



September 8, 2023

The Honorable Terri Sewell
1035 Longworth House Office Building
Washington DC 20515

The Honorable Cory Booker
717 Hart Senate Office Building
Washington, DC 20510

RE: Letter of Support for H.R. 3069/S. 1296

Dear Congresswoman Sewell and Senator Booker:

On behalf of the Digital Health for Equitable Health (DHEH) Alliance, I am writing to support the John Lewis Equality in Medicare and Medicaid Treatment Act of 2023.

The DHEH Alliance (www.dhehalliance.org) was established to uniquely bring together multi-sector stakeholders, leaders, and advocates with a common vision to promote a more digitally inclusive and accessible society that transforms healthcare delivery for underserved populations. Our members include life sciences companies, digital health companies, patient and provider advocacy groups, community-based organizations (CBOs), and Historically Black Academic Health Science Centers. The DHEH Alliance supports policies and initiatives that provide increased access to digital health technologies in underserved populations in an effort to mitigate or remove existing barriers to high-quality healthcare. Ultimately, our goal is to reduce health care disparities in underserved populations by increasing and improving access to care using digital health technologies. We believe that the increased expansion and use of digital technology in healthcare provides many opportunities to reach underserved communities to reduce health disparities.

We commend the goal of the John Lewis Equality in Medicare and Medicaid Treatment Act of 2023 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 (CMMI). We understand that the legislation would advance health equity and access to care for minority communities by requiring the CMMI to work with experts to consider health disparities when developing payment models.

Currently, CMMI is not required to consider social determinants of health when implementing and testing new payment models—potentially leaving Black and Brown people and individuals in rural communities excluded in the development of payment models. CMS issued a report, the CMS Framework for Health Equityⁱ in July that highlighted this concern. This means that Medicare and Medicaid programs are not serving underrepresented populations to the fullest extent possible, thereby widening health disparities.

We were pleased that the legislation directs CMMI 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 developing new payment models by expanding access to health care for minorities, underserved areas, and high-risk individuals. We appreciate the legislation's focus on the importance of using Medicare and Medicaid payment mechanisms to promote health equity.

Digital health technologies have demonstrated their value to the healthcare system by improving access to care.ⁱⁱ Traditionally, underserved populations can and have been able to access vital healthcare services



through the use of these technologies. Ensuring that social determinants of health and other factors that account for racial, geographic, age, ethnic, gender, disability, and socioeconomic status are part of CMS payment models will expand these opportunities. By directing 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, this legislation will improve outcomes for populations in medically underserved communities and will enhance relationships between healthcare providers, social services, and the community to address quality healthcare and patient wellness barriers.

DHEH is uniquely positioned as a national leader in the intersection of healthcare disparities and digital health. We are especially interested in and support the efforts that digital health technology advances can assist with this endeavor. We are committed to being a trusted resource and working with Congress, the Administration, and other stakeholders to make meaningful progress towards ensuring all individuals have access to adequate care.

Sincerely,

Tanisha Hill
Founder & President

ⁱ CMS Framework for Health Equity 2022–2032; <https://www.cms.gov/files/document/cms-framework-health-equity-2022.pdf>

ⁱⁱ Greenwood, D. A., Gee, P. M., Fatkin, K. J., & Peeples, M. (2017). A Systematic Review of Reviews Evaluating Technology-Enabled Diabetes Self-Management Education and Support. *Journal of diabetes science and technology*, 11(5), 1015–1027. <https://doi.org/10.1177/1932296817713506>