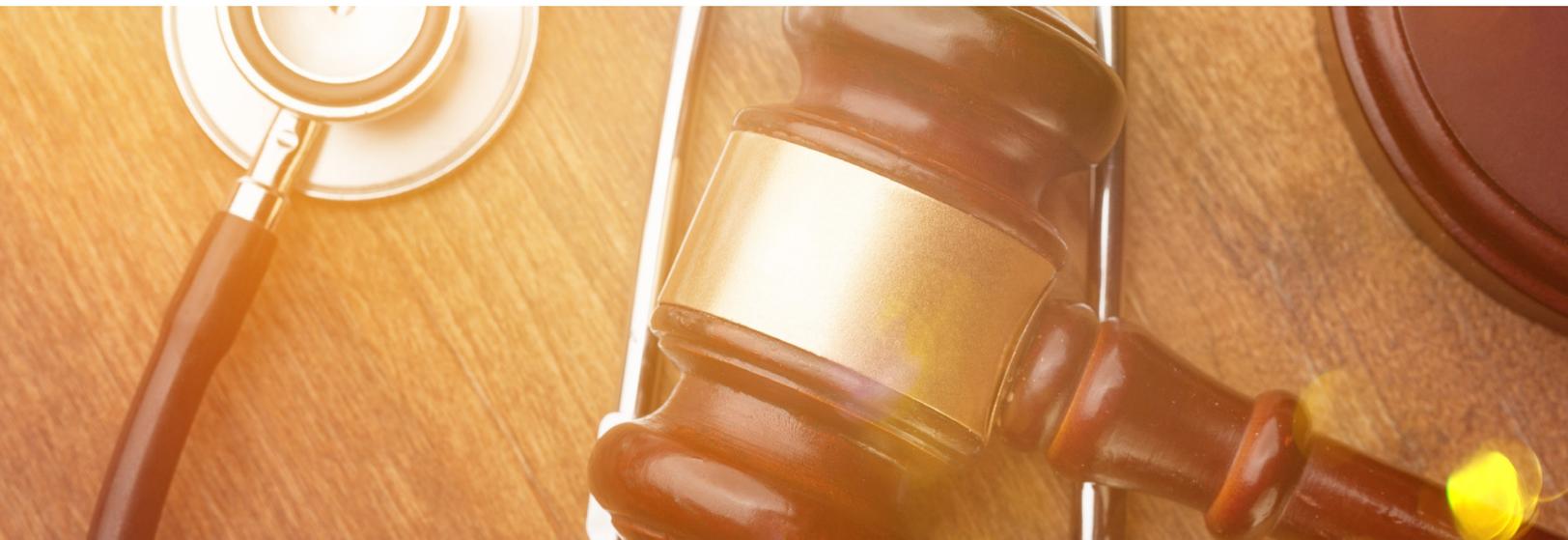




FOR DELIVERY & PAYMENT TRANSFORMATION



## Advancing Equity in 2022: Federal Policy Priorities to Promote Health Equity and Health System Transformation

### Introduction

The Biden administration and Congress have limited time in 2022 to enact federal policies that mitigate systemic racism and advance meaningful equity reforms, and it is imperative that they do so. These reforms are needed for Black and Indigenous people, other communities of color, LGBTQ+ communities, people with disabilities, and other marginalized populations.

After one year in office, the Biden administration's progress includes a push for COVID-19 vaccinations in Black and Latino communities, approximately \$30 billion in new funding for lead pipe remediation and for environmental justice, and a range of new policies that have resulted in the highest level of health insurance coverage in our nation's history through expansions in Medicaid coverage and Affordable Care Act marketplaces. In addition, both the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) have developed [ground-breaking strategic plans](#) that prioritize policies to advance health equity within the administration's priorities.<sup>1, 2, 3, 4</sup>

These steps are helpful but preliminary. A variety of additional policies have been developed under the umbrella of the Build Back Better Act, but that legislation has yet to move forward in the Senate — a significant, but hopefully temporary, setback. More broadly, foundational and sustained changes are necessary to begin to shift health care resources into communities of color commensurate with their growing proportion of the population.

Our nation must heed the lessons of the COVID-19 pandemic, which has taken a disproportionate toll on people of color and exposed painful but persistent truths about structural inequities in access to health care. It is time for Congress and the Biden administration to take action to advance health equity by improving equity in our health delivery systems. Below, Families USA's Health Equity Task Force for Delivery and Payment Transformation lays out a set of twelve legislative and administrative policy priorities that would improve population health and advance health equity, with a focus on health care payment and delivery system reforms.



### Legislative priorities

- 1. Make historic investments to end the maternal health crisis:** Congress should pass key provisions of the Black Maternal Health Momnibus Act, including those portions of the bill that passed the House as part of the Build Back Better Act in December 2021. Congress should also pass the Medicaid postpartum coverage provision that extends mandatory coverage to 12 months after the end of pregnancy. This provision passed the House in the Build Back Better Act and the Maternal Health Quality Improvement Act.
- 2. Re-authorize the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and require Medicaid payment for home visiting:** Congress should re-authorize the successful MIECHV program and require Medicaid coverage for evidence-based home visitation services to improve prenatal, maternal and newborn health, as well as child health and development.
- 3. Expand the Center for Medicare & Medicaid Innovation (CMMI) to include an equity focus:** Congress should amend the CMMI's statutory language to include advancing health equity as an outcome, in addition to reducing program expenditures, while CMMI expands its efforts to build more equity-focused models for nonelderly adults and children.
- 4. Fund Centers for Disease Control and Prevention (CDC) disparities reduction program:** Congress should fund the Racial and Ethnic Approaches to Community Health (REACH) program at \$76.95 million. This is the only CDC program that funds communities working to reduce racial and ethnic health disparities.
- 5. Fund community health worker (CHW) workforce legislation:** Congress should pass the bipartisan Building a Sustainable Workforce for Healthy Communities Act, creating a long-term funding source to grow the CHW workforce via a competitive grant program for eligible entities (including state and local governments, Indian tribes or tribal organizations, urban Indian organizations, and community-based organizations) to develop or expand CHW programs.



