

118TH CONGRESS
2D SESSION

H. R. 7149

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

JANUARY 30, 2024

Mrs. STEEL (for herself, Ms. LEE of Nevada, Mr. KELLY of Pennsylvania, Mr. LAHOOD, Mr. DAVIS of North Carolina, Ms. CARAVEO, Mrs. CHAVEZ-DEREMER, Mr. BACON, Ms. DE LA CRUZ, Ms. SALINAS, and Mr. VALADAO) 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Equal Access to Spe-
3 cialty Care Everywhere Act of 2024” or the “EASE Act
4 of 2024”.

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

10 Section 1115A of the Social Security Act (42 U.S.C.
11 1315a) is amended—

12 (1) in subsection (b)(2)—

13 (A) in subparagraph (A), in the third sen-
14 tence, by inserting “, and shall include the
15 model described in subparagraph (B)(xxviii)”
16 before the period at the end; and

17 (B) in subparagraph (B), by adding at the
18 end the following new clause:

19 “(xxviii) The Specialty Health Care
20 Services Access Model described in sub-
21 section (h).”; and

22 (2) by adding at the end the following new sub-
23 section:

24 “(h) **SPECIALTY HEALTH CARE SERVICES ACCESS**
25 **MODEL.**—

1 “(1) IN GENERAL.—For purposes of subsection
2 (b)(2)(B)(xxviii), the Specialty Health Care Services
3 Access Model described in this subsection is a model
4 under which the Secretary enters into an agreement
5 one or more provider networks selected in accord-
6 ance with paragraph (2) for purposes of furnishing
7 specialty health care services (as specified by the
8 Secretary) to eligible individuals through the use of
9 digital modalities (such as telehealth and other re-
10 mote technologies) in coordination with such individ-
11 uals’ primary care providers.

12 “(2) SELECTION OF PROVIDER NETWORKS.—
13 The Secretary shall select one or more networks of
14 providers for purposes of furnishing services under
15 the model described in paragraph (1). Any such net-
16 work so selected shall—

17 “(A) be comprised of at least 50 Federally
18 qualified health centers, rural health clinics, or
19 community health clinics;

20 “(B) be a nonprofit entity under section
21 501(c)(3) of the Internal Revenue Code of
22 1986;

23 “(C) have an established record of sup-
24 porting the delivery of health care and address-
25 ing social determinants of health in underserved

1 communities in multiple regions throughout the
2 country; and

3 “(D) agree to support public health and
4 serve as a national clinical research network, in-
5 cluding by conducting research with respect to
6 both insured and uninsured individuals.

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

10 “(A) entitled to benefits under part A of
11 title XVIII, enrolled under part B of such title,
12 or enrolled under a State plan (or waiver of
13 such plan) under title XIX; and

14 “(B) located in a rural or underserved area
15 (as specified by the Secretary).”.

○