

John Lewis Equality in Medicare and Medicaid Treatment Act of 2026

Legislation led by Senator Cory Booker to make health equity a core measure of CMS innovation

THE NEED The CMS Innovation Center tests payment and service delivery models intended to reduce federal spending while preserving or improving quality. Current law does not expressly require health equity to be considered at each major stage of model selection, evaluation, expansion, and reporting. This bill places that responsibility directly in statute and requires a dedicated social determinants of health payment model.

Background

Congress created the Center for Medicare and Medicaid Innovation under section 1115A of the Social Security Act to test new Medicare and Medicaid payment and care-delivery approaches. The statute directs the Center to consider spending and quality. The 2026 bill would add health equity, access in underserved areas, disparities, and social determinants of health to the Center's formal decision-making framework.

The proposal updates legislation Senator Booker introduced in the 118th Congress as S. 1296 with Senators Alex Padilla and Sherrod Brown. The revised text moves key implementation dates to 2027 and retains a focus on low-income, minority, rural, pregnant and postpartum, dually eligible, and behavioral health populations.

The John Lewis Equality in Medicare and Medicaid Treatment Act will

- **Make health equity part of the Innovation Center's mission** by adding it to the Center's statutory purpose and requiring relevant expertise on health disparities and social determinants of health.
- **Require cross-agency consultation before models are selected** with CMS's Office of Minority Health, HRSA's Office of Rural Health Policy, and HHS's Office on Women's Health.
- **Apply equity tests throughout the model lifecycle** by directing CMS to consider health equity when selecting, evaluating, modifying, terminating, and expanding models that begin testing on or after January 1, 2027.
- **Protect access for high-risk and underserved communities** by requiring CMS to assess effects on providers serving high-risk patients or operating in underserved areas, including potential effects on minority and rural health disparities.
- **Launch a social determinants of health payment model by December 31, 2027** testing behavioral health approaches, capacity in underserved areas, services for people enrolled in both Medicare and Medicaid, and care for Medicaid-eligible pregnant and postpartum people through one year after delivery.
- **Strengthen transparency and accountability** by requiring reports to Congress on equity-focused interventions, estimated federal savings from reducing disparities, and whether those interventions improve outcomes and address higher costs.

Why it matters

The bill does not create a new Medicare or Medicaid entitlement. It changes how CMS designs and judges innovation models so that a model's effect on access and disparities is considered alongside cost and quality. It also creates a defined pathway to test payment approaches that respond to behavioral health needs and nonmedical factors that shape health outcomes.

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For more information or to support this legislation, please contact Senator Booker's health policy team at juan_rios@booker.senate.gov