Social Determinants Provisions Included in the Consolidated Appropriations Act, 2022

On March 15, 2022, President Biden signed into law the Consolidated Appropriations Act, 2022 (H.R. 2471). This bill consisted of all 12 fiscal year 2022 appropriations bills and supplemental funding to support Ukraine. The House passed this bill on March 9, 2022, and the Senate passed it on March 10, 2022.

Aligning for Health was pleased to see the inclusion of several key social determinants of health provisions included in this package. Along with the appropriations bill, the accompanying Joint Explanatory Statement and House Committee on Appropriations Report for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for Fiscal Year 2022 Appropriations included specific instructions with respect to the appropriated amounts.

Below, we have pulled notable provisions related to social determinants of health, health equity, and maternal health that were included as part of this package.

PROVISIONS FROM H.R. 2471

Division P – Health Provisions, Title I – Public Health included several provisions to address maternal health, particularly in rural areas of the country. Below are highlights from this section of the text:

Subtitle D – Maternal Health Quality Improvement

- ***Chapter 1 - Improvements to Maternal Health Care*** – This section of the bill includes the text of the Maternal Health Quality Improvement Act, introduced by Reps. Kelly (D-IL) and Bucshon (R-IN) and Sens. Warnock (D-GA) and Rubio (R-FL), which would require HHS to establish specified grant programs to support positive maternal health care outcomes for pregnant and postpartum women and their infants, including in rural areas. Key elements of this provision include:
    - Innovation for Maternal Health
    - Training for Health Care Providers
    - Study on Improving Training for Health Care Providers
    - Integrated Services for Pregnant and Postpartum Women
    - Maternal Vaccination Awareness
- ***Chapter 2 – Rural Maternal and Obstetric Modernization of Services (RMOMS)*** – This section of the bill is part of the Rural MOMS Act, introduced by Reps. Newhouse (R-WA) and Axne (D-IA), and by Sens. Smith (D-MN) and Murkowski (R-AK), which would expand initiatives to address maternal health in rural areas by providing funding to establish rural obstetric networks, and expanding services, including telehealth services. Key elements of this provision include:
    - Improving rural maternal and obstetric care data
    - Rural obstetric network grants
    - Telehealth network and telehealth resource centers grant program
    - Rural maternal and obstetric care training demonstration

PROVISIONS FROM ACCOMPANYING REPORT LANGUAGE

Below, we have pulled notable report language related to social determinants of health, health equity, and maternal health for CMS, the HHS Office of the Secretary, HHS Office of Minority Health, HHS Office on Women's Health, Assistant Secretary for Health, CDC, HRSA, SAMHSA, AHRQ, ACF, and NIH.

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.

- ***Telehealth and the Homeless Population***.— The agreement directs CMS to identify and share with States best practices regarding ways in which telehealth and remote patient monitoring can be leveraged through the Medicaid and Medicare programs for the homeless. This should include identification of barriers to mental health services via telehealth coverage, as well as ways to address those barriers

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.
- ***White House Conference on Food, Nutrition, Hunger and Health*.—** The agreement recognizes that levels of hunger, nutrition insecurity, and chronic disease in the United States are rising, and disproportionately afflict racial and ethnic minorities as well as low-income and rural populations. The agreement directs HHS to convene a White House Conference on Food, Nutrition, Hunger, and Health in 2022, for the purpose of developing a roadmap to end hunger and improve nutrition by 2030. The agreement includes $2,500,000 to support this conference. The conference should be developed using a whole-of-government approach- in partnership with the Executive Office of the President, the Department of Agriculture, and other Federal agencies-and in consultation with State, territories, local, and Tribal officials, and a diverse group of interested parties from across the country, including anti-hunger, nutrition, and health experts; the private sector; and people with lived experience of hunger and nutrition insecurity. The conference should examine why hunger and nutrition insecurity persist and how they affect health, including their role in the high prevalence of chronic disease. It should also review existing and cross-departmental strategies and consider new approaches to improve health by eliminating hunger, reducing the prevalence of chronic disease, and improving access to and consumption of nutritious foods in accordance with Dietary Guidelines for Americans. The conference shall produce a final report detailing its findings and proposed solutions to end hunger and improve nutrition security in the United States

by 2030. In preparation for the White House Conference on Food, Nutrition, Hunger, and Health, HHS shall consult with other Federal agencies and report initial findings to the Committees no later than 120 days after enactment of this Act. The findings shall identify current programming that directly or indirectly impacts food and nutrition insecurity and diet related diseases; specific statutory, regulatory, and budgetary barriers to ending hunger and improving nutrition and health in the United States and the Territories; existing examples of coordination mechanisms between Federal agencies; Federal agencies and State, local, and Tribal governments; and all levels of government and program implementers; and additional authorities or resources needed to eliminate hunger and improve nutrition and health.

- ***Disparity Populations*.—** To ensure underserved and disadvantaged populations continue to be best served by programs and offices within the Department, the agreement directs the Secretary to continue the collection of data on disparity populations, as defined by Healthy People 2030, in surveys administered with funding in this Act.

HHS Office of Minority Health

- ***Public Health Pilot Program to Address Structural Racism in Public Health***.—The agreement does not include the pilot program proposed by House Report 117-96.
- ***Center for Indigenous Innovation and Health Equity***.—The agreement includes an increase of $1,000,000 to support the work of the Center for Indigenous Innovation and Health Equity.
- ***Language Access Services***.—The agreement includes $1,000,000 to research, develop, and test methods of informing limited English proficient individuals about their right to and the availability of language access services, in accordance with directives in H. Rpt. 117-96.

HHS Office on Women's Health (OWH)

- ***Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes***.—The agreement includes $1,000,000 for the OWH to convene an Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes to oversee and coordinate the HHS Action Plan to Improve Maternal Health in America.

