

117TH CONGRESS
1ST SESSION

H. R. 2503

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

APRIL 14, 2021

Mrs. BUSTOS (for herself, Mr. COLE, Mr. MCGOVERN, Mr. MULLIN, Mr. WELCH, Ms. UNDERWOOD, Mr. MOOLENAAR, Ms. CLARKE of New York, Mr. FITZPATRICK, Mr. O'HALLERAN, Mr. CÁRDENAS, Mr. CICILLINE, Mr. COHEN, Mr. BUTTERFIELD, Mr. MORELLE, Ms. LEE of California, Mr. MICHAEL F. DOYLE of Pennsylvania, Mrs. HAYES, Mrs. WALORSKI, Ms. KUSTER, Mr. RUSH, Ms. WILLIAMS of Georgia, and Mr. CARBAJAL) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 2021”.

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 Budget
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 issues
24 to help the Council achieve consensus recommenda-
25 tions described under subsection (c)(1).

1 (5) NON-FEDERAL COMPOSITION.—The Sec-
2 retary may designate up to 6 Council designees—

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

9 (B) that each represent—

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

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

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

16 (iv) State Medicaid agencies; or

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

19 (6) CHAIR.—

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

23 (B) INITIATING GUIDANCE.—The Chair,
24 on behalf of the Council, shall identify and in-
25 vite individuals from diverse entities to provide

1 the Council with advice and information per-
2 taining to addressing social determinants of
3 health, including—

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

7 (ii) individuals from State Medicaid
8 agencies;

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

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

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

17 (vi) advocates;

18 (vii) researchers; and

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

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

22 (1) to make recommendations to the Secretary
23 and the Administrator regarding the criteria for
24 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 third party, 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;

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 (9) to draft and make publically available a re-
15 port on Federal cross-agency opportunities to ad-
16 dress social determinants of health, which shall in-
17 clude the benefits of grants to State, local, or Tribal
18 jurisdictions; and

19 (10) to provide technical assistance to State,
20 local, and Tribal jurisdictions seeking to develop so-
21 cial determinants accelerator plans described in sec-
22 tion 4(f), including such plans associated with any
23 new pilot program carried out by the Center for Dis-
24 ease Control and Prevention.

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

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

8 (1) a list of the Council members;

9 (2) activities and expenditures of the Council;

10 (3) summaries of the interventions and ap-
11 proaches that will be supported by State, local, and
12 Tribal governments that received a grant under sec-
13 tion 4, including—

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

17 (B) a description of how the practices and
18 approaches will impact the outcomes, cost-effec-
19 tiveness of, and return on investment from,
20 Federal, State, local, and Tribal governments
21 with respect to such purposes;

22 (4) the feedback received from State and local
23 governments on ways to improve the technical assist-
24 ance of the Council, including findings from a third-

1 party survey and actions the Council plans to take
2 in response to such feedback; and

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

8 (f) FACA APPLICABILITY.—The Federal Advisory
9 Committee Act (5 U.S.C. App.) shall not apply to the
10 Council.

11 (g) COUNCIL PROCEDURES.—The Secretary, in con-
12 sultation with the Comptroller General of the United
13 States and the Director of the Office of Management and
14 Budget, shall establish procedures for the Council to—

15 (1) ensure that adequate resources are available
16 to effectively execute the responsibilities of the
17 Council;

18 (2) effectively coordinate with other relevant ad-
19 visory bodies and working groups to avoid unneces-
20 sary duplication;

21 (3) create transparency to the public and Con-
22 gress with regard to Council membership, costs, and
23 activities, including through use of modern tech-
24 nology and social media to disseminate information;
25 and

1 (4) avoid conflicts of interest that would jeop-
2 ardize the ability of the Council to make decisions
3 and provide recommendations.

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

6 (a) GRANTS TO STATES, LOCAL GOVERNMENTS, AND
7 TRIBES.—Not later than 180 days after the date of the
8 enactment of this Act, the Administrator, in consultation
9 with the Secretary and the Council, shall award on a com-
10 petitive basis not more than 25 grants to eligible appli-
11 cants described in subsection (b), for the development of
12 social determinants accelerator plans, as described in sub-
13 section (f).

