To amend title XI of the Social Security Act to establish an interagency council on social determinants of health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. YOUNG (for himself and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To amend title XI of the Social Security Act to establish an interagency council on social determinants of health, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Social Determinants Accelerator Act of 2021”.

SEC. 2. SOCIAL DETERMINANTS ACCELERATOR COUNCIL.

Title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended by adding at the end the following new part:
“PART E—SOCIAL DETERMINANTS OF HEALTH

“SOCIAL DETERMINANTS ACCELERATOR COUNCIL

“Sec. 1191. (a) Establishment.—The Secretary, in consultation with the Administrator of the Centers for Medicare & Medicaid Services, the Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and Prevention, the Director of the Agency for Healthcare Research and Quality, and the Director of the Indian Health Service, shall establish an interagency council, to be known as the Social Determinants Accelerator Interagency Council (referred to in this part as the ‘Council’) to achieve the purposes of—

“(1) establishing effective, coordinated Federal technical assistance to help State and local governments to improve outcomes and cost-effectiveness of, and return on investment from, health and social services programs;

“(2) building a pipeline of State and locally designed, cross-sector interventions and strategies that generate rigorous evidence about how to improve health and social outcomes, and increase the cost-effectiveness of, and return on investment from, Federal, State, local, and Tribal health and social services programs;

“(3) enlisting State and local governments and the service providers of such governments as part-
ners in identifying Federal statutory, regulatory, and administrative challenges in improving the health and social outcomes of, cost-effectiveness of, and return on investment from, Federal spending on individuals receiving medical assistance under a State plan (or a waiver of such plan) under title XIX; and

“(4) developing strategies to improve health and social outcomes without denying services to, or restricting the eligibility of, vulnerable populations.

“(b) Membership.—

“(1) Federal members.—The Council shall be composed of at least 1 designee from each of the following Federal agencies:

“(A) The Office of Management and Budget.

“(B) The Department of Agriculture.

“(C) The Department of Education.

“(D) The Department of Housing and Urban Development.

“(E) The Department of Labor.

“(F) The Department of Transportation.

“(G) Any other Federal agency the Chair of the Council determines necessary.

“(2) Designation.—
“(A) IN GENERAL.—The head of each agency specified in paragraph (1) shall designate at least 1 employee described in subparagraph (B) to serve as a member of the Council.

“(B) RESPONSIBILITIES.—An employee described in this subparagraph shall be a senior employee of the agency—

“(i) whose responsibilities relate to authorities, policies, and procedures with respect to the health and well-being of individuals receiving medical assistance under a State plan (or a waiver of such plan) under title XIX; or

“(ii) who has authority to implement and evaluate transformative initiatives that harness data or who conducts rigorous evaluation to improve the impact and cost-effectiveness of federally funded services and benefits.

“(3) HHS REPRESENTATION.—In addition to the designees under paragraph (1), the Council shall include designees from agencies within the Department of Health and Human Services, including the Centers for Medicare & Medicaid Services, the Agency for Healthcare Research and Quality, the Centers...
for Disease Control and Prevention, the Health Resources and Services Administration, and the Indian Health Service. The designees of each such agency shall include at least 1 designee who meets the criteria under paragraph (2)(B).

“(4) NON-FEDERAL MEMBERS.—The Council shall include at least 9 non-Federal members, to be designated by the Secretary, with experience in improving the impact and cost-effectiveness of Federal Government health and social services, of which—

“(A) at least 1 such member shall be a director of a State or local human services agency;

“(B) at least 1 such member shall be a director of a Tribal health authority;

“(C) at least 1 such member shall be a director of a public housing authority or State housing finance agency;

“(D) at least 1 such member shall be a director of a State or local government budget office;

“(E) at least 1 such member shall be a State Medicaid program director;

“(F) at least 1 such member shall be from a State office of rural health;
“(G) at least 1 such member shall be a representative from a national consumer or patient advocacy organization;

“(H) at least 1 such member shall be a primary care provider with clinical experience working in medically underserved populations; and

“(I) at least 1 such member shall be a representative from a commercial health plan.

