

Racial Justice and the Social Determinants of Health: Federal Legislative and Administrative Priorities in June 2021

As our nation honors Juneteenth [as a national holiday for the first time, this is a critical moment](#) to recommit to the goal of racial justice in health care. June 2021 is a uniquely important inflection point for health equity. Both the Biden administration and the 117th Congress have a possible — and likely time-limited — opportunity to make substantial investments across the federal government that address systemic racism and advance meaningful equity reforms for Black, Indigenous, and people of color; LGBTQ communities; people with disabilities; and other populations that are often marginalized.

Racial and ethnic disparities in health outcomes grow out of profound structural injustice in spheres including incarceration, environmental pollution, economic opportunity, housing, education, health care itself, and others. The health care system alone cannot address the root causes of systemic racism and the impact of systemic racism on people's health. To do that, the federal government must make meaningful investments in broad, multiagency social justice reforms. The Biden administration has made important commitments to improving early childhood education; Section 8 housing supports; child care funding; environmental justice, including comprehensive lead removal and abatement; and criminal justice and other reforms that would, if implemented, represent such a multi-agency approach to racial and social justice.

The Biden White House has also recognized the need for cross-agency action in creating a dedicated racial justice unit within the Domestic Policy Council led by Catherine Lhamon, deputy director of the Domestic Policy Council for Racial Justice and Equity.

However, most of the administration's commitments regarding social determinants of health will require legislative action. The anticipated fiscal year 2022 budget reconciliation bill is the best chance to pass legislation in this challenging legislative environment. This Juneteenth, as the Biden administration and congressional leadership shine a spotlight on pressing racial justice issues, they aren't only making tactical decisions about what will be popular in this bill this year; they are making generational decisions about which social justice priorities will be addressed or left behind for the next 12 or 16 years.

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As our nation recovers from a pandemic in which our lack of universal coverage and gross racial disparities were responsible for hundreds of thousands of deaths, it is critical that promises to address structural reforms to housing, education, environmental justice, paid leave, and immigration be fulfilled.

The American health care system has unique power and an essential responsibility to reduce the disparities that drive people's health. Below we describe immediate short-term opportunities to shift health care resources into social determinants of health, re-orient health care delivery to reductions in racial disparities, and ensure accountability for population health outcomes in communities of color.

For a meaningful impact on population health outcomes and advance health equity, we urge the Biden administration and Congress to adopt the following policy recommendations:

Use federal health care funds to invest in programs and policies that address the social determinants of health. Specifically:

- » Congress should use budget reconciliation to expand Medicaid and Children's Health Insurance Program (CHIP) coverage of community-based benefits to include additional preventive services for at-risk children and pregnant women, including:
 - » Mandatory Medicaid coverage for services provided by community-based doulas, perinatal community health workers, and other peer support service providers.
 - » Reimbursement parity for maternity care services provided by midwives.
 - » Medicaid coverage for maternal and child health home visiting programs, such as the Maternal, Infant, and Early Childhood Home
- » Visiting program and/or the Nurse-Family Partnership.
- » Medicaid and CHIP coverage of additional preventive services for children exposed to adverse childhood experiences.
- » Congress should use budget reconciliation to make 12-month post-partum coverage of women mandatory for states, building on the state option implemented through the American Rescue Plan.
- » The Administration should build on existing Center for Medicare & Medicaid Innovation (CMMI) pilots and Medicaid demonstrations to scale up investments in social determinants of health in traditional Medicare, Medicare Advantage, and under Medicaid managed care and demonstration authorities.
- » The Administration should build robust operational collaboration between CMMI and federal and state Medicaid programs regarding Medicaid payment and delivery systems that emphasize social determinants of health (as detailed below).
- » Congress should create a new CMMI legislative mandate to invest \$10 billion over 10 years in nonmedical services that drive population and individual health and wellness. Services should include supportive housing, nutrition, transportation, prevention of interpersonal violence and adverse childhood experiences, and environmental safety interventions. This effort should work with the Center for Medicaid and CHIP Services and state Medicaid agencies to provide greater flexibility, incentives, and, especially for the safety net, resources for health care providers and plans to coordinate with social service providers and community-based organizations with Medicaid funds.

Re-orient health care delivery to address the impact of structural racism on health by requiring the use of stratified and equity-focused performance measures across all Medicare and Medicaid provider payment systems. Specifically, the Biden administration should:

- » Follow up on the [“Closing the Health Equity Gap in CMS Hospital Quality Programs”](#) request for information within the Medicare inpatient prospective payment system proposed regulation that was published on May 3. A separate regulation should stratify performance measures by race, ethnicity, primary language, geographic location, socioeconomic status, gender identity, sexual orientation, age, and disability status in all Centers for Medicare & Medicaid Services (CMS) quality programs and pay-for-performance measures.
- » Develop health equity-focused Medicaid demonstration opportunities through collaboration between CMMI and the Center for Medicaid and CHIP Services that:
 - › Incorporate “pay for equity” principles.
 - › Stratify measurement of access to physical, behavioral, and oral health care.
 - › Make investments in provider capacity to operationalize alternative payment methodologies.
 - › Pursue broader restructuring of health care delivery and payment in Medicaid or on a multi-payer basis, giving more financial and operational authority to primary care and formally linking physical and behavioral health with social and human services.

Require robust measures of network adequacy in Medicaid.

The Supreme Court ruled in 2015 that providers cannot sue in court to enforce the statutory requirement that Medicaid provide a level of access “available at least to the extent that comparable care and services are available to the general population.” This decision explicitly placed the responsibility on the CMS to enforce standards that give Medicaid beneficiaries access to “care and services comparable” to other insurance products. But the current rule leaves CMS oversight of managed care networks at best incredibly vague and more likely a legal fiction. The Biden administration should put in place specific, enforceable standards for Medicaid networks in both managed care and fee-for-service Medicaid.

Conclusion

These policy recommendations represent a potentially transformative agenda for social determinants of health. But they are also practical; indeed, they largely build on current federal policy. If adopted, these policies would create a promising pathway for our nation to end health disparities and lead to health justice. At this critical moment in our history, health equity must be at the heart of the administration’s approach to health equity and front and center in the congressional debate.

The summer of 2021 is an important time for strong and consistent advocacy for both legislative and administrative steps. Administration and Congressional leadership have said the right things for the last year regarding the central place of health equity in their priorities. Proponents of racial justice need to remind them of those promises.

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