

.....
(Original Signature of Member)

116TH CONGRESS
1ST SESSION

H. R.

To direct the Secretary of Health and Human Services to establish an interagency council on social determinants of health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. BUSTOS introduced the following bill; which was referred to the Committee on _____

A BILL

To direct the Secretary of Health and Human Services to establish an interagency council on social determinants of health, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Social Determinants
5 Accelerator Act of 2019”.

6 **SEC. 2. FINDINGS; PURPOSES.**

7 (a) FINDINGS.—Congress finds the following:

1 (1) There is a significant body of evidence
2 showing that economic and social conditions have a
3 powerful impact on individual and population health
4 outcomes and well-being, as well as medical costs.

5 (2) State, local, and Tribal governments and
6 the service delivery partners of such governments
7 face significant challenges in coordinating benefits
8 and services delivered through the Medicaid program
9 and other social services programs because of the
10 fragmented and complex nature of Federal and
11 State funding and administrative requirements.

12 (3) The Federal Government should prioritize
13 and proactively assist State and local governments
14 to strengthen the capacity of State and local govern-
15 ments to improve health and social outcomes for in-
16 dividuals, thereby improving cost-effectiveness and
17 return on investment.

18 (b) PURPOSES.—The purposes of this Act are as fol-
19 lows:

20 (1) To establish effective, coordinated Federal
21 technical assistance to help State and local govern-
22 ments to improve outcomes and cost-effectiveness of,
23 and return on investment from, health and social
24 services programs.

1 (2) To build a pipeline of State and locally de-
2 signed, cross-sector interventions and strategies that
3 generate rigorous evidence about how to improve
4 health and social outcomes, and increase the cost-ef-
5 fectiveness of, and return on investment from, Fed-
6 eral, State, local, and Tribal health and social serv-
7 ices programs.

8 (3) To enlist State and local governments and
9 the service providers of such governments as part-
10 ners in identifying Federal statutory, regulatory, and
11 administrative challenges in improving the health
12 and social outcomes of, cost-effectiveness of, and re-
13 turn on investment from, Federal spending on indi-
14 viduals enrolled in Medicaid.

15 (4) To develop strategies to improve health and
16 social outcomes without denying services to, or re-
17 stricting the eligibility of, vulnerable populations.

18 **SEC. 3. SOCIAL DETERMINANTS ACCELERATOR COUNCIL.**

19 (a) ESTABLISHMENT.—The Secretary of Health and
20 Human Services (referred to in this Act as the “Sec-
21 retary”), in coordination with the Administrator of the
22 Centers for Medicare & Medicaid Services (referred to in
23 this Act as the “Administrator”), shall establish an inter-
24 agency council, to be known as the Social Determinants
25 Accelerator Interagency Council (referred to in this Act

1 as the “Council”) to achieve the purposes listed in section
2 2(b).

3 (b) MEMBERSHIP.—

4 (1) FEDERAL COMPOSITION.—The Council shall
5 be composed of at least one designee from each of
6 the following Federal agencies:

7 (A) The Office of Management and Budg-
8 et.

9 (B) The Department of Agriculture.

10 (C) The Department of Education.

11 (D) The Indian Health Service.

12 (E) The Department of Housing and
13 Urban Development.

14 (F) The Department of Labor.

15 (G) The Department of Transportation.

16 (H) Any other Federal agency the Chair of
17 the Council determines necessary.

18 (2) DESIGNATION.—

19 (A) IN GENERAL.—The head of each agen-
20 cy specified in paragraph (1) shall designate at
21 least one employee described in subparagraph
22 (B) to serve as a member of the Council.

23 (B) RESPONSIBILITIES.—An employee de-
24 scribed in this subparagraph shall be a senior
25 employee of the agency—

1 (i) whose responsibilities relate to au-
2 thorities, policies, and procedures with re-
3 spect to the health and well-being of indi-
4 viduals receiving medical assistance under
5 a State plan (or a waiver of such plan)
6 under title XIX of the Social Security Act
7 (42 U.S.C. 1396 et seq.); or

8 (ii) who has authority to implement
9 and evaluate transformative initiatives that
10 harness data or conducts rigorous evalua-
11 tion to improve the impact and cost-effec-
12 tiveness of federally funded services and
13 benefits.

