

116TH CONGRESS  
1ST SESSION

# H. R. 3910

To amend title XI of the Social Security Act to improve access to care for all Medicare and Medicaid beneficiaries through models tested under the Center for Medicare and Medicaid Innovation, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 23, 2019

Mr. LEWIS (for himself, Mr. LARSON of Connecticut, Ms. SEWELL of Alabama, Mr. DOGGETT, Mr. EVANS, Mr. PASCRELL, Mr. GOMEZ, Mr. SUOZZI, and Ms. SÁNCHEZ) 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

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## A BILL

To amend title XI of the Social Security Act to improve access to care for all Medicare and Medicaid beneficiaries through models tested under the Center for Medicare and Medicaid Innovation, 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 “Equality in Medicare  
5 and Medicaid Treatment Act of 2019”.

1 **SEC. 2. IMPROVING ACCESS TO CARE FOR MEDICARE AND**  
2 **MEDICAID BENEFICIARIES.**

3 Section 1115A of the Social Security Act (42 U.S.C.  
4 1315a) is amended—

5 (1) in subsection (a)(3)—

6 (A) by inserting “, the causes of health  
7 disparities and social determinants of health,”  
8 after “medicine”; and

9 (B) by inserting “, the Office of Minority  
10 Health of the Centers for Medicare & Medicaid  
11 Services, the Office of Rural Health Policy, and  
12 the Office on Women’s Health”;

13 (2) in subsection (b)—

14 (A) in paragraph (2)—

15 (i) in subparagraph (A)—

16 (I) by inserting after the first  
17 sentence, the following new sentence:  
18 “Prior to model selection, the Sec-  
19 retary shall consult with the Office of  
20 Minority Health of the Centers for  
21 Medicare & Medicaid Services, the  
22 Federal Office of Rural Health Policy,  
23 and the Office on Women’s Health to  
24 ensure that models under consider-  
25 ation address health disparities and  
26 social determinants of health as ap-

1 appropriate for populations to be cared  
2 for under the model.”;

3 (II) by inserting “, as well as im-  
4 proving access to care received by in-  
5 dividuals receiving benefits under such  
6 title,” after “title”; and

7 (III) by adding at the end the  
8 following new sentence: “The models  
9 selected under this subparagraph shall  
10 include the social determinants of  
11 health payment model described in  
12 subparagraph (D), the testing of  
13 which shall begin not later than De-  
14 cember 31, 2020.”;

15 (ii) in subparagraph (C), by adding at  
16 the end the following new clauses:

17 “(ix) Whether the model will affect  
18 access to care from providers and suppliers  
19 caring for high risk patients or operating  
20 in underserved areas.

21 “(x) Whether the model has the po-  
22 tential to produce reductions in minority  
23 and rural health disparities.”; and

24 (iii) by adding at the end the fol-  
25 lowing new subparagraph:

1           “(D) SOCIAL DETERMINANTS OF HEALTH  
2           PAYMENT MODEL.—

3           “(i) IN GENERAL.—The social deter-  
4           minants of health payment model described  
5           in this subparagraph is a payment model  
6           that tests each of the payment and service  
7           delivery innovations described in clause (ii)  
8           in a region determined appropriate by the  
9           Secretary.

10          “(ii) PAYMENT AND SERVICE DELIV-  
11          ERY INNOVATIONS DESCRIBED.—For pur-  
12          poses of clause (i), the payment and serv-  
13          ice delivery innovations described in this  
14          clause are the following:

15               “(I) Payment and service delivery  
16               innovations for behavioral health serv-  
17               ices, focusing on gathering actionable  
18               data to address the higher costs asso-  
19               ciated with beneficiaries with diag-  
20               nosed behavioral conditions.

21               “(II) Payment and service deliv-  
22               ery innovations targeting conditions or  
23               comorbidities of individuals entitled or  
24               enrolled under the Medicare program  
25               under title XVIII and enrolled under

1 a State plan under the Medicaid pro-  
2 gram under title XIX to increase ca-  
3 pacity in underserved areas.

4 “(III) Payment and service deliv-  
5 ery innovations targeted on Medicaid-  
6 eligible pregnant and postpartum  
7 women, up to one year after deliv-  
8 ery.”; and

9 (B) in paragraph (4)(A)—

10 (i) in clause (i) at the end, by striking  
11 “and”;

12 (ii) in clause (ii), at the end, by strik-  
13 ing the period and inserting “; and”; and

14 (iii) by adding at the end the fol-  
15 lowing new clause:

16 “(iii) the extent to which the model  
17 improves access to care or the extent to  
18 which the model improves care for high  
19 risk patients, patients from racial or ethnic  
20 minorities, or patients in underserved  
21 areas.”;

22 (3) in subsection (c)—

23 (A) in paragraph (2), by striking at the  
24 end “and”;

1 (B) by redesignating paragraph (3) as  
2 paragraph (4);

3 (C) by inserting after paragraph (2) the  
4 following new paragraph:

5 “(3) the Office of Minority Health of the Cen-  
6 ters for Medicare & Medicaid Services certifies that  
7 such expansion will not reduce access to care for  
8 low-income, minority, or rural beneficiaries; and”;

9 (D) in paragraph (4), as redesignated by  
10 subparagraph (B), by inserting before the pe-  
11 riod at the end the following: “nor increase  
12 health disparities experienced by low-income,  
13 minority, or rural beneficiaries”; and

14 (E) in the matter following paragraph (4),  
15 as redesignated by subparagraph (B), by insert-  
16 ing “, improve access to care,” after “care”;  
17 and

18 (4) in subsection (g)—

19 (A) by inserting “(or, beginning with 2021,  
20 once every year thereafter)” after “thereafter”;  
21 and

22 (B) by adding at the end the following new  
23 sentence: “For reports for 2021 and each sub-  
24 sequent year, each such report shall include in-  
25 formation on the following:

1           “(1) The extent and severity of minority and  
2 rural health disparities in Medicare and Medicaid  
3 beneficiaries.

4           “(2) The interventions that address social de-  
5 terminants of health in payment models selected by  
6 the Center for Medicare and Medicaid Innovation for  
7 testing.

8           “(3) The interventions that address social de-  
9 terminants of health in payment models not selected  
10 by the Center for Medicare and Medicaid Innovation  
11 for testing.

12           “(4) The effectiveness of interventions in miti-  
13 gating negative health outcomes and higher costs as-  
14 sociated with social determinants of health within  
15 models selected by the Center for Medicare and  
16 Medicaid Innovation for testing.

17           “(5) Changes in disparities among minorities  
18 and Medicare and Medicaid beneficiaries in under-  
19 served areas that are attributable to provider and  
20 supplier participation in a Phase II model.

21           “(6) In consultation with the Comptroller Gen-  
22 eral of the United States, estimated Federal savings  
23 achieved through the reduction of rural and minority  
24 health disparities.

1                   “(7) Other areas determined appropriate by the  
2           Secretary.”.

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