

116TH CONGRESS
1ST SESSION

H. R. 660

To improve the health outcomes in communities through community-relevant health information and new health supporting incentives and programs funded without further appropriations.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 17, 2019

Mr. FORTENBERRY (for himself and Ms. JOHNSON of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To improve the health outcomes in communities through community-relevant health information and new health supporting incentives and programs funded without further appropriations.

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 “Community Health Im-
5 provement, Leadership, and Development Act of 2019” or
6 the “CHILD Act”.

1 **SEC. 2. LOCALIZED COMMUNITY HEALTH IMPROVEMENT**
2 **PROGRAMS.**

3 (a) MAKING EPIDEMIOLOGY AND CLAIMS DATA REL-
4 EVANT TO COMMUNITY HEALTH IMPROVEMENT.—

5 (1) IN GENERAL.—Not later than April 1,
6 2020, the Secretary of Health and Human Services,
7 through the Director of the Centers for Disease
8 Control and Prevention in collaboration with the Ad-
9 ministrator of the Centers for Medicare & Medicaid
10 Services, shall, subject to paragraph (2), provide for
11 the maintenance of a database of de-identified epide-
12 miological and claims health information for the pur-
13 pose of making such information available in a use-
14 ful and informative manner to participating commu-
15 nities (as referenced in subsection (b)(3)(B)) in par-
16 ticipating States (as referenced in subsection (b)(1))
17 to support such communities in reducing rates of ill-
18 ness (as compared to the rate of illness within such
19 community as of a period specified by the Secretary)
20 and improving the management of illnesses to reduce
21 the cost of health care delivery. In carrying out this
22 subsection, the Director and Administrator shall,
23 subject to paragraph (2), provide—

24 (A) for a mechanism that enables the inte-
25 gration of such epidemiological and claims
26 health information for such purposes;

1 (B) that such health information is avail-
2 able for at least the 20 health conditions and
3 treatments that are associated with the highest
4 expenditures under the Medicaid program
5 under title XIX of the Social Security Act;

6 (C) that such health information is made
7 available to participating States in such a man-
8 ner that enables participating communities
9 within such States to access such information
10 that is relevant specifically to such commu-
11 nities; and

12 (D) for a mechanism by which the Director
13 and Administrator may—

14 (i) update such information specific to
15 each such community, to the extent prac-
16 ticable, in real-time or near real-time and
17 as specified by the Director and Adminis-
18 trator;

19 (ii) verify the validity of such informa-
20 tion and the validity of the changes in such
21 information for each such community over
22 such specified periods; and

23 (iii) assess and measure the extent of
24 such changes for each such participating
25 community, including the amount of any

1 reductions in expenditures under the State
2 plan under title XIX of the Social Security
3 Act and the extent to which such reduc-
4 tions are attributable to such changes with
5 respect to each such community in such
6 State.

7 (2) NO ADDITIONAL FUNDING.—No additional
8 funds are authorized to be appropriated to carry out
9 this subsection. This subsection shall be carried out
10 using amounts otherwise made available to the Sec-
11 retary.

12 (b) LOCALIZED COMMUNITY HEALTH IMPROVEMENT
13 PROGRAM GRANTS.—

14 (1) IN GENERAL.—The Secretary of Health and
15 Human Services shall, subject to paragraph (5),
16 carry out a grant program under which the Sec-
17 retary may award grants to States for purposes of
18 carrying out localized community health improve-
19 ment programs described in paragraph (3). In this
20 section such States awarded such grants are referred
21 to as “participating States”.

22 (2) APPLICATION.—To be eligible for a grant
23 under this subsection, a State shall—

24 (A) submit to the Secretary an application,
25 in such manner, at such time, and containing

1 such information as specified by the Secretary;
2 and

3 (B) enter into an arrangement with the
4 Secretary under which—

5 (i) the State agrees to establish and
6 maintain a localized community health im-
7 provement program described in paragraph
8 (3);

9 (ii) the Secretary agrees to provide
10 the State with integrated epidemiological
11 and claims health information maintained
12 in the database established under sub-
13 section (a) specific to each participating
14 community within the State; and

15 (iii) the State and Secretary carry out
16 the community shared savings account
17 agreement terms described in subsection
18 (c).