14 (3) HHS REPRESENTATION.—In addition to
15 the designees under paragraph (1), the Council shall
16 include designees from at least three agencies within
17 the Department of Health and Human Services, in-
18 cluding the Centers for Medicare & Medicaid Serv-
19 ices, at least one of whom shall meet the criteria
20 under paragraph (2)(B).

21 (4) OMB ROLE.—The Director of the Office of
22 Management and Budget shall facilitate the timely
23 resolution of Governmentwide and multiagency
24 issues to help the Council achieve consensus rec-
25 ommendations described under subsection (c)(1).

1 (5) NON-FEDERAL COMPOSITION.—The Comp-
2 troller General of the United States may designate
3 up to 6 Council designees—

4 (A) who have relevant subject matter ex-
5 pertise, including expertise implementing and
6 evaluating transformative initiatives that har-
7 ness data and conduct evaluations to improve
8 the impact and cost-effectiveness of Federal
9 Government services; and

10 (B) that each represent—

11 (i) State, local, and Tribal health and
12 human services agencies;

13 (ii) public housing authorities or State
14 housing finance agencies;

15 (iii) State and local government budg-
16 et offices;

17 (iv) State Medicaid agencies; or

18 (v) national consumer advocacy orga-
19 nizations.

20 (6) CHAIR.—

21 (A) IN GENERAL.—The Secretary shall se-
22 lect the Chair of the Council from among the
23 members of the Council.

24 (B) INITIATING GUIDANCE.—The Chair,
25 on behalf of the Council, shall identify and in-

1 vite individuals from diverse entities to provide
2 the Council with advice and information per-
3 taining to addressing social determinants of
4 health, including—

5 (i) individuals from State and local
6 government health and human services
7 agencies;

8 (ii) individuals from State Medicaid
9 agencies;

10 (iii) individuals from State and local
11 government budget offices;

12 (iv) individuals from public housing
13 authorities or State housing finance agen-
14 cies;

15 (v) individuals from nonprofit organi-
16 zations, small businesses, and philan-
17 thropic organizations;

18 (vi) advocates;

19 (vii) researchers; and

20 (viii) any other individuals the Chair
21 determines to be appropriate.

22 (c) DUTIES.—The duties of the Council are—

23 (1) to make recommendations to the Secretary
24 and the Administrator regarding the criteria for
25 making awards under section 4;

1 (2) to identify Federal authorities and opportu-
2 nities for use by States or local governments to im-
3 prove coordination of funding and administration of
4 Federal programs, the beneficiaries of whom include
5 individuals described in section 2, and which may be
6 unknown or underutilized and to make information
7 on such authorities and opportunities publicly avail-
8 able;

9 (3) to provide targeted technical assistance to
10 States developing a social determinants accelerator
11 plan under section 4, including identifying potential
12 statutory or regulatory pathways for implementation
13 of the plan and assisting in identifying potential
14 sources of funding to implement the plan;

15 (4) to report to Congress annually on the sub-
16 jects set forth in subsection (e);

17 (5) to develop and disseminate evaluation guide-
18 lines and standards that can be used to reliably as-
19 sess the impact of an intervention or approach that
20 may be implemented pursuant to this Act on out-
21 comes, cost-effectiveness of, and return on invest-
22 ment from Federal, State, local, and Tribal govern-
23 ments, and to facilitate technical assistance, where
24 needed, to help to improve State and local evaluation
25 designs and implementation;

1 (6) to seek feedback from State, local, and
2 Tribal governments, including through an annual
3 survey by an independent thirdparty, on how to im-
4 prove the technical assistance the Council provides
5 to better equip State, local, and Tribal governments
6 to coordinate health and social service programs;

7 (7) to solicit applications for grants under sec-
8 tion 4; and

9 (8) to coordinate with other cross-agency initia-
10 tives focused on improving the health and well-being
11 of low-income and at-risk populations in order to
12 prevent unnecessary duplication between agency ini-
13 tiatives.

14 (d) SCHEDULE.—Not later than 60 days after the
15 date of the enactment of this Act, the Council shall con-
16 vene to develop a schedule and plan for carrying out the
17 duties described in subsection (c), including solicitation of
18 applications for the grants under section 4.

