



## Fiscal Year 2022 Appropriations – House Report Language - Labor-HHS-Education

On July 14, 2021, the House Committee on Appropriations released the [Report](#) for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for Fiscal Year 2022 Appropriations.

The report includes specific instructions with respect to the appropriated amounts. Below, we have pulled notable report language related to social determinants of health, health equity, and maternal health for the HHS Office of the Secretary, Assistant Secretary for Health, CMS, CDC, SAMHSA, HRSA, HHS Office of Minority Health, HHS Office of the National Coordinator for Health IT, HHS Office for Civil Rights, and HHS Office of Inspector General.

### CMS

- ***Social Determinants of Health.***—The Committee is aware that social determinants of health are critical drivers of health outcomes and health care costs and that early childhood development is affected by social factors. The Committee commends CMS for the guidance on social determinants issued to States in January 2021 and encourages CMS to continue to clarify and disseminate strategies that States can implement under current Medicaid and CHIP authority, or through waivers, to address social determinants of health in the provision of health care, including strategies specifically targeting the pediatric population. This should include guidance on how States can encourage and incentivize managed care organizations to address social determinants of health through contracts.
- ***Regulatory and Payment Reforms*** — The Committee urges CMS to work with hospitals, community-based organizations, and other stakeholders to identify substantive regulatory delivery and payment reforms that integrate behavioral health in primary care; create new and evaluate existing delivery models to improve efficiency and value-based care; and incentivize the health care workforce to meet the unmet care needs of Medicare beneficiaries in underserved areas.
- ***Community Health Workers.***—The Committee recognizes the importance of community health workers, who are trusted members of their communities and comprise a vital frontline health workforce that help to address social, economic, behavioral and preventive health needs, and appreciates CMS highlighting their role in a January 7, 2021 letter to State Health Officials. The Committee further recognizes the ongoing role of community health workers in an equitable, resilient recovery from the COVID–19 pandemic and in achieving long-term, sustainable health equity. Given their proven effectiveness in improving health outcomes, reducing costs in underserved communities, and advancing health equity, the Committee urges CMS to continue to work with States, in partnership with community health workers and their professional organizations, to incorporate community health workers into coverage in a way that aligns with scientific evidence and fully leverages their expertise and skills.
- ***Evidence-Based Home Visiting Programs*** — The Committee recognizes the wide range of improved outcomes and cost-savings that evidence-based home visiting programs provide to first-time mothers and their children. Additionally, in light of the impact of the COVID–19 pandemic on care and the rising rates of maternal and infant health disparities among families of color, the need for quality supports in the home is even greater, especially for mothers and babies. The Committee is pleased that CMS is assisting States that choose to design a Medicaid benefit package to provide home visiting services for pregnant and postpartum women, and for families with young children. The Committee urges CMS to continue to build upon its 2016 Joint

Informational Bulletin to clearly articulate how Medicaid dollars can be blended and braided appropriately in home visiting programs to reach eligible families, provide streamlined coverage options for home visiting services, and cover specific components of home visiting programs.

- **Addressing Domestic Violence and Homelessness.**—The Committee recognizes that the COVID–19 pandemic has increased both domestic violence and homelessness, as the pandemic has placed great stress on families. CMS has recognized both homelessness and domestic violence as social determinants of health impacting Medicaid and Medicare beneficiaries. Model interventions such as Domestic Violence Housing First programs can address this challenge. The Committee requests, within 120 days of enactment of this Act, a report outlining the actions the agency is taking to address the combination of homelessness and domestic violence, including how the Center for Medicare & Medicaid Innovation (CMMI) and other parts of CMS are considering the feasibility of creating demonstration programs, in collaboration with the Administration for Children and Families and the Department of Housing and Urban Development, that will engage Medicare and Medicaid providers to address this dual problem.

