

116TH CONGRESS
2D SESSION

H. R. 6561

To authorize the Director of the Centers for Disease Control and Prevention to carry out a Social Determinants of Health Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 21, 2020

Ms. BARRAGÁN (for herself, Mr. BUTTERFIELD, Ms. BLUNT ROCHESTER, Mr. LUJÁN, Mr. CÁRDENAS, Mr. SOTO, Ms. JACKSON LEE, Ms. VELÁZQUEZ, Ms. NORTON, Ms. MOORE, Mr. COHEN, Ms. GARCIA of Texas, Mrs. NAPOLITANO, Mr. GRIJALVA, Ms. TLAIB, Mr. KILDEE, Mr. MORELLE, Mr. DANNY K. DAVIS of Illinois, and Mr. HIGGINS of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize the Director of the Centers for Disease Control and Prevention to carry out a Social Determinants of Health Program, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Social De-
5 terminants of Health Act of 2020”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Healthy People 2020 defines social deter-
2 minants of health as conditions in the environments
3 in which people live, learn, work, play, worship, and
4 age that affect a wide range of health, functioning,
5 and quality-of-life outcomes and risks.

6 (2) One of the overarching goals of Healthy
7 People 2020 is to “create social and physical envi-
8 ronments that promote good health for all”.

9 (3) Healthy People 2020 developed a “place-
10 based” organizing framework, reflecting five key
11 areas of social determinants of health namely—

12 (A) economic stability;

13 (B) education;

14 (C) social and community context;

15 (D) health and health care; and

16 (E) neighborhood and built environment.

17 (4) It is estimated that medical care accounts
18 for only 10 to 20 percent of the modifiable contribu-
19 tors to healthy outcomes for a population.

20 (5) The Centers for Medicare & Medicaid Serv-
21 ices has indicated the importance of the social deter-
22 minants in its work stating that, “As we seek to fos-
23 ter innovation, rethink rural health, find solutions to
24 the opioid epidemic, and continue to put patients

1 first, we need to take into account social deter-
2 minants of health and recognize their importance.”.

3 (6) The Department of Health and Human
4 Services’ Public Health 3.0 initiative recognizes the
5 role of public health in working across sectors on so-
6 cial determinants of health, as well as the role of
7 public health as chief health strategist in commu-
8 nities.

9 (7) Through its Health Impact in 5 Years ini-
10 tiative, the Centers for Disease Control and Preven-
11 tion has highlighted nonclinical, community-wide ap-
12 proaches that show positive health impacts, results
13 within five years, and cost effectiveness or cost sav-
14 ings over the lifetime of the population or earlier.

15 (8) Health departments and the Centers for
16 Disease Control and Prevention are not funded for
17 such cross-cutting work.

18 (9) Providing grants to public health depart-
19 ments and other eligible entities to coordinate cross-
20 sector collaboration will allow a community-wide, evi-
21 dence-based approach to address underlying social
22 determinants of health.

23 **SEC. 3. SOCIAL DETERMINANTS OF HEALTH PROGRAM.**

24 (a) PROGRAM.—To the extent and in the amounts
25 made available in advance in appropriations Acts, the Di-

1 rector of the Centers for Disease Control and Prevention
2 (in this Act referred to as the “Director”) shall carry out
3 a program, to be known as the Social Determinants of
4 Health Program (in this Act referred to as the “Pro-
5 gram”), to achieve the following goals:

6 (1) Improve health outcomes and reduce health
7 inequities by coordinating social determinants of
8 health activities across the Centers for Disease Con-
9 trol and Prevention.

10 (2) Improve the capacity of public health agen-
11 cies and community organizations to address social
12 determinants of health in communities.

13 (b) ACTIVITIES.—To achieve the goals listed in sub-
14 section (a), the Director shall carry out activities including
15 the following:

16 (1) Coordinating across the Centers for Disease
17 Control and Prevention to ensure that relevant pro-
18 grams consider and incorporate social determinants
19 of health in grant awards and other activities.

20 (2) Awarding grants under section 4 to State,
21 local, territorial, and Tribal health agencies and or-
22 ganizations, and to other eligible entities, to address
23 social determinants of health in target communities.

1 (3) Awarding grants under section 5 to non-
2 profit organizations and public or other nonprofit in-
3 stitutions of higher education—

4 (A) to conduct research on best practices
5 to improve social determinants of health;

6 (B) to provide technical assistance, train-
7 ing, and evaluation assistance to grantees under
8 section 4; and

9 (C) to disseminate best practices to grant-
10 ees under section 4.

11 (4) Coordinating, supporting, and aligning ac-
12 tivities of the Centers for Disease Control and Pre-
13 vention related to social determinants of health with
14 activities of other Federal agencies related to social
15 determinants of health, including such activities of
16 agencies in the Department of Health and Human
17 Services such as the Centers for Medicare & Med-
18 icaid Services.

19 (5) Collecting and analyzing data related to the
20 social determinants of health.

21 **SEC. 4. GRANTS TO ADDRESS SOCIAL DETERMINANTS OF**
22 **HEALTH.**

23 (a) IN GENERAL.—The Director, as part of the Pro-
24 gram, shall award grants to eligible entities to address so-
25 cial determinants of health in their communities.

