H. R. 1

To establish a program to assist States in establishing or enhancing community integration network infrastructure for health and social services.

IN THE HOUSE OF REPRESENTATIVES

Mr. Kildee introduced the following bill; which was referred to the Committee on ____________________

A BILL

To establish a program to assist States in establishing or enhancing community integration network infrastructure for health and social services.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Leveraging Integrated Networks in Communities to Address Social Needs Act of 2021” or the “LINC To Address Social Needs Act of 2021”.
SEC. 2. PROGRAM TO SUPPORT ESTABLISHMENT OR ENHANCEMENT OF STATE COMMUNITY INTEGRATION NETWORK INFRASTRUCTURE.

(a) GRANT PROGRAM.—The Secretary shall award grants on a competitive basis to States to support such States, through public-private partnerships, to establish new or enhance existing community integration network infrastructure through authorized activities under subsection (b).

(b) AUTHORIZED ACTIVITIES.—A State, acting through the public-private partnership entered into under subsection (d)(1), shall use a grant under this section to carry out activities and services to establish new or enhance existing community integration network infrastructure, on a statewide basis through direct network operations or collaborations among multiple associated entities, which may include such entities that operate regionally. Such activities and services shall include—

(1) establishing a new or enhancing an existing interoperable technology network that—

(A) enables the coordination of public and private providers and payors of services for individuals in the State, including services such as—

(i) nutritional assistance;

(ii) housing;
(iii) health care, including telehealth services (including through audio-only services), preventive health intervention, chronic disease management, and behavioral health care;

(iv) transportation;

(v) job training;

(vi) child development or care;

(vii) caregiving and respite care;

(viii) disability assistance;

(ix) independent living services or independent living core services;

(x) care coordination;

(xi) domestic violence screening; and

(xii) other services, as determined by the State;

(B) prioritizes—

(i) partnerships for the use of technology that align with the guidelines established under subsection (c)(3); and

(ii) connectivity with appropriate existing technology networks developed by public or private organizations in the State that comply with, as applicable, standards adopted by the Secretary under section
3004 of the Public Health Service Act (42 U.S.C. 300jj–14), for the purposes described in subparagraph (A), and (C) ensures that—

(i) reasonable measures are taken to promote connectivity and interoperable exchange among associated entities;

(ii) appropriate privacy and security protections are in place, in accordance with applicable Federal and State privacy laws; and

(iii) appropriate accessibility measures are in place, in accordance with applicable Federal and State law, including the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794(d));

(2) connecting associated entities for purposes of communication, service coordination and consumer assistance, referral and capacity management, outcome tracking, interoperability, eligibility determination, and related services;

(3) providing technical assistance and supporting associated entities in connecting and particip-
pating in the community integration network infra-
structure;

(4) planning for and implementing actions de-
dsigned to create sustainable funding models to sup-
port long-term access to community integration net-
work infrastructure;

(5) designing and implementing a financial
structure to make the community integration net-
work infrastructure financially self-sustaining not
later than 4 years after receiving funds under this
section; and

(6) evaluating the use of any funds provided
under this section.

(c) AWARD OF GRANTS.—

(1) IN GENERAL.—A grant under this Act shall
be awarded under such terms and conditions as the
Secretary shall prescribe, including the guidelines es-
tablished under paragraph (3) and, as determined
feasible and appropriate by the Secretary, that the
State shall utilize, where available, health informa-
tion technology systems and products that meet
standards and implementation specifications adopted
under section 3004 of the Public Health Service Act
(42 U.S.C. 300jj–14).
(2) MINIMIZING ADMINISTRATIVE BURDEN.—

The Secretary shall seek to minimize the administrative burden of such terms and conditions and ensure programmatic flexibility for unique State needs.

(3) GUIDELINES.—The Secretary shall—

(A) consult relevant stakeholders, including community-based organizations, regarding basic functionalities, technical capacities, and data standards needed for interoperable community integration network infrastructure and the distinct governance and management functionalities of the associated social care delivery system; and

(B) based on such consultations, establish guidelines for awarding grants under this section, including application requirements.