### **HHS Office of the Secretary**

- **COVID–19 Services for Medically Underserved Communities.**—The Committee is concerned about the high rate of COVID–19-related cases, hospitalizations, and deaths of historically medically underserved communities. According to HRSA, more than 18 million people reside in medically underserved areas or populations across the United States. The Committee recognizes that targeted resources and services—such as mobile and pop-up clinics and connections to housing, food, and other forms of support—for communities most affected by COVID–19 is essential to enable many low-income individuals to successfully isolate and quarantine. In addition, to deliver on vaccine equity, outreach, and social determinants of health, investment in trusted messengers such as faith leaders, community health workers, direct care workers, social support specialists, and navigators employed by community-based organizations, faith-based organizations, and nonprofit organizations are necessary to reach medically underserved communities. The Committee urges the Secretary develop a strategy to dedicate a specific percentage of COVID–19 funding to community-based organizations proportional to the needs of people living in medically underserved areas.
- **Data Collection to Measure Disparities.**—The Committee recognizes that geographic place is a powerful predictor of social determinants of health. The Committee is concerned that due to residential segregation and subsequent disinvestment, the lack of access to health care, safe recreational facilities, quality education, and other resources, is often magnified in highly segregated communities. To fully assess population health, distribution of disease, and the extent of health disparities, health services data should be collected based on residency as opposed to where services are provided. A similar approach was taken to address the HIV/AIDS epidemic. The Committee recommends that all health services data include racial and ethnic data by subgroup, geographic indicators to the lowest levels (i.e., zip code tabulation area), nationality, sex, age, and primary language. This data should be collected in a standardized, uniform manner and include with it the capacity for linkages to various federal data sets. The Committee requests a report within 120 days of enactment of this Act describing the specific steps taken to ensure that geographic disparities were measured in COVID–19 data collection, documentation, and reporting from health care providers to public health agencies. The report shall also include recommendations to sustain data harmonization efforts to expand reporting for all infectious diseases and chronic health conditions and to address emergency prevention preparedness and response in the event of additional future pandemics and other catastrophes.

- **National Center on Antiracism and Health Equity.**—The Committee strongly supports efforts to advance health equity and reduce disparities for communities of color. The Committee supports the Office of Minority Health (OMH) and its efforts to advance health equity—however, the Committee believes the OMH currently lacks sufficient capacity to lead a broad and bold effort to address health disparities and that HHS should establish a National Center on Antiracism and Health Equity (Center) within the Department to lead efforts to identify and understand the policies and practices that have a disparate impact on the health and well-being of communities of color. The Committee directs the Secretary to submit a report, not later than 180 days after enactment of this Act, that provides detailed proposals to establish a National Center on Antiracism and Health Equity within the Department. The proposals shall include (1) a charter and goals for a National Center on Antiracism and Health Equity; (2) rationale for creating a new entity within the Department or restructuring an existing entity; (3) budgetary resources necessary to establish the Center; (4) the number of full-time equivalent employees needed to effectively carry out the Center’s mission; (5) the resources needed for the Center to establish, through grants or cooperative agreements, at least three regional centers of excellence, located in racial and ethnic minority communities; (6) the resources needed to award grants and cooperative agreements to eligible public and nonprofit private entities, including community-based organizations, to collaborate with underserved communities and for research and collection, analysis, and reporting of data on the public health impacts of health disparities; and (7) the resources needed for the Center to work with eligible public and nonprofit private entities, including community-based organizations, to provide information and education to the public on the public health impacts of health disparities and on health equity interventions, among other details.
- **National Poverty Center Cooperative Agreement.**—The Committee includes sufficient funding for the Office of the Assistant Secretary for Planning and Evaluation to fund a Poverty Research Center cooperative agreement in fiscal year 2022, in an amount not less than the current level of funding
- **Social Determinants of Health Council.**—The Committee directs the Social Determinants Council created by H. Rpt. 116–450 to continue to provide technical assistance to State, local, and tribal jurisdictions seeking to develop Social Determinants Accelerator Plans. The Committee directs a report be submitted, no later than 30 days after enactment of this Act, regarding the status of the selection of all Council members outlined in H. Rpt. 116–450.

#### **HHS Office of Minority Health**

- **Public Health Pilot Program to Address Structural Racism in Public Health.**—The Committee strongly supports OMH grant programs that support public and non-profit entities, including community-based organizations, to build and strengthen coalitions focused on addressing structural racism in public health. The Committee directs the OMH to establish a pilot program to advance these goals and includes \$10,000,000 to fund 20 eligible applicants. The OMH Director shall submit a report to the Committee, not later than 180 days of enactment of this Act, on the progress of this pilot program. The Committee is concerned that current grants to advance health equity and reduce disparities are not as targeted as necessary to address structural racism in public health and promote policies and practices that counter the disparate impact on the health and well-being of communities of color. Therefore, the Committee directs the Secretary to submit a report, not later than 90 days after enactment of this Act, providing details on entities awarded funding in prior fiscal years for efforts that address structural racism in public health, selection criteria used, and the funding amount for each grant or contract. In addition, the report shall detail steps the OMH plans to take to ensure grant funding is awarded to public and non-profit



entities, including community-based organizations, that demonstrate the ability to implement innovative models to address structural racism.

