH CONGRESS
1ST SESSION

H. R. 2533

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test a model to improve access to specialty health services for certain Medicare and Medicaid beneficiaries.

IN THE HOUSE OF REPRESENTATIVES

APRIL 1, 2025

Mr. ARRINGTON (for himself, Ms. SALINAS, and Mr. LAHOOD) 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 title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test a model to improve access to specialty health services for certain Medicare and Medicaid beneficiaries.

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 “Ensuring Access to
5 Specialty care Everywhere Act of 2025” or the “EASE
6 Act of 2025”.

1 **SEC. 2. REQUIRING THE CENTER FOR MEDICARE AND MED-**
 2 **ICAID INNOVATION TO TEST A MODEL TO IM-**
 3 **PROVE ACCESS TO SPECIALTY HEALTH SERV-**
 4 **ICES FOR CERTAIN MEDICARE AND MED-**
 5 **ICAID BENEFICIARIES.**

6 (a) IN GENERAL.—Section 1115A of the Social Secu-
 7 rity Act (42 U.S.C. 1315a) is amended—

8 (1) in subsection (b)(2)—

9 (A) in subparagraph (A), in the third sen-
 10 tence, by inserting “, and shall include the
 11 model described in subparagraph (B)(xxviii)”
 12 before the period at the end; and

13 (B) in subparagraph (B), by adding at the
 14 end the following new clause:

15 “(xxviii) The Specialty Health Care
 16 Services Access Model described in sub-
 17 section (h).”; and

18 (2) by adding at the end the following new sub-
 19 section:

20 “(h) SPECIALTY HEALTH CARE SERVICES ACCESS
 21 MODEL.—

22 “(1) IN GENERAL.—For purposes of subsection
 23 (b)(2)(B)(xxviii), the Specialty Health Care Services
 24 Access Model described in this subsection is a model
 25 under which the Secretary enters into an agreement
 26 with one or more provider networks selected in ac-

1 cordance with paragraph (2) for purposes of fur-
2 nishing specialty health care services (as specified by
3 the Secretary) to eligible individuals through the use
4 of digital modalities (such as telehealth and other re-
5 mote technologies) in coordination with such individ-
6 uals' primary care providers.

7 “(2) SELECTION OF PROVIDER NETWORKS.—
8 The Secretary shall select one or more networks of
9 providers for purposes of furnishing services under
10 the model described in paragraph (1). Any such net-
11 work so selected shall—

12 “(A) be comprised of at least 50 Federally
13 qualified health centers, rural health clinics,
14 critical access hospitals, or rural emergency
15 hospitals, at least half of which are located in
16 rural areas (as defined by the Administrator of
17 the Health Resources and Services Administra-
18 tion);

19 “(B) be a nonprofit entity under section
20 501(c)(3) of the Internal Revenue Code of
21 1986;

22 “(C) have an established record of sup-
23 porting the delivery of health care in rural and
24 underserved communities in multiple regions
25 throughout the country; and

1 “(D) have the ability to collect, exchange,
2 and evaluate data for purposes of the model de-
3 scribed in paragraph (1).

4 “(3) ELIGIBLE INDIVIDUAL DEFINED.—For
5 purposes of this subsection, the term ‘eligible indi-
6 vidual’ means an individual—

7 “(A) who—

8 “(i) is entitled to benefits under part
9 A of title XVIII or enrolled under part B
10 of such title; or

11 “(ii) is enrolled under the Medicaid
12 program under title XIX or the Children’s
13 Health Insurance Program under title XXI
14 and meets all components for eligibility for
15 medical assistance, child health assistance,
16 or pregnancy-related assistance (as appli-
17 cable), including those described in sec-
18 tions 1902(a)(46)(B) and 1137(d); and

19 “(B) who is located in a rural or under-
20 served area (as specified by the Secretary).”.

21 (b) LIMITATION.—Any amounts appropriated or allo-
22 cated to carry out the amendments made by this section
23 shall be subject to the requirements contained in Public
24 Law 117–328 for funds for programs authorized under

- 1 sections 330 through 340 of the Public Health Service Act
- 2 (42 U.S.C. 254b through 256).