## Administrative priorities

- 1. Incorporate equity into quality measures:** CMS should incorporate health equity into quality measurements and performance-based payments, including incentivizing providers for reducing disparities in health outcomes. Medicare pay-for-performance programs should stratify measures by beneficiary demographics (for example, race, ethnicity and primary language, at minimum) and move to incentivize the reduction of disparities across these measures.
- 2. Implement pediatric models in CMMI:** The Biden administration should build on the Integrated Care for Kids program to establish more fully specified payment and delivery models with CMMI authority that support and incentivize a focus on the social, emotional, behavioral and relational health of children, ideally as part of a high-performing pediatric medical home.
- 3. Implement CLAS standards in CMMI:** Participants in all future CMMI programs should demonstrate how they are implementing the Office of Minority Health’s culturally and linguistically appropriate services (CLAS) standards.
- 4. Support Medicaid waivers that advance equity:** CMS should support upcoming Medicaid waiver renewals and new Medicaid waiver applications with strong equity components, leveraging Medicaid demonstration renewal negotiations pending in Massachusetts, New York, Oregon, Rhode Island, Texas and Washington, among others. These can include both *incremental reforms*, like “pay for equity” in value-based payment and the addition of CHWs as a substantial component of health care delivery, and *broader restructuring* of health care delivery and payment in Medicaid or on a multipayer basis, giving more financial and operational authority to primary care and formally linking physical and behavioral health with social and human services. CMS should also find a path forward for states with Delivery System Reform Incentive Payment (DSRIP) waivers to use Medicaid funds to invest in transition of small community providers to value-based payment systems.
- 5. Develop a core health equity measure set:** HHS should undergo a multistakeholder process to develop a core health equity measure set and require all Medicare and Medicaid payers and providers to report on those measures. This core equity set should be determined by a wide variety of stakeholders, including those with lived experience and individuals who identify as a part of underrepresented, marginalized or disenfranchised communities that most frequently experience health disparities. The Office of the Assistant Secretary for Planning and Evaluation (ASPE), in conjunction with RAND Health Care, recently submitted a report to CMS that defines a health equity measurement approach. This approach was developed in response to Executive Order 13985 issued by President Joe Biden.

6. **Develop protocols for using disaggregated data:** The Office of Management and Budget (OMB) should develop protocols, in consultation with community members, data users and researchers, for the collection, use and reporting of self-reported, comprehensive, disaggregated and granular demographic and health-related social needs data, and OMB should consider adopting the National Academies of Sciences, Engineering, and Medicine (NASEM) sexual orientation and gender identity (SOGI) data standards once they become available in NASEM's final report.
7. **Publish ARPA reports to ensure transparency in equitable funding:** The Biden administration should publish all Interim Reports and Recovery Plan Performance Reports collected from recipients of the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) under the American Rescue Plan Act (ARPA). The federal government should also ensure that equity is being achieved by how the funds are being allocated for states and communities as well as by the amounts being allocated.

It is long overdue for policymakers to address the barriers that lead to inequities in health and health care outcomes, particularly after two years of the COVID-19 pandemic and its unequal impact. The Biden administration has taken important initial steps toward payment and delivery system transformation with attention given to overall equity, but there is much more yet to do. Policymakers must prioritize the communities that are most often marginalized or harmed by systems, public policies and institutional practices, and listen to their voices when designing and implementing delivery and payment reforms.

## Endnotes

<sup>1</sup> Meena Seshamani, Elizabeth Fowler, and Chiquita Brooks-LaSure, "Building on the CMS Strategic Vision: Working Together for a Stronger Medicare," *Health Affairs Forefront*, January 11, 2022, <https://www.healthaffairs.org/doi/10.1377/forefront.20220110.198444/full/>.

<sup>2</sup> Chiquita Brooks-LaSure, "My First 100 Days and Where We Go From Here: A Strategic Vision for CMS," *Centers for Medicare & Medicaid Services*, September 9, 2021, <https://www.cms.gov/blog/my-first-100-days-and-where-we-go-here-strategic-vision-cms>.

<sup>3</sup> Centers for Medicare & Medicaid Services (CMS), "Innovation Center Strategy Refresh," <https://innovation.cms.gov/strategic-direction-whitepaper>.

<sup>4</sup> Chiquita Brooks-LaSure, Daniel Tsai, "A Strategic Vision for Medicaid and the Children's Health Insurance Program (CHIP)," *Health Affairs Forefront*, November 16, 2021, <https://www.healthaffairs.org/doi/10.1377/forefront.20211115.537685/full/>.

We thank the Task Force members for their invaluable input and review of this paper, which is intended to be a discussion document to spur dialogue and action to advance health equity through delivery and payment transformation. The members of the Task Force are committed to working together to develop and promote a policy agenda for a health equity-focused system transformation. However, they and their respective organizations do not necessarily endorse each individual policy option presented in this paper.

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