

119TH CONGRESS  
1ST SESSION

# S. 2793

To amend title XVIII of the Social Security Act to require Medicare Advantage plans to cover items and services furnished by certain essential community providers within a service area, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 11, 2025

Mr. CASSIDY (for himself and Mr. LUJÁN) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to require Medicare Advantage plans to cover items and services furnished by certain essential community providers within a service area, 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 “Ensuring Access to  
5 Essential Providers Act of 2025”.

1 **SEC. 2. MEDICARE ADVANTAGE ESSENTIAL COMMUNITY**  
 2 **PROVIDERS.**

3 Section 1852(d) of the Social Security Act (42 U.S.C.  
 4 1395w-22(d)) is amended—

5 (1) in paragraph (1)—

6 (A) in subparagraph (D), by striking  
 7 “and” at the end;

8 (B) in subparagraph (E), by striking the  
 9 period at the end and inserting “; and”; and

10 (C) by adding at the end the following new  
 11 subparagraph:

12 “(F) the organization meets the essential  
 13 community provider standard, as described in  
 14 paragraph (7).”; and

15 (2) by adding at the end the following new  
 16 paragraph:

17 “(7) ESSENTIAL COMMUNITY PROVIDER STAND-  
 18 ARD.—

19 “(A) IN GENERAL.—For purposes of para-  
 20 graph (1)(F) and subject to subparagraph (B),  
 21 in order to meet the essential community pro-  
 22 vider standard, an MA organization shall—

23 “(i) include an amount (determined  
 24 by the Secretary) of available essential  
 25 community providers (as described in sub-  
 26 paragraph (E)) in each MA plan’s service

1 area in the provider network and offer to  
2 contract with each essential community  
3 provider in the service area of each plan;

4 “(ii) include in its provider network a  
5 sufficient number and a geographic dis-  
6 tribution, as determined by the Secretary,  
7 of available essential community providers,  
8 where available, to ensure low-income indi-  
9 viduals, individuals residing in rural areas,  
10 or individuals residing in areas designated  
11 as health professional shortage areas under  
12 section 332(a)(1)(A) of the Public Health  
13 Service Act within the service area of the  
14 MA organization have reasonable and time-  
15 ly access to a broad range of such pro-  
16 viders; and

17 “(iii) meet the payment requirements  
18 to Federally qualified health centers, as de-  
19 scribed in subparagraph (C).

20 “(B) JUSTIFICATION FOR NOT MEETING  
21 STANDARD.—

22 “(i) IN GENERAL.—If an MA plan  
23 does not meet the essential community  
24 provider standard described in subpara-  
25 graph (A), the MA organization offering

1 such plan shall include as part of the infor-  
2 mation required to be submitted under sec-  
3 tion 1854(a)—

4 “(I) an explanation regarding  
5 why the plan was unable to meet such  
6 standard; and

7 “(II) a narrative justification de-  
8 scribing how the provider network of  
9 such plan—

10 “(aa) provides an adequate  
11 level of service for low-income en-  
12 rollees or individuals residing in  
13 areas designated as health pro-  
14 fessional shortage areas within  
15 the service area of such plan; and

16 “(bb) will move toward sat-  
17 isfaction of the essential commu-  
18 nity provider standard prior to  
19 the start of the next plan year.

20 “(ii) INSUFFICIENT JUSTIFICATION.—  
21 If the Secretary determines that the MA  
22 organization does not sufficiently explain  
23 why the applicable MA plan does not meet  
24 the essential community provider standard

1 in the information described in clause (i),  
2 the Secretary shall not approve such plan.

3 “(C) PAYMENT TO FEDERALLY QUALIFIED  
4 HEALTH CENTERS.—An MA organization shall  
5 pay a Federally qualified health center for an  
6 item or service an amount consistent with sec-  
7 tion 1857(e)(3).

8 “(D) CLARIFICATION.—Nothing in this  
9 paragraph may be construed to require an MA  
10 plan to provide coverage for a specific medical  
11 procedure.

12 “(E) ESSENTIAL COMMUNITY PROVIDER.—  
13 For purposes of this paragraph, the term ‘es-  
14 sential community provider’ means a provider  
15 that serves predominantly low-income, medically  
16 underserved individuals, including—

17 “(i) a Federally qualified health cen-  
18 ter and any similar clinic;

19 “(ii) a facility funded by the program  
20 under title XXVI of the Public Health  
21 Service Act (42 U.S.C. 300ff–11 et seq.;  
22 commonly referred to as the ‘Ryan White  
23 HIV/AIDS Program’);

24 “(iii) a facility operated by the Indian  
25 Health Service, an Indian tribe or tribal

1 organization, or an urban Indian organiza-  
2 tion (as defined in section 4 of the Indian  
3 Health Care Improvement Act);

4 “(iv) a hospital, including an inpatient  
5 hospital, a hospital receiving or eligible to  
6 receive disproportionate share hospital pay-  
7 ments under section 1886(d)(5)(F), a hos-  
8 pital classified as a rural referral center  
9 under section 1886(d)(5)(C), a sole com-  
10 munity hospital (as defined in section  
11 1886(d)(5)(D)(iii)), a free-standing cancer  
12 hospital (as described in section  
13 1886(d)(1)(B)(v)), and a critical access  
14 hospital (as defined in section  
15 1861(mm)(1));

16 “(v) a mental health or substance use  
17 treatment facility;

18 “(vi) any other entity that serves pre-  
19 dominantly low-income, medically under-  
20 served individuals, including—

21 “(I) an entity receiving funds  
22 under section 318 of the Public  
23 Health Service Act (relating to treat-  
24 ment of sexually transmitted diseases)  
25 through a State or unit of local gov-

1                   ernment, but only if the entity is cer-  
2                   tified by the Secretary pursuant to  
3                   section 340B(a)(7) of such Act;

4                   “(II) a tuberculosis clinic;

5                   “(III) a comprehensive hemo-  
6                   philia diagnostic treatment center re-  
7                   ceiving a grant under section  
8                   501(a)(2); and

9                   “(IV) a black lung clinic receiv-  
10                  ing funds under section 427(a) of the  
11                  Black Lung Benefits Act;

12                  “(vii) a medicare-dependent, small  
13                  rural hospital (as defined in section  
14                  1886(d)(4)(G)(iv)); and

15                  “(viii) any provider determined appro-  
16                  priate by the Secretary, which may include  
17                  any provider determined by the Secretary  
18                  to be an essential community provider  
19                  under section 1311(c)(1)(C) of the Patient  
20                  Protection and Affordable Care Act (42  
21                  U.S.C. 18031(c)(1)(C)).”.

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