(d) APPLICATION.—A State desiring a grant under this section shall—

(1) enter into a public-private partnership with one or more—

(A) private, nonprofit, or philanthropic organizations, including such organizations in rural areas, centers for independent living, area agencies on aging, and Aging and Disability Resource Centers; or
(B) Indian Tribes, Tribal organizations, or urban Indian organizations within the State; and

(2) submit to the Secretary an application at such time, in such manner, and containing or accompanied by such information as the Secretary may require, including—

(A) a description of the agency or department in the State government that will coordinate with and oversee the partnership established under paragraph (1);

(B) a plan for the establishment or enhancement of a community integration network infrastructure including—

   (i) the proposed transparent and competitive process for selecting any new operational components of the community integration network infrastructure;

   (ii) the planned governance structure (in accordance with subsection (f)) within the community integration network infrastructure;

   (iii) proposed associated entities and services to be included in the community integration network infrastructure;
(iv) accessing and electronically linking, as feasible, relevant data to create community integration network infrastructure, including a description of intended sources of data; and

(v) the use of standards and implementation specifications developed by national standards organizations, as feasible, and coordination with such organizations overall;

(C) assurances that the funds awarded under this section will be used solely to carry out authorized activities as described in subsection (b) and other related activities;

(D) potential options, including public-private partnerships in addition to the partnership described in paragraph (1), for making the community integration network infrastructure financially self-sustaining not later than 4 years after receiving funds under this section; and

(E) a description of the objectives and outcome goals of developing the community integration network infrastructure, including—

(i) one or more health outcomes;
(ii) one or more other important social outcomes;
(iii) improved access to health care or social services; and
(iv) how progress toward the outcomes described in clauses (i), (ii), and (iii) will be measured through internal performance metrics.

(e) SEPARATE TRIBAL INFRASTRUCTURE.—Nothing in this section shall preclude Indian Tribes, Tribal organizations, or urban Indian organizations from establishing a community integration network infrastructure that is separate from any other public-private partnership receiving funding under this section, provided that such infrastructure is interoperable with the community integration network infrastructure of each applicable State that receives a grant under subsection (a).

(f) PLANNED GOVERNANCE STRUCTURE OF COMMUNITY INTEGRATION NETWORK INFRASTRUCTURE.—Community integration network infrastructure established or enhanced using a grant under subsection (a) shall have a planned governance structure that is based on a shared governance model providing collaborative representation for different types of associated entities, including associated entities that provide social services.
(g) **EVALUATION.**—The Secretary may conduct an evaluation of grants awarded under this section, including regarding activities and services to establish new or enhance existing community integration network infrastructure and the operations of such community integration network infrastructure.

(h) **FEDERAL MATCHES.**—Grant funds made available to States under subsection (a) shall be deemed a non-Federal source for purposes of any requirement for matching Federal funds with non-Federal funds, including the requirement applicable to State expenditures on technology that are reimbursable under section 1903(a) of the Social Security Act (42 U.S.C. 1396b(a)).

(i) **ELECTRONIC HEALTH RECORDS.**—No State receiving a grant under this section shall be required to incorporate electronic health records into the State’s community integration network infrastructure supported by such grant.

(j) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—

(A) **TOTAL AMOUNT.**—To carry out this section (other than subsection (g)), there is authorized to be appropriated $150,000,000 for the period of fiscal years 2022 to 2026.
(B) ADMINISTRATION.—Of the amounts appropriated pursuant to subparagraph (A), up to $10,000,000 may be used for administrative expenses.

(2) EVALUATION.—There is authorized to be appropriated such sums as may be necessary to carry out subsection (g) for fiscal year 2022.

(3) DURATION OF AVAILABILITY.—Amounts appropriated under this subsection shall remain available until the date that is 5 years after the date of enactment of this Act.

