118TH CONGRESS
1ST SESSION

H. R. 3069

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.

IN THE HOUSE OF REPRESENTATIVES

MAY 2, 2023

Ms. SEWELL (for herself, Ms. STRICKLAND, Mr. DOGGETT, Mr. EVANS, Mr.
GOMEZ, Mr. CARTER of Louisiana, and Mrs. CHERFILUS-MCCORMICK)
introduced the following bill; which was referred to the Committee on En-
ergy 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 jurisdic-
tion of the committee concerned

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 "John Lewis Equality

5 in Medicare and Medicaid Treatment Act of 2023".

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)—

6 (A) in paragraph (1), by inserting "ad-

7 vance health equity and" before "improve the

8 coordination"; and

9 (B) in paragraph (3)—

10 (i) by inserting "(including the Office

11 of Minority Health of the Centers for

12 Medicare & Medicaid Services, the Office

13 of Rural Health Policy of the Health Re-

14 sources and Services Administration, and

15 the Office on Women's Health of the De-

16 partment of Health and Human Services)"

17 after "relevant Federal agencies"; and

18 (ii) by striking "experts with expertise

19 in medicine" and inserting "experts with

20 expertise in medicine, the causes of health

21 disparities and the social determinants of

22 health,";

23 (2) in subsection (b)—

24 (A) in paragraph (2)—

25 (i) in subparagraph (A)—

1 　　　　(I) by inserting the following
2 　　　　after the first sentence: "Prior to se-
3 　　　　lecting a model under this paragraph,
4 　　　　the Secretary shall consult with the
5 　　　　Office of Minority Health of the Cen-
6 　　　　ters for Medicare & Medicaid Services,
7 　　　　the Office of Rural Health Policy of
8 　　　　the Health Resources and Services
9 　　　　Administration, and the Office on
10 　　　　Women's Health of the Department of
11 　　　　Health and Human Services to ensure
12 　　　　that models under consideration ad-
13 　　　　dress health disparities and social de-
14 　　　　terminants of health as appropriate
15 　　　　for populations to be cared for under
16 　　　　the model.";
17 　　　　(II) by inserting "and, for models
18 　　　　for which testing begins on or after
19 　　　　January 1, 2024, address health eq-
20 　　　　uity as well as improving access to
21 　　　　care received by individuals receiving
22 　　　　benefits under such title" after "appli-
23 　　　　cable title"; and
24 　　　　(III) by adding at the end the
25 　　　　following: "The models selected under

1 this subparagraph shall include the

2 social determinants of health payment

3 model described in subsection (h), the

4 testing of which shall begin not later

5 than December 31, 2024.''; and

6 (ii) in subparagraph (C), by adding at

7 the end the following new clauses:

8 ''(ix) Whether the model will affect

9 access to care from providers and suppliers

10 caring for high risk patients or operating

11 in underserved areas.

12 ''(x) Whether the model has the po-

13 tential to reduce health disparities, includ-

14 ing minority and rural health disparities.'';

15 (B) in paragraph (3)(B)—

16 (i) in clause (i), by inserting ''or

17 health equity'' after ''quality of care'';

18 (ii) in clause (ii), by inserting ''or in-

19 creasing health inequities'' after ''quality

20 of care''; and

21 (iii) in clause (iii), by inserting ''or

22 health equity'' after ''quality of care''; and

23 (C) in paragraph (4)(A)—

24 (i) in clause (i), by striking ''; and''

25 and inserting a semicolon;

1   (ii) in clause (ii), by striking the pe-
2   riod and inserting "; and"; and
3   (iii) by adding at the end the fol-
4   lowing new clause:
5   "(iii) for models for which testing be-
6   gins on or after January 1, 2024, the ex-
7   tent to which the model improves health
8   equity.";
9   (3) in subsection (c)—
10   (A) in paragraph (1)—
11   (i) in subparagraph (A), by inserting
12   "or, beginning on or after January 1,
13   2024, increasing health inequities" before
14   the semicolon; and
15   (ii) in subparagraph (B), by inserting
16   "or, beginning on or after January 1,
17   2024, health equity" after "patient care";
18   and
19   (B) in paragraph (3), by inserting "or in-
20   crease health disparities experienced by bene-
21   ficiaries, including low-income, minority, or
22   rural beneficiaries, or that such expansion
23   would improve health equity" before the period;
24   (4) in subsection (g), by adding at the end the
25   following: "For reports submitted after the date of

1 enactment of the John Lewis Equality in Medicare

2 and Medicaid Treatment Act of 2023, each such re-

3 port shall include information on the following:

4   "(1) The interventions that address social de-

5 terminants of health, health disparities, or health eq-

6 uity in payment models selected by the CMI for test-

7 ing under this section.

8   "(2) Estimated Federal savings achieved

9 through reducing disparities, including rural and mi-

10 nority health disparities, improving health equity, or

11 addressing social determinants of health.

12   "(3) 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   "(4) Other areas determined appropriate by the

18 Secretary."; and

19   (5) by adding at the end the following new sub-

20 section:

21 "(h) SOCIAL DETERMINANTS OF HEALTH PAYMENT

22 MODEL.—

23   "(1) IN GENERAL.—The social determinants of

24 health payment model described in this subsection is

25 a payment model that tests each of the payment and

1 service delivery innovations described in paragraph

2 (2) in a region determined appropriate by the Sec-

3 retary.

4 "(2) PAYMENT AND SERVICE DELIVERY INNO-

5 VATIONS DESCRIBED.—For purposes of paragraph

6 (1), the payment and service delivery innovations de-

7 scribed in this clause are the following:

8 "(A) Payment and service delivery innova-

9 tions for behavioral health services, focusing on

10 gathering actionable data to address the higher

11 costs associated with beneficiaries with diag-

12 nosed behavioral conditions.

13 "(B) Payment and service delivery innova-

14 tions targeting conditions or comorbidities of

15 individuals entitled or enrolled under the Medi-

16 care program under title XVIII and enrolled

17 under a State plan under the Medicaid program

18 under title XIX to increase capacity in under-

19 served areas.

20 "(C) Payment and service delivery innova-

21 tions targeting conditions or comorbidities of

22 applicable individuals to increase capacity in

23 underserved areas.

24 "(D) Payment and service delivery innova-

25 tions targeted on Medicaid eligible pregnant

1 and postpartum women, up to one year after

2 delivery.''.

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