### **Assistant Secretary for Health**

- ***Health and Housing Initiatives.***—The Committee is aware of promising initiatives developed by non-profit community groups in collaboration with local health systems and housing authorities that are targeted at homeless and precariously housed individuals who are high utilizers of medical care provided at hospital emergency departments. These programs work across different areas of core competency to provide safe, affordable housing together with ancillary medical, behavioral, substance use disorder, nutritional and employment or job training services. Participants demonstrate significant improvements in their health, sustainable incomes, and reduced use of emergency department and other expensive medical services. The Committee encourages the Department to support these types of initiatives through research, innovation models, health workforce and homeless programs, and other appropriate initiatives.

### **CDC**

- ***Community Health Workers.***—The Committee commends CDC for integrating community health workers into care teams, community-based organizations, and coordinated public health-led actions to manage COVID–19 among priority populations within communities. The Committee urges CDC to continue this critical investment by supporting, promoting and expanding State investments in the community health worker workforce in the COVID–19 response and long-term efforts to address the social determinants of health.
- ***Racial and Ethnic Approaches to Community Health.***—The Committee includes a total increase of \$10,000,000 to continue scaling this program to all States and territories, and support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. Racial and Ethnic Approaches to Community Health (REACH) is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee’s recommended level includes an increase of \$5,000,000 for Good Health and Wellness in Indian Country
- ***Safe Motherhood and Infant Health.***—The Committee includes a total increase of \$56,000,000 for this portfolio of programs to improve the health of pregnant and postpartum individuals and their babies, including to reduce disparities in maternal and infant health outcomes. Building on the commitment made in FY 2021, the total funding allows for the expansion of Maternal Mortality Review Committees (MMRCs) and Perinatal Quality Collaboratives (PQCs) to all States and territories and for increased support to current States and territories, as well as increased support for other programs including Sudden Unexplained Infant Death (SUID). The Committee encourages CDC to help MMRCs build stronger data systems and improve data collection at the State level to create consistency in data collection, analysis, and reporting across State MMRCs. This investment is necessary to provide accurate national statistics on U.S. maternal mortality rates and will inform data-driven actions to prevent these deaths. The Committee requests a report within 90 days of enactment of this Act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. PQCs improve maternal and neonatal outcomes using known prevention strategies such as reducing severe pregnancy complications associated with high blood pressure and hemorrhage. PQCs help to address the high incidence of maternal mortality, particularly among women of color, maternal opioid use disorder and neonatal abstinence syndrome as a result of the opioid crisis, which has



been exacerbated by the COVID–19 pandemic. The Committee requests an update on the PQC program and challenges faced, including those created by the COVID–19 pandemic, within 90 days of enactment of this Act. Furthermore, little is known about the tragic, sudden, and unexpected deaths of young children because of variations in investigations and the way deaths are certified. The Committee urges CDC to facilitate data and analysis, including the expansion of the SUID and Sudden Death in the Young Case Registry, to improve SUID prevention strategies.

- ***Social Determinants of Health.***—The Committee includes an increase of \$150,000,000 for investments in social determinants of health (SDOH) to improve health equity. The Committee includes funding to expand activities to address SDOH in States, local, tribal and territorial jurisdictions to improve outcomes among persons experiencing health disparities and inequalities, including, but not limited to, expanding and implementing Accelerator Plans, initiating a SDOH implementation program, providing technical assistance to communities and continuing to build the evidence base and advance data collection to better understand health disparities. Social Determinants Accelerator Plans should include a description of the health and social outcome objectives; identify populations that would benefit from implementation of the plan, including Medicaid-eligible individuals; and identify non-governmental, private, or public health organizations and community organizations that would participate in the development of the plan. Grantees may use a portion of grant funding to convene government entities, public and private stakeholders, and to engage qualified research experts in developing Social Determinants Accelerator Plans.

