

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 2503
OFFERED BY MS. BARRAGÁN OF CALIFORNIA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

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

**4 SEC. 2. DESIGNATION OF SOCIAL DETERMINANTS OF
5 HEALTH PROGRAM WITHIN THE CENTERS
6 FOR DISEASE CONTROL AND PREVENTION.**

7 Part D of title III of the Public Health Service Act
8 (42 U.S.C. 254b et seq.) is amended by adding at the end
9 the following:

10 “Subpart XIII—Social Determinants of Health

11 “SEC. 340J. SOCIAL DETERMINANTS OF HEALTH PROGRAM.

12 “(a) PROGRAM.—The Director of the Centers for
13 Disease Control and Prevention (in this section referred
14 to as the ‘Director’) shall maintain a Social Determinants
15 of Health Program (in this subpart referred to as the
16 ‘Program’).

17 “(b) GOALS.—The goals of the Program shall be—

1 “(1) to improve health outcomes and reduce
2 health inequities by coordinating social determinants
3 of health activities across the Centers for Disease
4 Control and Prevention; and

5 “(2) to improve the capacity of public health
6 agencies and community organizations to address so-
7 cial determinants of health in communities.

8 “(c) ACTIVITIES.—To achieve the goals listed in sub-
9 section (b), the Director shall carry out activities including
10 the following:

11 “(1) Coordinating across the Centers for Dis-
12 ease Control and Prevention to ensure that relevant
13 programs consider social determinants of health in
14 granting awards and carrying out other activities.

15 “(2) Awarding grants to nonprofit organiza-
16 tions and public or other nonprofit institutions of
17 higher education—

18 “(A) to conduct research on best practices
19 to improve social determinants of health;

20 “(B) to provide technical assistance, train-
21 ing, and evaluation assistance to grantees under
22 section 340L; and

23 “(C) to disseminate best practices to such
24 grantees.

1 “(3) Coordinating, supporting, and aligning ac-
2 tivities of the Centers for Disease Control and Pre-
3 vention related to social determinants of health with
4 activities related to social determinants of health of
5 other Federal agencies, including those within the
6 Department of Health and Human Services, includ-
7 ing such activities of the Centers for Medicare &
8 Medicaid Services.

9 “(4) Collecting and analyzing data related to
10 social determinants of health.

11 “(d) FUNDING.—There is authorized to be appro-
12 priated to carry out this section, \$10,000,000 for each of
13 fiscal years 2022 through 2026.

14 **“SEC. 340K. SOCIAL DETERMINANTS ACCELERATOR COUN-**
15 **CIL.**

16 “(a) ESTABLISHMENT.—The Secretary, in consulta-
17 tion with the Administrator of the Centers for Medicare
18 & Medicaid Services, the Administrator of the Health Re-
19 sources and Services Administration, the Director of the
20 Centers for Disease Control and Prevention, the Director
21 of the Agency for Healthcare Research and Quality, and
22 the Director of the Indian Health Service, shall establish
23 an interagency council, to be known as the Social Deter-
24 minants Accelerator Interagency Council (referred to in
25 this subpart as the ‘Council’) to achieve the purposes of—

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

6 “(2) building a pipeline of State and locally de-
7 signed, cross-sector interventions and strategies that
8 generate rigorous evidence about how to improve
9 health and social outcomes, and increase the cost-ef-
10 fectiveness of, and return on investment from, Fed-
11 eral, State, local, and Tribal health and social serv-
12 ices programs;

13 “(3) enlisting State and local governments and
14 the service providers of such governments as part-
15 ners in identifying Federal statutory, regulatory, and
16 administrative challenges in improving the health
17 and social outcomes of, cost-effectiveness of, and re-
18 turn on investment from, Federal spending on indi-
19 viduals receiving medical assistance under a State
20 plan (or a waiver of such plan) under title XIX of
21 the Social Security Act; and

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

25 “(b) MEMBERSHIP.—

1 “(1) FEDERAL MEMBERS.—The Council shall
2 be composed of at least one designee from each of
3 the following Federal agencies:

4 “(A) The Office of Management and
5 Budget.