19 (e) REPORT TO CONGRESS.—The Council shall sub-
20 mit an annual report to Congress, which shall include—

21 (1) a list of the Council members;

22 (2) activities and expenditures of the Council;

23 (3) summaries of the interventions and ap-
24 proaches that will be supported by State, local, and

1 Tribal governments that received a grant under sec-
2 tion 4, including—

3 (A) the best practices and evidence-based
4 approaches such governments plan to employ to
5 achieve the purposes listed in section 2(b); and

6 (B) a description of how the practices and
7 approaches will impact the outcomes, cost-effec-
8 tiveness of, and return on investment from,
9 Federal, State, local, and Tribal governments
10 with respect to such purposes;

11 (4) the feedback received from State and local
12 governments on ways to improve the technical assist-
13 ance of the Council, including findings from a third-
14 party survey and actions the Council plans to take
15 in response to such feedback; and

16 (5) the major statutory, regulatory, and admin-
17 istrative challenges identified by State, local, and
18 Tribal governments that received a grant under sec-
19 tion 4, and the actions that Federal agencies are
20 taking to address such challenges.

21 (f) FACA APPLICABILITY.—The Federal Advisory
22 Committee Act (5 U.S.C. App.) shall not apply to the
23 Council.

24 (g) COUNCIL PROCEDURES.—The Secretary, in con-
25 sultation with the Comptroller General of the United

1 States and the Director of the Office of Management and
2 Budget, shall establish procedures for the Council to—

3 (1) ensure that adequate resources are available
4 to effectively execute the responsibilities of the
5 Council;

6 (2) effectively coordinate with other relevant ad-
7 visory bodies and working groups to avoid unneces-
8 sary duplication;

9 (3) create transparency to the public and Con-
10 gress with regard to Council membership, costs, and
11 activities, including through use of modern tech-
12 nology and social media to disseminate information;
13 and

14 (4) avoid conflicts of interest that would jeop-
15 ardize the ability of the Council to make decisions
16 and provide recommendations.

17 **SEC. 4. SOCIAL DETERMINANTS ACCELERATOR GRANTS TO**
18 **STATES OR LOCAL GOVERNMENTS.**

19 (a) GRANTS TO STATES, LOCAL GOVERNMENTS, AND
20 TRIBES.—Not later than 180 days after the date of the
21 enactment of this Act, the Administrator, in consultation
22 with the Secretary and the Council, shall award on a com-
23 petitive basis not more than 25 grants to eligible appli-
24 cants described in subsection (b), for the development of

1 social determinants accelerator plans, as described in sub-
2 section (f).

3 (b) ELIGIBLE APPLICANT.—An eligible applicant de-
4 scribed in this section is a State, local, or Tribal health
5 or human services agency that—

6 (1) demonstrates the support of relevant parties
7 across relevant State, local, or Tribal jurisdictions;
8 and

9 (2) in the case of an applicant that is a local
10 government agency, provides to the Secretary a let-
11 ter of support from the lead State health or human
12 services agency for the State in which the local gov-
13 ernment is located.

14 (c) AMOUNT OF GRANT.—The Administrator, in co-
15 ordination with the Council, shall determine the total
16 amount that the Administrator will make available to each
17 grantee under this section.

18 (d) APPLICATION.—An eligible applicant seeking a
19 grant under this section shall include in the application
20 the following information:

21 (1) The target population (or populations) that
22 would benefit from implementation of the social de-
23 terminants accelerator plan proposed to be developed
24 by the applicant.

1 (2) A description of the objective or objectives
2 and outcome goals of such proposed plan, which
3 shall include at least one health outcome and at
4 least one other important social outcome.

5 (3) The sources and scope of inefficiencies that,
6 if addressed by the plan, could result in improved
7 cost-effectiveness of or return on investment from
8 Federal, State, local, and Tribal governments.

9 (4) A description of potential interventions that
10 could be designed or enabled using such proposed
11 plan.

12 (5) The State, local, Tribal, academic, non-
13 profit, community-based organizations, and other
14 private sector partners that would participate in the
15 development of the proposed plan and subsequent
16 implementation of programs or initiatives included
17 in such proposed plan.

18 (6) Such other information as the Adminis-
19 trator, in consultation with the Secretary and the
20 Council, determines necessary to achieve the pur-
21 poses of this Act.

22 (e) USE OF FUNDS.—A recipient of a grant under
23 this section may use funds received through the grant for
24 the following purposes:

1 (1) To convene and coordinate with relevant
2 government entities and other stakeholders across
3 sectors to assist in the development of a social deter-
4 minant accelerator plan.