“(5) CHAIR.—The Secretary shall select the Chair of the Council from among the members of the Council.

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

“(1) to make recommendations to the Secretary regarding the criteria for making awards under section 1192;

“(2) to identify Federal authorities and opportunities for use by States or local governments to improve coordination of funding and administration of Federal programs that serve individuals with significant unmet health and social needs, as defined by the Secretary, and for whom coordinated health and social interventions may be unknown or underutilized;
“(3) to make information on such authorities and opportunities publicly available;

“(4) to provide targeted technical assistance to States developing social determinants of health interventions;

“(5) to report to Congress annually in accordance with subsection (e);

“(6) solicit feedback from State, local, and Tribal governments on best practices for addressing social determinants of health and for coordinating health and social service programs;

“(7) to develop and disseminate such best practices;

“(8) to develop and disseminate performance measures to reliably assess the impact of local interventions or approaches;

“(9) to coordinate with other cross-agency initiatives focused on improving the health and well-being of low-income and at-risk populations in order to prevent unnecessary duplication between agency initiatives; and

“(10) to draft and make publicly available a report on Federal cross-agency opportunities to address social determinants of health, which shall in-
clude the benefits of grants to State, local, or Tribal jurisdictions.

“(d) SCHEDULE.—Not later than 90 days after the date of the enactment of the Social Determinants Accelerator Act of 2021, the Council shall convene to develop a schedule and plan for carrying out the duties described in subsection (e), including solicitation of applications for the grants under section 1192.

“(e) REPORT TO CONGRESS.—The Council shall submit an annual report to Congress, which shall include—

“(1) a list of the Council members;

“(2) summaries of the activities and expenditures of the Council;

“(3) summaries of the interventions and approaches that will be supported by State, local, and Tribal governments that received a grant under section 1192, including evidence-based best practices and approaches grantees have employed to improve health outcomes, and improve the cost-effectiveness of, and return on investment from, Federal, State, local, and Tribal governments;

“(4) the feedback received from State and local governments on ways to improve the technical assistance of the Council, and actions the Council plans to take in response to such feedback; and
“(5) the major statutory, regulatory, and admin-
istrative challenges identified by State, local, and 
Tribal governments that received a grant under sec-
tion 1192, and the actions that Federal agencies are 
taking to address such challenges.

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

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

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

“(2) effectively coordinate with other relevant advisory bodies and working groups to avoid unnec-
essary duplication;

“(3) create transparency to the public and Con-
gress with regard to Council membership, costs, and 
activities, including through use of modern tech-
nology and social media to disseminate information; 
and
“(4) avoid conflicts of interest that would jeopardize the ability of the Council to make decisions and provide recommendations.

“GRANTS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

“Sec. 1192. (a) Grants to States, Local Governments, and Tribes.—

“The Secretary, in consultation with the Council, shall award on a competitive basis up to 25 grants to eligible applicants described in subsection (b) for addressing social determinants of health in underserved populations. Not later than 180 days after the date of the enactment of the Social Determinants Accelerator Act of 2021, the Secretary shall award all such grants.

“(b) Eligible Applicant.—In order to be eligible to apply for a grant under this section, an entity shall be—

“(1) a State, local, territorial, or Tribal health agency or organization;

“(2) a qualified nongovernmental entity, as defined by Secretary; or

“(3) a consortium of entities that includes a State, local, territorial, or Tribal health agency or organization.
“(c) Amount of Grant.—The Secretary, in coordination with the Council, shall determine the total amount that the Secretary will make available to each grantee under this section.

“(d) Application.—An eligible applicant seeking a grant under this section shall submit an application at such time, in such manner, and containing such information as the Secretary may require, and submit a proposed process for developing a social determinants accelerator plan in accordance with subsection (e).