1 (b) ELIGIBILITY.—To be eligible to apply for a grant
2 under this section, an entity shall be—

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

5 (2) a qualified nongovernmental entity, as de-
6 fined by the Director; or

7 (3) a consortium of entities that includes a
8 State, local, territorial, or Tribal health agency or
9 organization.

10 (c) USE OF FUNDS.—

11 (1) IN GENERAL.—A grant under this section
12 shall be used to address social determinants of
13 health in a target community by designing and im-
14 plementing innovative, evidence-based, cross-sector
15 strategies.

16 (2) TARGET COMMUNITY.—For purposes of this
17 section, a target community shall be a State, county,
18 city, or other municipality.

19 (d) PRIORITY.—In awarding grants under this sec-
20 tion, the Director shall prioritize applicants proposing to
21 serve target communities with significant unmet health
22 and social needs, as defined by the Director.

23 (e) APPLICATION.—To seek a grant under this sec-
24 tion, an eligible entity shall—

1 (1) submit an application at such time, in such
2 manner, and containing such information as the Di-
3 rector may require;

4 (2) propose a set of activities to address social
5 determinants of health through evidence-based,
6 cross-sector strategies, which activities may in-
7 clude—

8 (A) collecting quantifiable data from health
9 care, social services, and other entities regard-
10 ing the most significant gaps in health-pro-
11 moting social, economic, and environmental
12 needs;

13 (B) identifying evidence-based approaches
14 to meeting the nonmedical, social needs of pop-
15 ulations identified by data collection described
16 in subparagraph (A), such as unstable housing
17 or inadequate food;

18 (C) developing scalable methods to meet
19 patients' social needs identified in clinical set-
20 tings or other sites;

21 (D) convening entities such as local and
22 State governmental and nongovernmental orga-
23 nizations, health systems, payors, and commu-
24 nity-based organizations to review, plan, and
25 implement community-wide interventions and

1 strategies to advance health-promoting social
2 conditions;

3 (E) monitoring and evaluating the impact
4 of activities funded through the grant on the
5 health and well-being of the residents of the
6 target community and on the cost of health
7 care; and

8 (F) such other activities as may be speci-
9 fied by the Director;

10 (3) demonstrate how the eligible entity will col-
11 laborate with—

12 (A) health systems;

13 (B) payors, including, as appropriate, med-
14 icaid managed care organizations (as defined in
15 section 1903(m)(1)(A) of the Social Security
16 Act (42 U.S.C. 1396b(m)(1)(A))), Medicare
17 Advantage plans under part C of title XVIII of
18 such Act (42 U.S.C. 1395w–21 et seq.), and
19 health insurance issuers and group health plans
20 (as such terms are defined in section 2791 of
21 the Public Health Service Act);

22 (C) other relevant stakeholders and initia-
23 tives in areas of need, such as the Accountable
24 Health Communities Model of the Centers for
25 Medicare & Medicaid Services, health homes

1 under the Medicaid program under title XIX of
2 the Social Security Act (42 U.S.C. 1396 et
3 seq.), community-based organizations, and
4 human services organizations;

5 (D) other non-health care sector organiza-
6 tions, including organizations focusing on trans-
7 portation, housing, or food access; and

8 (E) local employers; and

9 (4) identify key health inequities in the target
10 community and demonstrate how the proposed ef-
11 forts of the eligible entity would address such inequi-
12 ties.

13 (f) MONITORING AND EVALUATION.—As a condition
14 of receipt of a grant under this section, a grantee shall
15 agree to submit an annual report to the Director describ-
16 ing the activities carried out through the grant and the
17 outcomes of such activities.

18 (g) INDEPENDENT NATIONAL EVALUATION.—

19 (1) IN GENERAL.—Not later than 5 years after
20 the first grants are awarded under this section, the
21 Director shall provide for the commencement of an
22 independent national evaluation of the Program
23 under this section.

24 (2) REPORT TO CONGRESS.—Not later than 60
25 days after receiving the results of such independent

1 national evaluation, the Director shall report such
2 results to the Congress.

3 **SEC. 5. RESEARCH AND TRAINING.**

4 The Director, as part of the Program—

5 (1) shall award grants to nonprofit organiza-
6 tions and public or other nonprofit institutions of
7 higher education—

8 (A) to conduct research on best practices
9 to improve social determinants of health;

10 (B) to provide technical assistance, train-
11 ing, and evaluation assistance to grantees under
12 section 4; and

13 (C) to disseminate best practices to grant-
14 ees under section 4; and

15 (2) may require a grantee under paragraph (1)
16 to provide technical assistance and capacity building
17 to entities that are eligible entities under section 4
18 but not receiving funds through such section.

19 **SEC. 6. FUNDING.**

20 (a) IN GENERAL.—There is authorized to be appro-
21 priated to carry out this Act, \$50,000,000 for each of fis-
22 cal years 2021 through 2026.

1 (b) ALLOCATION.—Of the amount made available to
2 carry out this Act for a fiscal year, not less than 75 per-
3 cent shall be used for grants under sections 4 and 5.

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