

119TH CONGRESS
2D SESSION

S. 4924

To preserve patient access to health care providers and prescription drug coverage under Medicare and individual market plans.

IN THE SENATE OF THE UNITED STATES

JUNE 24, 2026

Ms. ROSEN (for herself and Mr. CURTIS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To preserve patient access to health care providers and prescription drug coverage under Medicare and individual market plans.

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 “Preserving Patient Ac-
5 cess Act”.

1 **SEC. 2. PRESERVING PATIENT ACCESS TO HEALTH CARE**
2 **PROVIDERS AND PRESCRIPTION DRUG COV-**
3 **ERAGE UNDER MEDICARE AND INDIVIDUAL**
4 **MARKET PLANS.**

5 (a) **MEDICARE.**—

6 (1) **MEDICARE ADVANTAGE PLANS.**—Section
7 1851(e)(4) of the Social Security Act (42 U.S.C.
8 1395w–21(e)(4)) is amended—

9 (A) in subparagraph (C)(ii), by striking
10 “or” at the end;

11 (B) by redesignating subparagraph (D) as
12 subparagraph (E); and

13 (C) by inserting after subparagraph (C)
14 the following new subparagraph:

15 “(D) a health care provider with whom the
16 individual has had an in-person or telehealth
17 visit, within the preceding 2 year period, and
18 who was listed as an in-network provider under
19 the plan during the annual, coordinated election
20 period described in paragraph (3) for the plan
21 year becomes an out-of-network provider under
22 the plan.”.

23 (2) **PRESCRIPTION DRUG PLANS AND MA–PD**
24 **PLANS.**—Section 1860D–1(b)(3) of the Social Secu-
25 rity Act (42 U.S.C. 1395w–101(b)(3)) is amended

1 by adding at the end the following new subpara-
 2 graph:

3 “(F) MID-YEAR NEGATIVE FORMULARY
 4 CHANGES.—

5 “(i) IN GENERAL.—In the case where
 6 a prescription drug plan or MA–PD plan
 7 implements a negative formulary change
 8 with respect to a covered part D drug dis-
 9 pensed to the part D eligible individual
 10 within the previous 6-month period, for
 11 which the plan provided coverage, and for
 12 which approval or licensure under section
 13 505 of the Federal Food, Drug, and Cos-
 14 metic Act or section 351 of the Public
 15 Health Service Act is still in effect.

16 “(ii) NEGATIVE FORMULARY
 17 CHANGE.—In this subparagraph, the term
 18 ‘negative formulary change’ has the mean-
 19 ing given such term in section 423.100 of
 20 title 42, Code of Federal Regulations (or
 21 successor regulations).”.

22 (3) EFFECTIVE DATE.—The amendments made
 23 by this subsection shall apply with respect to plan
 24 years beginning on or after January 1, 2027.

25 (b) INDIVIDUAL MARKET PLANS.—

1 (1) IN GENERAL.—Section 2702(b)(2) of the
 2 Public Health Service Act (42 U.S.C. 300gg–
 3 1(b)(2)) is amended—

4 (A) by inserting “and, as applicable, for
 5 mid-plan year changes to provider networks or
 6 formularies described in subparagraph (B)” be-
 7 fore the period at the end;

8 (B) by striking “A health” and inserting
 9 the following:

10 “(A) IN GENERAL.—A health”; and

11 (C) by adding at the end the following:

12 “(B) SPECIAL ENROLLMENT PERIOD FOR
 13 INDIVIDUAL MARKET PLANS.—

14 “(i) IN GENERAL.—A health insur-
 15 ance issuer offering individual health in-
 16 surance coverage shall establish a special
 17 enrollment period under which any indi-
 18 vidual may enroll in the coverage during a
 19 plan year if the individual, during the
 20 same plan year, is enrolled in other indi-
 21 vidual health insurance coverage (referred
 22 to in this subparagraph as the ‘initial
 23 plan’) and—

24 “(I) a provider with whom the in-
 25 dividual had an in-person or telehealth

1 visit within the preceding 2-year pe-
2 riod, and who was listed as an in-net-
3 work provider under the initial plan
4 during the most recent open enroll-
5 ment period, becomes an out-of-net-
6 work provider under the initial plan;
7 or

8 “(II) the initial plan implements
9 a negative formulary change with re-
10 spect to a prescription drug dispensed
11 or administered to the individual with-
12 in the previous 6-month period, for
13 which the initial plan provided bene-
14 fits, and for which approval or licen-
15 sure under section 505 of the Federal
16 Food, Drug, and Cosmetic Act or sec-
17 tion 351 of this Act is still in effect.

18 “(ii) NEGATIVE FORMULARY
19 CHANGE.—In this subparagraph, the term
20 ‘negative formulary change’ has the mean-
21 ing given such term in section 423.100 of
22 title 42, Code of Federal Regulations (or
23 successor regulations), except that, for
24 purposes of this subparagraph, the term ‘a
25 drug covered by the initial plan’ shall be

1 substituted for the term ‘a covered Part D
2 drug’.”.

3 (2) EXCHANGES.—Section 1311(c)(6)(C) of the
4 Patient Protection and Affordable Care Act (42
5 U.S.C. 18031(c)(6)(C)) is amended by inserting “,
6 section 2702(b)(1)(B),” after “of 1986”.

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