(k) DEFINITIONS.—In this section:

(1) AGING AND DISABILITY RESOURCE CENTER.—The term “Aging and Disability Resource Center” has the meaning given such term in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

(2) AREA AGENCY ON AGING.—The term “area agency on aging” has the meaning given such term in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

(3) ASSOCIATED ENTITIES.—The term “associated entities” means any—

(A) community-based organization that maintains community resource directories, ac-
cepts referrals from, or provides referrals to, health care organizations, or that provides services such as—

(i) nutritional assistance;

(ii) housing;

(iii) health care, including telehealth services (including through audio-only services), preventive health intervention, chronic disease management, and behavioral health care;

(iv) transportation;

(v) job training;

(vi) child development or care;

(vii) caregiving and respite care;

(viii) disability assistance;

(ix) independent living services or independent living core services;

(x) care coordination; and

(xi) domestic violence screening;

(B) public, or nonprofit or for-profit, private health care provider organization;

(C) public or private funded payor of health care services, including home- or community-based services;
(D) State, local, territorial, or Tribal health and social services agency;

(E) State public housing authority or housing finance agency;

(F) public health information exchange or public health information network, as defined by the Secretary; or

(G) other similar entity, as designated by the State.

(4) CENTER FOR INDEPENDENT LIVING.—The term “center for independent living” has the meaning given to such term in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a).

(5) COMMUNITY INTEGRATION NETWORK INFRASTRUCTURE.—The term “community integration network infrastructure” means infrastructure, existing on statewide basis with direct network operations or through collaborations among multiple associated entities, used to enable the coordination, alignment, and connection, of associated entities in a State, including such entities that operate regionally, for purposes of communication, service coordination, interoperable information exchange across health care and community-based organizations, and
referral management of services, with respect to services such as—

(A) nutritional assistance;

(B) housing;

(C) health care, including telehealth services (including through audio-only services), preventive health intervention, chronic disease management, and behavioral health care;

(D) transportation;

(E) job training;

(F) child development or care;

(G) caregiving and respite care;

(H) disability assistance;

(I) independent living services or independent living core services;

(J) care coordination; and

(K) other similar services, as designated by the State.

(6) INDIAN TRIBE AND TRIBAL ORGANIZATION.—The terms “Indian Tribe” and “Tribal organization” have the meanings given to the terms ‘Indian tribe’ and ‘tribal organization’ in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).
(7) INDEPENDENT LIVING SERVICES; INDEPENDENT LIVING CORE SERVICES.—The terms “independent living services” and “independent living core services” have the meanings given to such terms in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705).

(8) SECRETARY.—The term “Secretary” refers to the Secretary of Health and Human Services.

(9) STATE.—The term “State” means a State, territory, or the District of Columbia.

(10) URBAN INDIAN ORGANIZATION.—The term “urban Indian organization” has the meaning given to the term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

SEC. 3. EVALUATION, REPORT AND RECOMMENDATIONS.

(a) EVALUATION.—The Comptroller General of the United States shall conduct an evaluation that—

(1) measures the overall impact of the community integration network infrastructure established or enhanced using funds received under section 2, with respect to—

(A) changes in individual and population health outcomes;

(B) changes in access to health care or social services;
(C) the degree of data sharing using the community integration network infrastructure established or enhanced using funds received under section 2;

(D) the effectiveness of service coordination;

(E) the cost-effectiveness of the provision of services;

(F) any results or anticipated results on overall health and social services spending;

(G) patient and consumer satisfaction with service coordination process and services received;

(H) the degree of sustainability of the community integration network infrastructure; and

(I) any other relevant factors; and

(2) describes how the funds received under section 2 were used.

(b) REPORT AND RECOMMENDATIONS.—Not later than 5 years after the date the first grant under this Act is awarded, the Comptroller General of the United States shall—

(1)(A) submit a report on the evaluation conducted under subsection (a) to Congress; and
(B) make such report publicly available; and

(2) based on the evaluation conducted under subsection (a), make recommendations to States and Indian Tribes, Tribal organizations, or urban Indian organizations, on how to improve and sustain community integration network infrastructure established or enhanced using funds received under section 2.