6 “(B) The Department of Agriculture.

7 “(C) The Department of Education.

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

10 “(E) The Department of Labor.

11 “(F) The Department of Transportation.

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

14 “(2) DESIGNATION.—

15 “(A) IN GENERAL.—The head of each
16 agency specified in paragraph (1) shall des-
17 ignate at least one employee described in sub-
18 paragraph (B) to serve as a member of the
19 Council.

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

23 “(i) whose responsibilities relate to
24 authorities, policies, and procedures with
25 respect to the health and well-being of in-

1 dividuals receiving medical assistance
2 under a State plan (or a waiver of such
3 plan) under title XIX of the Social Secu-
4 rity Act; or

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

11 “(3) HHS REPRESENTATION.—In addition to
12 the designees under paragraph (1), the Council shall
13 include designees from agencies within the Depart-
14 ment of Health and Human Services, including the
15 Centers for Medicare & Medicaid Services, the Agen-
16 cy for Healthcare Research and Quality, the Centers
17 for Disease Control and Prevention, the Health Re-
18 sources and Services Administration, and the Indian
19 Health Service. The designees of each such agency
20 shall include at least one designee who meets the cri-
21 teria under paragraph (2)(B).

22 “(4) NON-FEDERAL MEMBERS.—The Council
23 shall include at least nine non-Federal members, to
24 be designated by the Secretary, with experience in
25 improving the impact and cost-effectiveness of Fed-

1 eral Government health and social services, of
2 which—

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

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

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

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

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

16 “(F) at least one such member shall be
17 from a State office of rural health;

18 “(G) at least one such member shall be a
19 representative from a national consumer or pa-
20 tient advocacy organization;

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

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

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

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

7 “(1) to make recommendations to the Secretary
8 regarding the criteria for making awards under sec-
9 tion 340L;

10 “(2) to identify Federal authorities and oppor-
11 tunities for use by States or local governments to
12 improve coordination of funding and administration
13 of Federal programs—

14 “(A) the beneficiaries of whom include in-
15 dividuals described in section 340J; and

16 “(B) which may be unknown or underuti-
17 lized;

18 “(3) to make information on such authorities
19 and opportunities publicly available;

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

23 “(5) to report to Congress annually in accord-
24 ance with subsection (e);

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

5 “(7) to develop and disseminate such best prac-
6 tices;

7 “(8) to develop and disseminate performance
8 measures to reliably assess the impact of local inter-
9 ventions or approaches;

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

15 “(10) to draft and make publicly available a re-
16 port on Federal cross-agency opportunities to ad-
17 dress social determinants of health, which shall in-
18 clude the benefits of grants to State, local, or Tribal
19 jurisdictions.

20 “(d) SCHEDULE.—Not later than 90 days after the
21 date of the enactment of the Social Determinants Accel-
22 erator Act of 2021, the Council shall convene to develop
23 a schedule and plan for carrying out the duties described
24 in subsection (c), including solicitation of applications for
25 the grants under section 340L.

1 “(e) REPORT TO CONGRESS.—The Council shall sub-
2 mit an annual report to Congress, which shall include—

3 “(1) a list of the Council members;

4 “(2) summaries of the activities and expendi-
5 tures of the Council;

6 “(3) summaries of the interventions and ap-
7 proaches that will be supported by State, local, and
8 Tribal governments that received a grant under sec-
9 tion 340L, including evidence-based best practices
10 and approaches grantees have employed to improve
11 health outcomes, and improve the cost-effectiveness
12 of, and return on investment from, Federal, State,
13 local, and Tribal governments;

14 “(4) the feedback received from State and local
15 governments on ways to improve the technical assist-
16 ance of the Council, and actions the Council plans
17 to take in response to such feedback; and

18 “(5) the major statutory, regulatory, and ad-
19 ministrative challenges identified by State, local, and
20 Tribal governments that received a grant under sec-
21 tion 340L, and the actions that Federal agencies are
22 taking to address such challenges.

