

115TH CONGRESS  
2D SESSION

# H. R. 6601

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

JULY 26, 2018

Mr. LEWIS of Georgia (for himself and Mr. LEVIN) 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 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 2018”.

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

8 (2) in subsection (b)—

9 (A) in paragraph (2)(A), by inserting “, as  
10 well as improving access to care received by in-  
11 dividuals receiving benefits under such title,”  
12 after “title”;

13 (B) in paragraph (2)(C), by adding at the  
14 end the following new clauses:

15 “(ix) Whether the model will discour-  
16 age providers of services and supplies from  
17 treating high risk patients, patients from  
18 minority or rural communities, or women.

19 “(x) Whether the model demonstrates  
20 reductions in minority and rural health  
21 disparities.”; and

22 (C) in paragraph (4)(A)—

23 (i) in clause (i) at the end, by striking  
24 “and”;

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

1 (iii) by adding at the end the fol-  
2 lowing new clause:

3 “(iii) the extent to which the model  
4 improves access to care or the extent to  
5 which the model discourages providers  
6 from caring for high risk patients, women,  
7 patients from racial or ethnic minorities, or  
8 patients from rural communities.”;

9 (3) in subsection (c)—

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

12 (B) by redesignating paragraph (3) as  
13 paragraph (4);

14 (C) by inserting after paragraph (2) the  
15 following new paragraph:

16 “(3) the Office of Minority Health of the Cen-  
17 ters for Medicare & Medicaid Services certifies that  
18 such expansion will not reduce access to care for  
19 women, low-income, minority, or rural beneficiaries;  
20 and”;

21 (D) in paragraph (4), as redesignated by  
22 subparagraph (B), by inserting before the pe-  
23 riod at the end the following: “nor increase  
24 health disparities experienced by women, low-in-  
25 come, minority, or rural beneficiaries”; and

1 (E) in the matter following paragraph (4),  
2 as redesignated by subparagraph (B), by insert-  
3 ing “, improve access to care,” after “care”.

4 **SEC. 3. UNDERSTANDING SOCIAL DETERMINANTS OF**  
5 **HEALTH IN MEDICARE AND MEDICAID POPU-**  
6 **LATIONS.**

7 The Secretary of Health and Human Services shall,  
8 for each fiscal year (beginning not later than fiscal year  
9 2019), submit to Congress an annual report that analyzes  
10 the following:

11 (1) The extent and severity of minority and  
12 rural health disparities in Medicare and Medicaid  
13 beneficiaries.

14 (2) The prevalence of interventions that address  
15 social determinants of health in payment models se-  
16 lected by the Center for Medicare and Medicaid In-  
17 novation for testing.

18 (3) The prevalence of interventions that address  
19 social determinants of health in payment models not  
20 selected by the Center for Medicare and Medicaid  
21 Innovation for testing.

22 (4) The effectiveness of payment models se-  
23 lected by the Center for Medicare and Medicaid In-  
24 novation for testing in mitigating negative health

1 outcomes associated with social determinants of  
2 health.

3 (5) Changes in the prevalence of minority  
4 health disparities and rural health disparities in  
5 Medicare and Medicaid beneficiaries served by pro-  
6 viders participating in payment models that were ex-  
7 panded by the Center for Medicare and Medicaid In-  
8 novation.

9 (6) In consultation with the Comptroller Gen-  
10 eral of the United States, estimated Federal savings  
11 achieved through the reduction of rural and minority  
12 health disparities.

13 (7) Other areas determined appropriate by the  
14 Secretary.

○