5 (2) To identify populations of individuals receiv-
6 ing medical assistance under a State plan (or a
7 waiver of such plan) under title XIX of the Social
8 Security Act (42 U.S.C. 1396 et seq.) who may ben-
9 efit from the proposed approaches to improving the
10 health and well-being of such individuals through the
11 implementation of the proposed social determinants
12 accelerator plan.

13 (3) To engage qualified research experts to ad-
14 vise on relevant research and to design a proposed
15 evaluation plan, in accordance with the standards
16 and guidelines issued by the Administrator.

17 (4) To collaborate with the Council to support
18 the development of social determinants accelerator
19 plans.

20 (5) To prepare and submit a final social deter-
21 minants accelerator plan to the Council.

22 (f) CONTENTS OF PLANS.—A social determinant ac-
23 celerator plan developed under this section shall include
24 the following:

1 (1) A description of the target population (or
2 populations) that would benefit from implementation
3 of the social determinants accelerator plan, including
4 an analysis describing the projected impact on the
5 well-being of individuals described in subsection
6 (e)(2).

7 (2) A description of the interventions or ap-
8 proaches designed under the social determinants ac-
9 celerator plan and the evidence for selecting such
10 interventions or approaches.

11 (3) The objectives and outcome goals of such
12 interventions or approaches, including at least one
13 health outcome and at least one other important so-
14 cial outcome.

15 (4) A plan for accessing and linking relevant
16 data to enable coordinated benefits and services for
17 the jurisdictions described in subsection (b)(1) and
18 an evaluation of the proposed interventions and ap-
19 proaches.

20 (5) A description of the State, local, Tribal,
21 academic, nonprofit, or community-based organiza-
22 tions, or any other private sector organizations that
23 would participate in implementing the proposed
24 interventions or approaches, and the role each would

1 play to contribute to the success of the proposed
2 interventions or approaches.

3 (6) The identification of the funding sources
4 that would be used to finance the proposed interven-
5 tions or approaches.

6 (7) A description of any financial incentives
7 that may be provided, including outcome-focused
8 contracting approaches to encourage service pro-
9 viders and other partners to improve outcomes of,
10 cost-effectiveness of, and return on investment from,
11 Federal, State, local, or Tribal government spending.

12 (8) The identification of the applicable Federal,
13 State, local, or Tribal statutory and regulatory au-
14 thorities, including waiver authorities, to be lever-
15 aged to implement the proposed interventions or ap-
16 proaches.

17 (9) A description of potential considerations
18 that would enhance the impact, scalability, or sus-
19 tainability of the proposed interventions or ap-
20 proaches and the actions the grant awardee would
21 take to address such considerations.

22 (10) A proposed evaluation plan, to be carried
23 out by an independent evaluator, to measure the im-
24 pact of the proposed interventions or approaches on
25 the outcomes of, cost-effectiveness of, and return on

1 investment from, Federal, State, local, and Tribal
2 governments.

3 (11) Precautions for ensuring that vulnerable
4 populations will not be denied access to Medicaid or
5 other essential services as a result of implementing
6 the proposed plan.

7 **SEC. 5. FUNDING.**

8 (a) IN GENERAL.—Out of any money in the Treasury
9 not otherwise appropriated, there is appropriated to carry
10 out this Act \$25,000,000, of which up to \$5,000,000 may
11 be used to carry out this Act, to remain available for obli-
12 gation until the date that is 5 years after the date of en-
13 actment of this Act.

14 (b) RESERVATION OF FUNDS.—

15 (1) IN GENERAL.—Of the funds made available
16 under subsection (a), the Secretary shall reserve not
17 less than 20 percent to award grants to eligible ap-
18 plicants for the development of social determinants
19 accelerator plans under section 4 intended to serve
20 rural populations.

21 (2) EXCEPTION.—In the case of a fiscal year
22 for which the Secretary determines that there are
23 not sufficient eligible applicants to award up to 25
24 grants under section 4 that are intended to serve
25 rural populations and the Secretary cannot satisfy

1 the 20-percent requirement, the Secretary may re-
2 serve an amount that is less than 20 percent of
3 amounts made available under subsection (a) to
4 award grants for such purpose.

5 (c) RULE OF CONSTRUCTION.—Nothing in this Act
6 shall prevent Federal agencies represented on the Council
7 from contributing additional funding from other sources
8 to support activities to improve the effectiveness of the
9 Council.