Office of the 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 (REACH)***.— The agreement provides an increase to address racial and ethnic health disparities, including the Good Health and Wellness in Indian Country program. Funding allocated for this program is $65,950,000, which includes $22,500,000 for the Good Health and Wellness in Indian Country program.
- ***Safe Motherhood and Infant Health***.— The agreement includes an increase to expand and increase support for Maternal Mortality Review Committees (MMRCs), Perinatal Quality Collaboratives (PQCs), and other programs including Sudden Unexplained Infant Death (SUID) and the Sudden Death in the Young (SOY) Case Registry. CDC is directed to expand support for MMRCs 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 inform data-driven actions to prevent these deaths. The agreement directs CDC to submit the reports requested under this heading in House Report 117-96. Furthermore, the agreement includes funding for the SUID and SOY Registry to expand the number of States and jurisdictions participating in monitoring and surveillance and urges CDC to facilitate data collection and analysis to improve SUID prevention strategies. The agreement allocates $83,000,000 toward this program.
- ***Social Determinants of Health.—*** The agreement provides an increase for the program of planning grants started in fiscal year 2021 (P.L. 116-260), totaling $8 million.
- ***Hospitals Promoting Breastfeeding.*** **–** The agreement includes an increase for evidence-based practice improvements in hospitals, with an emphasis on physician and care provider education, with the aim of supporting breastfeeding and increasing breastfeeding rates. The agreement allocates $9,750,000 toward this program.

HRSA

- ***Alliance for Maternal Health Safety Bundles***.—The Committee includes $12,000,000 for this activity, as described in House Report 117-96, 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 $4,000,000 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 $29,000,000 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.
- ***Maternity Care Target Areas (MCTAs) .—*** The agreement includes $1,000,000 within the National Health Service Corps (NHSC) to implement requirements contained in the Improving Access to Maternity Care Act, including establishing criteria for and identifying MCT As and collecting and publishing data on the availability and need for maternity care health services in health professional shortage areas.
- ***Midwife Training.—*** Within the total funding for Scholarships for Disadvantaged Students, the agreement includes $3,500,000 to educate midwives to address the national shortage of maternity care providers and the lack of diversity in the maternity care workforce.
- ***Rural Maternity and Obstetrics Management Strategies (RMOMS).—*** The agreement includes $6,000,000 for RMOMS, which supports grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care.
- ***Targeted Investments in Impoverished Areas.—*** The agreement directs HRSA to develop and implement measures to increase the share of investments made in persistent poverty counties, high-poverty areas, and any other impoverished communities that HRSA determines to be appropriate areas to target. The agreement directs HRSA to provide an update to the Committees within 180 days of enactment of this Act on how HRSA is carrying out this directive.

SAMHSA

- ***Projects for Assistance in Transition from Homelessness (PATH).*** – The agreement recognizes that inadequate housing and support opportunities exist for people with serious mental illness. The agreement directs SAMHSA to encourage PATH grantees to partner with public housing agencies in their communities, and to use existing outreach and engagement mechanisms to identify, qualify, and select individuals and initiate housing support services to meet the individual's needs.
- ***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.
- ***Pregnant and Postpartum Women.—***The agreement provides an increase and again encourages SAMHSA to fund an additional cohort of States under the pilot program authorized by the Comprehensive Addiction and Recovery Act (P.L. 114-198). Funding appropriated totals $34,931,000.

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.

Administration for Children and Families (ACF)

- ***Low Income Home Energy Assistance Program (LIHEAP).—***The agreement includes $1,100,000 in additional technical assistance funding for HHS to establish a system to simplify the formulation process to enable ACF staff to provide estimates more readily when requested by the Committees. Once such a system is in place, the agreement instructs HHS to work collaboratively with the Committees to promptly respond to requests for estimates and to ensure no request shall be outstanding for longer than 10 calendar days.
- ***Social Services Research and Demonstration.—*** The agreement includes $10,000,000 for carrying out a diaper distribution pilot program to provide grants to social service agencies or other non-profit organizations specifically for diaper and diapering supply needs.

National Institutes for Health

- ***SARS-CoV2-Immunity: Understanding Diversity and Addressing Disparity.—***The agreement includes $5,000,000 to engage with not-for-profit research institutes and/or academic institutions to undertake a series of deep immune profiling studies of individuals who acquired the SARS-CoV-2 virus in these underserved and understudied population communities with the intent of demonstrating a proven pipeline to ascertain immune dysfunction and outcomes applicable to any human condition or population.
- ***Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative.—*** The agreement includes $43,400,000, an increase of $30,000,000, for the IMPROVE Initiative.
- ***Research in Pregnant and Lactating Women.—*** The agreement includes $1,500,000 within NICHD to contract with the National Academies of Science, Education, and Medicine (NASEM) to convene a panel with specific legal, ethical, regulatory, and policy expertise to develop a framework for addressing medicolegal and liability issues when planning or conducting research specific to pregnant people and lactating people. Specifically, this panel should include individuals with ethical and legal expertise in clinical trials and research; regulatory expertise; plaintiffs' attorneys; pharmaceutical representatives with tort liability and research expertise; insurance industry representatives; Federally funded researchers who work with pregnant and lactating women; representatives of institutional review boards; and health policy experts.
- ***Health Disparities Research.—***The agreement includes an increase of $50,000,000 for the National Institute on Minority Health and Health Disparities (NIMHD) to support research related to identifying and reducing health disparities.
- ***Research Centers in Minority Institutions.—*** The agreement recognizes the importance of the RCMI Research Coordination Network in ensuring that collectively, institutions can engage in multi-site collaborative research, and provides $5,000,000 to NIMHD for this activity.