

118TH CONGRESS
1ST SESSION

H. R. 6742

To establish a pilot program to provide an add-on payment to certain plans offering benefits designed to address the needs of dual-eligible individuals related to social determinants of health, and to provide administrative flexibility to improve integration for certain dual-eligible individuals.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 2023

Mr. BLUMENAUER introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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 establish a pilot program to provide an add-on payment to certain plans offering benefits designed to address the needs of dual-eligible individuals related to social determinants of health, and to provide administrative flexibility to improve integration for certain dual-eligible individuals.

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 “Incentivizing Dual-
5 Eligible Alignment Act” or the “IDEAL Act”.

1 **SEC. 2. SOCIAL DETERMINANTS OF HEALTH PILOT PRO-**
2 **GRAM.**

3 (a) IN GENERAL.— The Secretary of Health and
4 Human Services (in this section referred to as the “Sec-
5 retary”), acting through the Director of the Federal Co-
6 ordinated Health Care Office established under section
7 2602 of Public Law 111–148 (in this section referred to
8 as the “Director”) shall conduct a pilot program (in this
9 section referred to as the “program”) to demonstrate im-
10 provements in patient outcomes through the provision of
11 covered benefits (as described in subsection (c)) designed
12 to address social determinants of health with respect to
13 certain dual-eligible individuals. Under the program, the
14 Director shall provide an add-on payment to 4 cohorts of
15 safety net health plans (as defined in subsection (e)) to
16 furnish such benefits to dual-eligible individuals enrolled
17 in such plans.

18 (b) PROGRAM REQUIREMENTS.—

19 (1) IN GENERAL.—For calendar year 2025 and
20 each year thereafter through 2028, the Director
21 shall enter into 5-year agreements with safety net
22 health plans under which each such safety net health
23 plan that qualifies for a rebate under section
24 1853(a)(1)(E) of the Social Security Act (42 U.S.C.
25 1395w–23(a)(1)(E)) for a year during the agree-
26 ment period shall receive the add-on payment de-

1 scribed in paragraph (2) for such year, to provide
2 one or more covered benefits to dual-eligible individ-
3 uals enrolled in such plan.

4 (2) ADD-ON PAYMENT.—

5 (A) IN GENERAL.—The amount of the
6 add-on payment for each year for an safety net
7 health plan participating in the pilot program
8 shall be 5 percent of the amount paid under
9 section 1853(a)(1)(E) of the Social Security
10 Act (42 U.S.C. 1395w–23(a)(1)(E)).

11 (B) SUPPLEMENT, NOT SUPPLANT.—The
12 add-on payment described in paragraph (1)
13 shall supplement, and not supplant, any other
14 payments made to an safety net health plan
15 under title XVIII or XIX of the Social Security
16 Act (42 U.S.C. 1395 et seq., 1396 et seq.).

17 (c) BENEFITS TO ADDRESS SOCIAL DETERMINANTS
18 OF HEALTH.—

19 (1) COVERED BENEFITS.—An safety net health
20 plan participating in the pilot program may use the
21 add-on payment provided under this section to pro-
22 vide one or more covered benefits, including—

23 (A) transportation for the purpose of ob-
24 taining non-medical items and services, such
25 grocery shopping or banking;

1 (B) pest eradication services, including
2 traps, pest control sprays, and cleaning sup-
3 plies;

4 (C) equipment and services, including in-
5 stallation and maintenance of such equipment,
6 to improve indoor air quality, including tem-
7 porary or portable air conditioning units, hu-
8 midifiers, dehumidifiers, high efficiency particu-
9 late air filters, and carpet cleaning;

10 (D) community or plan-sponsored pro-
11 grams and events to address isolation among
12 enrollees and improve emotional and cognitive
13 function, including programs, events, and other
14 benefits such as non-fitness club memberships,
15 community or social clubs, park passes, and ac-
16 cess to companion care, marital or family coun-
17 seling, or classes for enrollees with primary
18 caregiving responsibilities for a child;

19 (E) complementary therapies provided by
20 licensed or certified practitioners;

21 (F) services to assist with decision-making
22 with respect to health care needs;

23 (G) educational services or classes, includ-
24 ing financial literacy classes, technology edu-
25 cation, or language classes;

1 (H) general supports for living, including
2 housing consultations, and subsidies for rent or
3 assisted living communities, or subsidies for
4 utilities such as gas, electric, and water; and

5 (I) benefits to address specific needs of
6 chronically ill individuals, including—

7 (i) food, produce, and meals for en-
8 rollees with a chronic illness, delivered to
9 the home of such individual or in a con-
10 gregate setting; and

11 (ii) structural home modifications that
12 have a reasonable expectation of improving
13 or maintaining the health, mobility, or
14 overall function of a chronically ill indi-
15 vidual.

