



Preventing Racism in Medicare Act

The Biden Administration’s woke agenda is limiting healthcare access for senior citizens. The CY2022 Medicare Physician Fee Schedule Final Rule includes a provision that would provide a financial incentive for doctors to create and implement a so-called anti-racism plan that could actually incentivize discrimination. This rule will further undermine patient confidence in our health care system by incentivizing a form of discrimination that gives preferential treatment based on misguided racial guidelines.

Congressman Palmer addressed this issue at the April 27th Energy & Commerce Hearing, asking Health and Human Services Secretary Xavier Becerra about the recently enacted rule. Under oath, Secretary Becerra claimed the rule did not exist and blamed the confusion on “misinformation.” The rule can be [found here](#) (pg 65969 of the register, or pg 974 of the PDF browser) and clearly lays out guidelines for an “Anti-Racism Plan” to ensure that clinics are “aligned with a commitment to antiracism and an understanding of race as a political and social construct, not a physiological one.”

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Table A: New Improvement Activities for the CY 2022 Performance Period/2024 MIPS Payment Year and Future Years

New Improvement Activity	
Proposed Activity ID:	IA_AHE_8
Proposed Subcategory:	Achieving Health Equity
Proposed Activity Title:	Create and Implement an Anti-Racism Plan
Proposed Activity Description:	<p>Create and implement an anti-racism plan using the CMS Disparities Impact Statement or other anti-racism planning tools.¹ The plan should include a clinic-wide review of existing tools and policies, such as value statements or clinical practice guidelines, to ensure that they include and are aligned with a commitment to anti-racism and an understanding of race as a political and social construct, not a physiological one.</p> <p>The plan should also identify ways in which issues and gaps identified in the review can be addressed and should include target goals and milestones for addressing prioritized issues and gaps. This may also include an assessment and drafting of an organization’s plan to prevent and address racism and/or improve language access and accessibility to ensure services are accessible and understandable for those seeking care. The MIPS eligible clinician or practice can also consider including in their plan ongoing training on anti-racism and/or other processes to support identifying explicit and implicit biases in patient care and addressing historic health inequities experienced by people of color. More information about elements of the CMS Disparities Impact Statement is detailed in the template and action plan document at https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf.</p>
Proposed Weighting:	High

This rule infringes on Constitutional and civil rights protections that forbid race-based discrimination. Additionally, the Centers for Medicare & Medicaid Services does not have statutory authority from the 2015 Medicare Access Act to develop “equity” and “anti-racism” programs for Medicare. With more than 90% of physicians participating in Medicare, this illegal and unethical rule will have a detrimental impact on American medicine.

Since the Biden Administration will not admit to promulgating a rule that clearly discriminates against patients based on race and undermines the integrity of medicine, Congressman Palmer introduced the **Preventing Racism in Medicare Act**. This bill would prohibit the Department of Health and Human Services from implementing Medicare “anti-racism” programs so doctors that do not want to participate in race-based medical treatment will not be penalized.