#### HRSA

- ***Alliance for Maternal Health Safety Bundles.***—The Committee includes \$14,300,000, an increase of \$5,300,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, to support continued implementation of the Alliance for Innovation on Maternal Health Program’s maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities. Maternal safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity
- ***Maternal Mental Health Hotline.***—The Committee includes \$5,000,000, an increase of \$2,000,000 above the fiscal year 2021 level and \$1,000,000 above the fiscal year 2022 budget request, to support a maternal mental health hotline. The COVID–19 pandemic has exacerbated maternal mental health conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided shall also be used to raise public awareness about maternal mental health issues and the hotline
- ***Pregnancy Medical Home Demonstration.***—The Committee includes \$25,000,000, an increase of \$25,000,000 above the fiscal year 2021 level and the same as the fiscal year 2022 budget request, to support a demonstration providing incentives to maternal health care providers to provide integral health care services to pregnant women and new mothers, with the goal of reducing adverse maternal health outcomes and maternal deaths.
- ***Rural Provider Modernization Technical Assistance Program.***— The Committee includes \$5,000,000 within the total for Rural Hospital Flexibility Grants to establish the Rural Provider Modernization Technical Assistance Program. This program will provide technical assistance to hospitals and other health care providers to implement sustainable models of care that address social determinants of health and health equity.

- ***Social Work Reinvestment Commission.***—The Committee is aware that millions of Americans are not receiving the mental, behavioral and social care services they need. The COVID–19 pandemic has increased the need for services. The nation’s 700,000 social workers are the largest provider of these services, so it is imperative that we ensure a robust social work workforce. As such, the Committee directs HRSA in collaboration with SAMHSA, ACF, OMH, and CMS, to conduct a study and to report to Congress and the Secretary on policy issues related to social work recruitment, retention, research and reinvestment. Not later than 18 months after enactment of this Act, HRSA shall submit its findings and recommendations regarding recommendations and strategies to ensure a sufficient and strong social work workforce.
- ***State Maternal Health Innovation Grants.***—The Committee includes \$53,000,000, \$30,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, for State Maternal Health Innovation Grants to establish demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality. The demonstrations should be representative of the demographic and geographic composition of communities most affected by maternal mortality.

### SAMHSA

- ***Projects for Assistance in Transition from Homelessness (PATH)*** – The Committee includes an increase of \$10,000,000 for the PATH program, which supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or substance use disorders and who are experiencing homelessness or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.
- ***HUD/HHS Collaboration Supportive Housing for People with Mental Illness Pilot.***—The Committee is concerned that inadequate housing and support opportunities exist for people with serious mental health illness, which often results in people with serious mental illness cycling through hospitals and public institutions like jails, prisons, and homeless shelters. This puts significant strain on public budgets while patients do not receive the robust behavioral health care they need. The Committee recognizes that housing support paired with wraparound services is a successful model and appreciates that the fiscal year 2011 President’s Budget supported the concept. In fiscal year 2021 the Committee requested a report from HUD and SAMHSA on the feasibility of such a program and received agency feedback for its creation. The Committee directs SAMHSA to work with HUD to establish a pilot program for PATH grantees to partner with public housing agencies to provide mental health, SUD and other supportive services for people experiencing homelessness, at imminent risk of becoming homeless, or in HUD-assisted housing. The Committee directs SAMHSA to use no less than \$5,000,000 of the funds made available for the PATH program for this pilot.
- ***Evidence-Based Programs for People Experiencing Homelessness.***—The Committee recognizes the importance of access to SUD treatment for individuals experiencing homelessness. The Committee encourages SAMHSA to prioritize the development of evidence-based programs and treatments specifically tailored for those with alcohol and substance use disorder and who are at a high risk of becoming homeless, and to consider grant applications that include targeting resources to address SUD within the homeless population.

## AHRQ

- **Research on Health Equity.**—The Committee includes an increase of \$3,000,000 for AHRQ to support investigator-initiated research grants related to health equity and an additional \$1,000,000 to support research supplements related to health equity, the same as the fiscal year 2022 budget request.
- **Improving Maternal Morbidity and Mortality State and Local Data.**—The Committee includes \$7,350,000, the same as the fiscal year 2022 budget request, to improve the provision of timely and accurate data about maternal health and the health care system to policymakers, health care providers, and the public.