

116TH CONGRESS
2D SESSION

S. _____

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 SENATE OF THE UNITED STATES

Mr. BOOKER introduced the following bill; which was read twice and referred to the Committee on _____

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 2020”.

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), in the first sentence—

6 (A) by inserting “the Office of Minority
7 Health of the Centers for Medicare & Medicaid
8 Services, the Federal Office of Rural Health
9 Policy, the Office on Women’s Health, and
10 other” after “representatives of”; and

11 (B) by inserting “, the causes of health
12 disparities and social determinants of health,”
13 after “medicine”;

14 (2) in subsection (b)—

15 (A) in paragraph (2)—

16 (i) in subparagraph (A)—

17 (I) in the second sentence, by in-
18 serting “, as well as improving access
19 to care received by individuals receiv-
20 ing benefits under such title,” after
21 “applicable title”;

22 (II) by inserting after the first
23 sentence, the following new sentence:
24 “Prior to model selection, the Sec-
25 retary shall consult with the Office of
26 Minority Health of the Centers for

1 Medicare & Medicaid Services, the
2 Federal Office of Rural Health Policy,
3 and the Office on Women’s Health to
4 ensure that models under consider-
5 ation address health disparities and
6 social determinants of health as ap-
7 propriate for populations to be cared
8 for under the model.”; and

9 (III) by adding at the end the
10 following new sentence: “The models
11 selected under this subparagraph shall
12 include the social determinants of
13 health payment model described in
14 subparagraph (D), the testing of
15 which shall begin not later than De-
16 cember 31, 2021.”;

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

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

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

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

3 “(D) SOCIAL DETERMINANTS OF HEALTH
4 PAYMENT MODEL.—

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

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

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

23 “(II) Payment and service deliv-
24 ery innovations targeting conditions or
25 comorbidities of individuals entitled or

1 enrolled under the Medicare program
2 under title XVIII and enrolled under
3 a State plan under the Medicaid pro-
4 gram under title XIX to increase ca-
5 pacity in underserved areas.

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

11 (B) in paragraph (4)(A)—

12 (i) in clause (i) at the end, by striking
13 “and”;

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

16 (iii) by adding at the end the fol-
17 lowing new clause:

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

24 (3) in subsection (c)—

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

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

5 (C) by inserting after paragraph (2) the
6 following new paragraph:

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

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

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

20 (4) in subsection (g)—

21 (A) by inserting “(or, beginning with 2022,
22 once every year thereafter)” after “thereafter”;
23 and

24 (B) by adding at the end the following new
25 sentence: “For reports for 2022 and each sub-

1 sequent year, each such report shall include in-
2 formation on the following:

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

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

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

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

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

23 “(6) In consultation with the Comptroller Gen-
24 eral of the United States, estimated Federal savings

1 achieved through the reduction of rural and minority
2 health disparities.

3 “(7) Other areas determined appropriate by the
4 Secretary.”.