“(e) Use of Funds.—A grant under this section shall be used—

“(1) to engage qualified research experts to advise on research relevant to, and to design, a proposed social determinants accelerator plan, in accordance with standards and guidelines issued by the Secretary;

“(2) to collaborate with the Council to support the development of a social determinants accelerator plan;

“(3) to prepare and submit a final social determinants accelerator plan to the Secretary; and

“(4) to address social determinants of health in a target community in a State, county, city, or other municipality, by designing and implementing innova-
tive, evidence-based, cross-sector strategies to improve the health and well-being of individuals in such community through the implementation of the final social determinants accelerator plan.

“(f) PRIORITY.—In awarding grants under this section, the Secretary shall prioritize applicants proposing to serve target communities with significant unmet health and social needs, as defined by the Secretary.

“(g) CONTENTS OF PLANS.—A social determinants accelerator plan developed through a grant under this section shall include the following:

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

“(2) A description of the interventions or approaches designed under the social determinants accelerator plan and the evidence for selecting such interventions or approaches.

“(3) The objectives and outcome goals of such interventions or approaches, including at least 1 health outcome and at least 1 other important social outcome.
“(4) A plan for accessing and linking relevant data to enable coordinated benefits and services for the relevant jurisdictions and an evaluation of the proposed interventions and approaches.

“(5) A description of the State, local, Tribal, academic, nonprofit, or community-based organizations, or any other private sector organizations that would participate in implementing the proposed interventions or approaches, and the role each would play to contribute to the success of the proposed interventions or approaches. Such entities may include—

“(A) health systems;

“(B) payors, including, as appropriate, medicaid managed care entities (as defined in section 1903(m)(1)(A)), Medicare Advantage plans under part C of title XVIII, and health insurance issuers and group health plans (as such terms are defined in section 2791 of the Public Health Service Act);

“(C) other relevant stakeholders and initiatives in areas of need, such as the Accountable Health Communities Model of the Centers for Medicare & Medicaid Services, health homes under the Medicaid program under title XIX,
community-based organizations, and human
services organizations;

“(D) other non-health care sector organi-
zations, including organizations focusing on
transportation, housing, or food access; and

“(E) local employers.

“(6) The identification of any supplemental
funding sources that would be used to finance the
proposed interventions or approaches.

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

“(8) The identification of the applicable Fed-
eral, State, local, or Tribal statutory and regulatory
authorities, including waiver authorities, to be lever-
aged to implement the proposed interventions or ap-
proaches.

“(9) A description of potential considerations
that would enhance the impact, scalability, or sus-
tainability of the proposed interventions or ap-
proaches and the actions the grant awardee would
take to address such considerations.
“(10) A evaluation plan, to be carried out by an
independent evaluator, to measure the impact of the
proposed interventions or approaches on the out-
comes of, cost-effectiveness of, and return on invest-
ment from, Federal, State, local, and Tribal govern-
ments.

“(11) Precautions for ensuring that vulnerable
populations will not be denied access to the Medicaid
program under title XIX or other essential services
as a result of implementing the social determinants
accelerator plan.

“(h) MONITORING AND EVALUATION.—As a condi-
tion of receipt of a grant under this section, a grantee
shall agree to submit an annual report to the Secretary
describing the activities carried out through the grant and
the outcomes of such activities.

“(i) INDEPENDENT NATIONAL EVALUATION.—

“(1) IN GENERAL.—Not later than 3 years
after the first grants are awarded under this section,
the Secretary shall provide for the commencement of
an independent national evaluation of the program
under this section.

“(2) REPORT TO CONGRESS.—Not later than
90 days after receiving the results of such inde-
dependent national evaluation, the Secretary shall report such results to the Congress.

“(j) Authorization of Appropriations.—

“(1) In general.—There is authorized to be appropriated to the Secretary $10,000,000 for each of fiscal years 2022 through 2026 to carry out this section.

“(2) Reservation.—Of the funds made available to carry out this section, the Secretary shall reserve not less than 20 percent to award grants to eligible applicants for the development of social determinants accelerator plans under this section intended to serve rural populations.”.