



Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act

Senators Dan Sullivan (R-AK) and Chris Murphy (D-CT) have introduced the *Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act of 2021 (S. 509)*, which would establish a program to assist States in establishing or enhancing community integration network infrastructure for health and social services.

The *LINC to Address Social Needs Act* will establish statewide or regional partnerships to better coordinate health care and social services. States, through public-private partnerships, will leverage local expertise and technology to overcome longstanding challenges in helping to connect people to food, housing, child development, job training, and transportation supports and services.

These and other social challenges have been proven to have clear implications on an individual's wellbeing and on population health. Investments to better align and coordinate between health care and social service providers will yield better, more holistic health outcomes, reduce preventable health costs, and keep our most vulnerable from falling through the cracks. This investment has long been needed, but has become even more critical due to the COVID-19 pandemic.

Key Provisions of the Legislation

- One-time seed funding for states to facilitate cross-sector referral and capacity management, communication, service coordination and consumer assistance, outcome tracking, and related services between social service providers and health care organizations by establishing or expanding secure, connected technology networks. States will have flexibility to design networks that are responsive to the unique cultures and needs of their state.
- Development or designation of a public-private partnership with one or more private, nonprofit, or philanthropic organization or any Indian Tribes, Tribal organizations, or urban Indian organizations within the State. The public-private partnerships will manage and oversee the resource and referral network(s), manage the funds, provide technical assistance and support for participants, and advance community outcomes.
- Identification of one or more health and social outcome goals and articulation of a plan for progress on these goals through the network. GAO will be required to conduct and deliver an evaluation to Congress within four years, with recommendations to States and Indian Tribes, Tribal organizations, or urban Indian organizations on how to improve and sustain the community integration network infrastructure.
- Development and implementation of a plan for long-term financial sustainability through joint efforts of the public-private partnership and participating stakeholders.

Key Outcomes of the Legislation

- The *LINC to Address Social Needs Act* will support a more resilient health and social service system that is better able to coordinate and respond to health and social challenges.
- It will help health care organizations and social service organizations better identify needs and partner on interventions to improve health and quality of life, lower long-term health costs, and strengthen communities.



- It will support social service organizations that wish to partner with health care organizations by simplifying technological connections with the health care sector, ensuring privacy and security, and providing tools to manage organizational capacity.
- It will create a new and unprecedented ability to measure and understand the impact of social interventions on health, health care spending, and community wellbeing. This data will help to demonstrate the impact of social service spending and allow both private and public health care organizations to target and invest resources where they can have the most impact.
- After the initial startup period, these self-sustaining public-private partnerships will serve as a nexus for coordinated efforts to address social and health needs regionally and across states.

Key Considerations Addressed

- Several states, localities, health systems, health plans, and others have some form of social needs referral network, with widely varying scope, capacity and capability. The *LINC to Address Social Needs Act* would strengthen these networks and facilitate public-private partnerships that serve a coordinating, convening, and oversight role – facilitating broad connectivity between community-based and private sector approaches, protecting privacy and security, providing technical assistance, and driving stakeholder participation.
- For those states with an existing basic referral network (like a 211 help line), the *LINC to Address Social Needs Act* could provide significant funding to expand these services through updated technology, training, technical assistance and the development of bidirectional interfaces with public and private organizations.
- For those states without significant infrastructure, the *LINC to Address Social Needs Act* would provide a jump-start for regional nonprofits, health care organizations, and others to begin collaborative action to strengthen referral partnerships. It would also provide funding to support a shared technology platform under a neutral governance structure.
- The requirement to become self-sustaining is one of the most critical elements of the *LINC to Address Social Needs Act*. This infrastructure should serve the needs of those health and social service organizations who will use it on an ongoing, dynamic basis, with appropriate oversight from the State. Implementation of these networks have and should result in better health outcomes, reduced preventable health costs, improved cross-sector coordination, and enough value that participants continue funding these networks after the initial federal investment.