

# Congress of the United States

Washington, DC 20515

February 20, 2025

The Honorable Robert F. Kennedy  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

The Honorable Stephanie Carlton  
Acting Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Secretary Kennedy and Acting Administrator Carlton:

We write to express deep concerns by reports that the Center for Medicare and Medicaid Innovation (CMMI) will no longer collect data from its payment model participants on race, ethnicity, sexual orientation, gender identity, and preferred language; and that CMMI will remove all requirements for CMMI payment models to submit health equity plans, which are aimed at measuring and addressing health disparities.<sup>1</sup>

Established by Congress in 2010, CMMI is tasked with identifying ways to improve health care quality and reduce costs in Medicare, Medicaid, and Children's Health Insurance Program (CHIP), which together provide quality, affordable health care coverage to over 146 million individuals<sup>2</sup> in the United States. CMMI has created models to enhance chronic disease prevention and improve care coordination for major causes of morbidity and mortality in the United States, including cancer, diabetes, dementia, and maternal mortality.

For example, the Accountable Health Communities Model aimed to bridge a critical gap between clinical care and community services in the health care delivery system by testing whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral, and community navigation services could reduce health care costs and utilization.<sup>3</sup> The model showcased how underserved racial and ethnic populations received more navigation support and addressed their health-related social needs, which in turn resulted in significant reductions in Medicare expenditures.

Healthcare providers, scientific researchers, and policy experts, including the American Medical Association<sup>4</sup>, National Academy of Medicine<sup>5</sup>, and National Health Law Program<sup>6</sup>, agree that comprehensive and appropriate collection of demographic data is crucial to address health disparities and improve population health overall. Knowing a patient's race, ethnicity, sexual orientation, gender identity, and preferred language allows for the identification of differences in outcomes, access, enrollment, patient experience, and utilization of services. This data can be utilized to tailor healthcare interventions to specific groups and to inform future decision-making in healthcare service delivery and policy.

In addition, CMMI's decision to change platforms and revise model documents incurs costs. The switch to new data collection systems likely entails further implementation and evaluation costs, overshadowing any supposed maintenance savings. This decision might not only negate the initial investment already made but could also introduce new administrative burdens on staff and model participants.

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<sup>1</sup> <https://subscriber.politicopro.com/article/2025/02/cmimi-to-scrap-data-collection-on-race-gender-00203659>

<sup>2</sup> <https://www.cms.gov/about-cms>

<sup>3</sup> <https://www.cms.gov/priorities/innovation/innovation-models/ahcm>

<sup>4</sup> <https://www.ama-assn.org/delivering-care/health-equity/demographic-data-can-identify-health-inequities-here-s-how>

<sup>5</sup> <https://nam.edu/programs/value-science-driven-health-care/collecting-data-to-ensure-equity-in-payment-policy/>

<sup>6</sup> <https://healthlaw.org/resource/risks-and-rewards-of-demographic-data-collection-how-effective-data-privacy-can-promote-health-equity/>


We urge the Administration to take swift action to reverse course and fully reinstate the following policies and models under CMMI:

1. The collection of demographic data payment model participants on race, ethnicity, sexual orientation, gender identity and preferred language.
2. The requirement for payment models to submit health equity plans.
3. The Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model, which will test an innovative payment approach to better support care delivery and coordination for patients in underserved communities and will require that all model participants develop and implement a robust health equity plan to identify underserved communities and implement initiatives to measurably reduce health disparities within their beneficiary populations.

We also request that CMMI, the Congressional Budget Office, and Office of Budget and Management conduct actuary evaluations and project the costs associated with these changes. This assessment should include impacts on independent models and the overall CMMI portfolio, particularly focusing on various communities and demographics that will be affected, including beneficiaries, caregivers and providers.

The United States spends more on healthcare care costs yet has worse health outcomes compared to peer nations.<sup>7</sup> CMMI plays a vital role to address concerns about quality of care and inefficient spending in our healthcare system. Addressing health disparities benefits all Americans by creating a healthier population, boosting the economy through reduced healthcare costs and increased productivity<sup>8</sup>, and ensuring that everyone, regardless of their background, has the opportunity to live a long, healthy life.<sup>9</sup>

Sincerely,



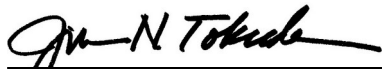
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Nanette Diaz Barragán  
Member of Congress



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Dwight Evans  
Member of Congress



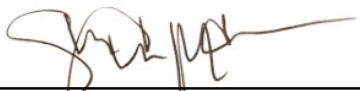
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JM Tokuda  
Member of Congress



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Grace Meng  
Member of Congress



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Sheila Cherfilus-McCormick  
Member of Congress



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Terri A. Sewell  
Member of Congress

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<sup>7</sup> <https://www.kff.org/health-policy-101-health-care-costs-and-affordability/>

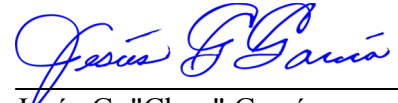
<sup>8</sup> [https://www.asanet.org/wp-content/uploads/race\\_statement.pdf](https://www.asanet.org/wp-content/uploads/race_statement.pdf)

<sup>9</sup> <https://jamanetwork.com/journals/jama/article-abstract/2804818>



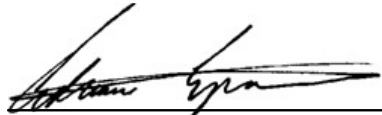
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Bonnie Watson Coleman  
Member of Congress



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Jesús G. "Chuy" García  
Member of Congress



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Adriano Espaillat  
Member of Congress



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Yvette D. Clarke  
Member of Congress



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Eleanor Holmes Norton  
Member of Congress



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Emanuel Cleaver, II  
Member of Congress



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Pramila Jayapal  
Member of Congress



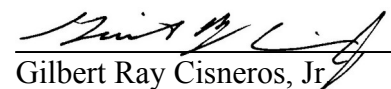
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Darren Soto  
Member of Congress



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Ted W. Lieu  
Member of Congress



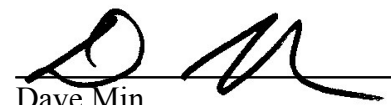
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