



ACHIEVING HEALTH EQUITY THROUGH CROSS-SECTOR COLLABORATION

The John Lewis Equality in Medicare and Medicaid Treatment (EMMT) Act

Senator Cory A. Booker and Representative Terri A. Sewell

The Affordable Care Act created the [Center for Medicare and Medicaid Innovation \(CMMI\)](#) within the Center for Medicare and Medicaid Services (CMS) to develop, test, and implement new value-based payment models. Through CMMI, health providers are required to report clinical outcomes and cost data, receiving financial rewards when they reduce costs while increasing the quality of care.

However, under current law, CMMI is not specifically required to consider and address health disparities and social determinants of health, such as a patient's environment, education, and economic status, when implementing and testing new payment models. These determinants refer to the social barriers that cause certain groups to disproportionately suffer poor health outcomes. Research shows that diabetes rates are 17% higher in rural areas than in urban areas, and [Black](#) and [Latino](#) are at particularly high risk for diabetes compared to other racial or ethnic groups. This incentivizes health providers to pick patients with strong social support systems who will produce favorable clinical outcomes without increasing the actual costs of care. As a result, people of color, [women](#), and [rural communities](#) who face many social barriers to health care are disproportionately avoided by providers. Furthermore, the hospitals that serve many of these patients are overwhelmed or closing. Many of these disadvantaged patients work hourly or essential jobs which make it difficult to work from home or practice social distancing. They are [more likely](#) to face pay cuts and job losses despite already experiencing higher rates of poverty.

Congressman John Lewis (D-GA), who the bill is named after, understood this issue, and first introduced *the Equality in Medicare and Medicaid Treatment Act* to protect patients from the perverse incentives inherent in many of the "value-based" payment models. Under *the John Lewis Equality in Medicare and Medicaid Treatment (EMMT) Act*, CMMI would be required to consult with experts on health disparities, such as the Office of Minority Health of the Centers for Medicare & Medicaid Services, the Federal Office of Rural Health Policy, and the Office on Women's Health, on any new payment models under development.

The John Lewis Equality in Medicare and Medicaid Treatment (EMMT) Act:

- Requires CMMI to consider a model's impact on access to care for people of color, women, and people in rural areas in addition to cost and quality
- Requires CMMI to include experts in health disparities and social determinants of health during the evaluation and review process for new payment models
- Directs CMMI to create a Social Determinants of Health Model that focuses on health conditions of those dually eligible for Medicaid and Medicare, behavioral health, and maternal mortality