16 (2) AUTHORITY TO ADD OR MODIFY BENE-
17 FITS.—The Director may add to, or otherwise mod-
18 ify, the covered benefits described in paragraph (1).

19 (d) EVALUATION AND REPORTS.—

20 (1) REPORTING REQUIREMENT FOR SAFETY
21 NET HEALTH PLANS.—Under the agreements en-
22 tered into under subsection (a), each safety net
23 health plan shall submit to the Secretary such infor-
24 mation as required by the Secretary, at such time
25 and in such manner as determined by the Secretary,

1 for purposes of informing the evaluation under para-
2 graph (2).

3 (2) EVALUATION.—At the end of each 5-year
4 agreement, the Secretary shall conduct an evaluation
5 of the program under this section. Such evaluation
6 shall incorporate information submitted by each
7 safety net health plan pursuant to paragraph (1).

8 (3) REPORT TO CONGRESS.—Not later than De-
9 cember 31, 2031, the Secretary shall submit to Con-
10 gress a report containing the evaluations conducted
11 under paragraph (2). Such report shall also include
12 the following information:

13 (A) The number of enrollees eligible for
14 covered benefits, including the demographic in-
15 formation and, to the extent possible, the health
16 characteristics of enrollees utilizing such bene-
17 fits.

18 (B) The number of fully integrated dual el-
19 igible special needs plans and highly integrated
20 dual eligible special needs plans participating in
21 the program.

22 (C) A list of the covered benefits provided
23 through the program and the cost to each safe-
24 ty net health plan to provide such benefits.

1 (D) Information with respect to the utiliza-
2 tion of the covered benefits by enrollees.

3 (E) Enrollee-reported satisfaction with re-
4 spect to each covered benefit provided under the
5 program.

6 (F) Health outcomes as measured by pri-
7 mary care appointments, visits to an emergency
8 department, the number and length of hos-
9 pitalizations, admissions to a skilled nursing fa-
10 cility or nursing facility, and other outcomes as
11 determined appropriate by the Secretary.

12 (G) The cost to the Medicare program
13 under title XVIII of the Social Security Act of
14 providing the add-on payment described in sub-
15 section (b)(2).

16 (H) The per member, per month amount
17 of the add-on payment received by each safety
18 net health plan.

19 (e) DEFINITIONS.—In this section:

20 (1) COHORT.—The term “cohort” refers to the
21 safety net health plans that begin participating in
22 the program in the same calendar year.

23 (2) DUAL ELIGIBLE SPECIAL NEEDS PLAN;
24 HIGHLY INTEGRATED DUAL ELIGIBLE SPECIAL
25 NEEDS PLAN; FULLY INTEGRATED DUAL ELIGIBLE

1 SPECIAL NEEDS PLAN.—The terms “dual eligible
2 special needs plan”, “highly integrated dual eligible
3 special needs plan”, and “fully integrated dual eligi-
4 ble special needs plan” have the meaning given such
5 terms in section 422.2 of title 42, Code of Federal
6 Regulations.

7 (3) SAFETY NET HEALTH PLAN.—The term
8 “safety net health plan” means a specialized ma-
9 plan for special needs individuals (as such term is
10 defined in section 1859(b)(6) of the Social Security
11 Act (42 U.S.C. 1395w–28(b)(6)) that—

12 (A) is incorporated as a nonprofit corpora-
13 tion or operated by a public agency, public enti-
14 ty, local government, or group of governmental
15 units under State law;

16 (B) no part of the net earnings of which
17 inures to the benefit of any private shareholder
18 or individual;

19 (C) receives more than 80 percent of its
20 annual gross revenue from government pro-
21 grams that target low income, elderly, or dis-
22 abled populations under title XVIII, XIX, or
23 XXI of the Social Security Act; and

24 (D) in the case of a highly integrated dual
25 eligible special needs plan or a fully integrated

1 dual eligible special needs plan, meets the re-
 2 quirements in subclause (II) or (III) of sub-
 3 paragraph (D)(i) of such section; or

4 (E) in the case of a dual eligible special
 5 needs plan—

6 (i) meets the requirements under sub-
 7 paragraph (D)(i)(I) of such section; or

8 (ii) is likely, as determined by the
 9 Secretary, to meet the requirements under
 10 subclauses (II) and (III) of such subpara-
 11 graph within 1 year of a State’s request
 12 for one or more administrative flexibilities
 13 with respect to such plan.