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

17 (1) demonstrates the support of relevant parties
18 across relevant State, local, or Tribal jurisdictions;
19 and

20 (2) in the case of an applicant that is a local
21 government agency, provides to the Secretary a let-
22 ter of support from the lead State health or human
23 services agency for the State in which the local gov-
24 ernment is located.

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

5 (d) APPLICATION.—An eligible applicant seeking a
6 grant under this section shall include in the application
7 the following information:

8 (1) The target population (or populations) that
9 would benefit from implementation of the social de-
10 terminants accelerator plan proposed to be developed
11 by the applicant.

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

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

20 (4) A description of potential interventions that
21 could be designed or enabled using such proposed
22 plan.

23 (5) The State, local, Tribal, academic, non-
24 profit, community-based organizations, and other
25 private sector partners that would participate in the

1 development of the proposed plan and subsequent
2 implementation of programs or initiatives included
3 in such proposed plan.

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

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

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

15 (2) To identify populations of individuals receiv-
16 ing medical assistance under a State plan (or a
17 waiver of such plan) under title XIX of the Social
18 Security Act (42 U.S.C. 1396 et seq.) who may ben-
19 efit from the proposed approaches to improving the
20 health and well-being of such individuals through the
21 implementation of the proposed social determinants
22 accelerator plan.

23 (3) To engage qualified research experts to ad-
24 vise on relevant research and to design a proposed

1 evaluation plan, in accordance with the standards
2 and guidelines issued by the Administrator.

3 (4) To collaborate with the Council to support
4 the development of social determinants accelerator
5 plans.

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

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

11 (1) A description of the target population (or
12 populations) that would benefit from implementation
13 of the social determinants accelerator plan, including
14 an analysis describing the projected impact on the
15 well-being of individuals described in subsection
16 (e)(2).

17 (2) A description of the interventions or ap-
18 proaches designed under the social determinants ac-
19 celerator plan and the evidence for selecting such
20 interventions or approaches.

21 (3) The objectives and outcome goals of such
22 interventions or approaches, including at least one
23 health outcome and at least one other important so-
24 cial outcome.

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

6 (5) A description of the State, local, Tribal,
7 academic, nonprofit, or community-based organiza-
8 tions, or any other private sector organizations that
9 would participate in implementing the proposed
10 interventions or approaches, and the role each would
11 play to contribute to the success of the proposed
12 interventions or approaches.

13 (6) The identification of the funding sources
14 that would be used to finance the proposed interven-
15 tions or approaches.

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

22 (8) The identification of the applicable Federal,
23 State, local, or Tribal statutory and regulatory au-
24 thorities, including waiver authorities, to be lever-

1 aged to implement the proposed interventions or ap-
2 proaches.

3 (9) A description of potential considerations
4 that would enhance the impact, scalability, or sus-
5 tainability of the proposed interventions or ap-
6 proaches and the actions the grant awardee would
7 take to address such considerations.

8 (10) A proposed evaluation plan, to be carried
9 out by an independent evaluator, to measure the im-
10 pact of the proposed interventions or approaches on
11 the outcomes of, cost-effectiveness of, and return on
12 investment from, Federal, State, local, and Tribal
13 governments.

14 (11) Precautions for ensuring that vulnerable
15 populations will not be denied access to Medicaid or
16 other essential services as a result of implementing
17 the proposed plan.

18 **SEC. 5. FUNDING.**

19 (a) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—There is authorized to be
21 appropriated to the Secretary \$25,000,000 for fiscal
22 years 2022 through 2026 to carry out the require-
23 ments of this Act.

24 (2) SOCIAL DETERMINANTS COUNCIL.—Of the
25 funds made available under paragraph (1),

1 \$5,000,000 may be used each fiscal year to carry
2 out section 3.

3 (b) RESERVATION OF FUNDS.—

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

10 (2) EXCEPTION.—In the case of a fiscal year
11 for which the Secretary determines that there are
12 not sufficient eligible applicants to award up to 25
13 grants under section 4 that are intended to serve
14 rural populations and the Secretary cannot satisfy
15 the 20-percent requirement, the Secretary may re-
16 serve an amount that is less than 20 percent of
17 amounts made available under subsection (a) to
18 award grants for such purpose.

19 (c) RULE OF CONSTRUCTION.—Nothing in this Act
20 shall prevent Federal agencies represented on the Council
21 from contributing additional funding from other sources
22 to support activities to improve the effectiveness of the
23 Council.

○