19 (3) LOCALIZED COMMUNITY HEALTH IMPROVE-
20 MENT PROGRAM.—For purposes of this subsection, a
21 localized community health improvement program of
22 a State is a program under which the State—

23 (A) maintains the integrated health infor-
24 mation provided to the State by the Secretary

1 pursuant to the arrangement described in para-
2 graph (2)(B);

3 (B) makes such information available to
4 qualifying communities (as defined in para-
5 graph (4)) within such State which request
6 such information and agree to the terms de-
7 scribed in subparagraph (D) and subsection (c)
8 (in this section referred to as “participating
9 communities”) in a secure manner and format
10 that is most informative to such communities in
11 assisting such communities in analyzing and
12 applying such data to the specific needs of such
13 communities to reduce the rates of illness and
14 reduce the costs of health care within such com-
15 munities;

16 (C) submits such data as is required by
17 the Secretary to assess the extent to which the
18 health care interventions implemented to ad-
19 dress needs of such communities identified
20 through the program are affecting the rates of
21 illness and costs of health care within the State
22 and communities within the State; and

23 (D) requires that in order for communities
24 to participate in such program, the communities
25 agree—

1 (i) to provide for a secure method to
2 make such information available to health
3 care and other relevant community work-
4 ers, including through an interactive dash-
5 board system; and

6 (ii) to submit such data as is required
7 by the State or Secretary to assess the ex-
8 tent to which health care interventions im-
9 plemented to address needs of such com-
10 munities identified through the program
11 are affecting the rates of illness and costs
12 of health care within the communities.

13 (4) QUALIFYING COMMUNITY DEFINED.—For
14 purposes of this section, the term “qualifying com-
15 munity” means a local community determined by
16 census block or census tract level (based on geo-
17 graphic information system data) with a defined ju-
18 risdictional boundary (such as a local community es-
19 tablished by a high school feeder pattern or by the
20 boundaries of a town if such town has a population
21 of fewer than 25,000 residents) or a county.

22 (5) NO ADDITIONAL FUNDING.—No additional
23 funds are authorized to be appropriated to carry out
24 this subsection. This subsection shall be carried out

1 using amounts otherwise made available to the Sec-
2 retary.

3 (c) COMMUNITY SHARED SAVINGS ACCOUNT AGREE-
4 MENT TERMS.—For purposes of subsection (b)(2)(B)(iii),
5 community shared savings account terms described in this
6 subsection, with respect to the Secretary, a participating
7 State, and participating communities within such State,
8 are the following:

9 (1) In the case that the database established
10 under subsection (a), through the mechanism pro-
11 vided for under subsection (a)(4), demonstrates for
12 any specified period (as determined by the Sec-
13 retary) that there are verified reductions in expendi-
14 tures under the State plan under title XIX of the
15 Social Security Act, which results in reductions in
16 expenditures by the Federal Government under such
17 title, and attributes such reductions to one or more
18 of the participating communities within such State,
19 the Secretary shall transfer to the community shared
20 savings account established by the State under sub-
21 section (e) an amount equal to 70 percent of the
22 amount of such reduction so demonstrated for such
23 specified period.

24 (2) The State establishes such a community
25 shared savings account in accordance with sub-

1 section (e) and agrees to transfer to each partici-
2 pating community within such State 100 percent of
3 such amounts transferred under paragraph (1) that
4 are verified by the Secretary as attributable to such
5 community.

6 (3) Each participating community in such
7 State—

8 (A) establishes a community shared sav-
9 ings board described in subsection (d) that de-
10 termines how funds transferred to such commu-
11 nity under paragraph (2) are to be used for
12 purposes of promoting the health and wellness
13 of residents of such community; and

14 (B) uses such funds only for such purposes
15 and in accordance with the uses determined by
16 such board.

17 (d) COMMUNITY SHARED SAVINGS BOARD.—For
18 purposes of this section, a community shared savings
19 board, with respect to a participating community (which
20 may be a county) within a participating State, is a
21 board—

22 (1) consisting of at least 7 members, appointed
23 by the governing officials of the community through
24 such a process that is specified by the community
25 (and approved by the State), including—

1 (A) at least 1 member with public health
2 experience; and

3 (B) members with business, civic, edu-
4 cational, or faith-based experience;

5 (2) that is representative of the geographic
6 components that are included in the community; and

7 (3) that hires a fiduciary agent to manage a
8 community shared savings account on behalf of the
9 board.

10 (e) COMMUNITY SHARED SAVINGS ACCOUNT.—For
11 purposes of this section, the term “community shared sav-
12 ings account” means, with respect to a participating com-
13 munity within a participating State, a trust created or or-
14 ganized in the United States for the exclusive benefit of
15 the community, as defined by the community shared sav-
16 ings board under subsection (d) for such participating
17 community, but only if the written governing instrument
18 creating the trust meets the following requirements:

19 (1) The trustee is a bank (as defined in section
20 408(n) of the Internal Revenue Code of 1986) or
21 such other person who demonstrates to the satisfac-
22 tion of the Director that the manner in which such
23 other person will administer the trust will be con-
24 sistent with the requirements of this section.

1 (2) No contribution will be accepted unless it is
2 in cash.

3 (3) Withdrawals may only be made by the fidu-
4 ciary agent described in subsection (d)(3) hired by
5 such board pursuant to a plan developed by the com-
6 munity and approved by the State and local govern-
7 ment.

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