14 **SEC. 3. ADMINISTRATIVE FLEXIBILITY TO IMPROVE INTE-**
 15 **GRATION FOR CERTAIN DUAL-ELIGIBLE INDI-**
 16 **VIDUALS.**

17 Section 1859(f)(8) of the Social Security Act (42
 18 U.S.C. 1395w–28(f)(8)) is amended by adding at the end
 19 the following new subparagraph:

20 “(F) ADMINISTRATIVE FLEXIBILITY.—

21 “(i) IN GENERAL.—Not later than 60
 22 days after the date of enactment of this
 23 subparagraph, the Secretary, acting
 24 through the Director of the Federal Co-
 25 ordinated Health Care Office, shall com-

1 mence rulemaking to establish procedures
2 for States to request one or more of the
3 administrative flexibilities described in
4 clause (ii) for applicable plans (as defined
5 in clause (iv)) to improve integration under
6 this title and title XIX for dual-eligible in-
7 dividuals enrolled in such plans. In estab-
8 lishing such procedures, the Secretary shall
9 ensure that such procedures do not reduce
10 such individuals' choices with respect to
11 plans under this title, or such individuals'
12 access to care.

13 “(ii) ADMINISTRATIVE FLEXIBILITIES
14 DESCRIBED.—The administrative flexibili-
15 ties described in this clause include flexi-
16 bility with respect to—

17 “(I) enrollment timelines and
18 processes under section 1851(e)(2)
19 and clauses (iii) and (iv) of section
20 1860D–1(b)(1)(B);

21 “(II) approval of marketing ma-
22 terial under paragraphs (1) and (2) of
23 section 1851(h);

24 “(III) enrollment materials under
25 section 1876(c)(3)(C); and

1 “(IV) other administrative re-
2 quirements such as application proc-
3 esses under this title and determined
4 appropriate by the Federal Coordi-
5 nated Health Care Office in consulta-
6 tion with beneficiary advocacy groups.

7 “(iii) REPORT.—Beginning on the
8 date that is 2 years after the date of enact-
9 ment of this subparagraph, and annually
10 thereafter, the Director of the Federal Co-
11 ordinated Health Care Office shall submit
12 to the Congress a report on the flexibilities
13 granted pursuant to this subparagraph,
14 and make each such report publicly avail-
15 able on the website of such Office.

16 “(iv) DEFINITIONS.—In this subpara-
17 graph:

18 “(I) APPLICABLE PLAN.—The
19 term ‘applicable plan’ means a spe-
20 cialized MA plan for special needs in-
21 dividuals (as described in subsection
22 (b)(6)(B)(ii)) that—

23 “(aa) in the case of a highly
24 integrated dual eligible special
25 needs plan or a fully integrated

1 dual eligible special needs plan,
2 meets the requirements in sub-
3 clause (II) or (III) of subpara-
4 graph (D)(i); or

5 “(bb) in the case of a dual
6 eligible special needs plan—

7 “(AA) meets the re-
8 quirements under subpara-
9 graph (D)(i)(I); or

10 “(BB) is likely, as de-
11 termined by the Secretary,
12 to meet the requirements
13 under subclauses (II) and
14 (III) of such subparagraph
15 within 1 year of a State’s
16 request for one or more ad-
17 ministrative flexibilities with
18 respect to such plan.

19 “(II) DUAL ELIGIBLE SPECIAL
20 NEEDS PLAN; HIGHLY INTEGRATED
21 DUAL ELIGIBLE SPECIAL NEEDS
22 PLAN; FULLY INTEGRATED DUAL ELI-
23 GIBLE SPECIAL NEEDS PLAN.—The
24 terms ‘dual eligible special needs
25 plan’, ‘highly integrated dual eligible

1 special needs plan’, and ‘fully inte-
2 grated dual eligible special needs plan’
3 have the meaning given such terms in
4 section 422.2 of title 42, Code of Fed-
5 eral Regulations.”.

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