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

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

5 “(1) ensure that adequate resources are avail-
6 able to effectively execute the responsibilities of the
7 Council;

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

11 “(3) create transparency to the public and Con-
12 gress with regard to Council membership, costs, and
13 activities, including through use of modern tech-
14 nology and social media to disseminate information;
15 and

16 “(4) avoid conflicts of interest that would jeop-
17 ardize the ability of the Council to make decisions
18 and provide recommendations.

19 **“SEC. 340L. GRANTS TO ADDRESS SOCIAL DETERMINANTS**
20 **OF HEALTH.**

21 “(a) GRANTS TO STATES, LOCAL GOVERNMENTS,
22 AND TRIBES.—The Secretary, in consultation with the
23 Council, shall award on a competitive basis up to 25
24 grants to eligible applicants described in subsection (b) for
25 addressing social determinants of health in underserved

1 populations. Not later than 180 days after the date of the
2 enactment of the Social Determinants Accelerator Act of
3 2021, the Secretary shall award all such grants.

4 “(b) ELIGIBLE APPLICANT.—In order to be eligible
5 to apply for a grant under this section, an entity shall
6 be—

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

9 “(2) a qualified nongovernmental entity, as de-
10 fined by Secretary; or

11 “(3) a consortium of entities that includes a
12 State, local, territorial, or Tribal health agency or
13 organization.

14 “(c) AMOUNT OF GRANT.—The Secretary, in coordi-
15 nation with the Council, shall determine the total amount
16 that the Secretary will make available to each grantee
17 under this section.

18 “(d) APPLICATION.—An eligible applicant seeking a
19 grant under this section shall submit an application at
20 such time, in such manner, and containing such informa-
21 tion as the Secretary may require, and submit a proposed
22 process for developing a social determinants accelerator
23 plan in accordance with subsection (e).

24 “(e) USE OF FUNDS.—A grant under this section
25 shall be used—

1 “(1) to engage qualified research experts to ad-
2 vise on research relevant to, and to design, a pro-
3 posed social determinants accelerator plan, in ac-
4 cordance with standards and guidelines issued by
5 the Secretary;

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

9 “(3) to prepare and submit a final social deter-
10 minants accelerator plan to the Secretary; and

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

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

22 “(g) CONTENTS OF PLANS.—A social determinants
23 accelerator plan developed through a grant under this sec-
24 tion shall include the following:

1 “(1) A description of the population (or popu-
2 lations) in the target community that would benefit
3 from implementation of the social determinants ac-
4 celerator plan, including an analysis describing the
5 projected impact on the well-being of individuals de-
6 scribed in subsection (e)(4).

7 “(2) A description of the interventions or ap-
8 proaches designed under the social determinants ac-
9 celerator plan and the evidence for selecting such
10 interventions or approaches.

11 “(3) The objectives and outcome goals of such
12 interventions or approaches, including at least one
13 health outcome and at least one other important so-
14 cial outcome.

15 “(4) A plan for accessing and linking relevant
16 data to enable coordinated benefits and services for
17 the relevant jurisdictions and an evaluation of the
18 proposed interventions and approaches.

19 “(5) A description of the State, local, Tribal,
20 academic, nonprofit, or community-based organiza-
21 tions, or any other private sector organizations that
22 would participate in implementing the proposed
23 interventions or approaches, and the role each would
24 play to contribute to the success of the proposed

1 interventions or approaches. Such entities may in-
2 clude—

3 “(A) health systems;

4 “(B) payors, including, as appropriate,
5 medicaid managed care entities (as defined in
6 section 1903(m)(1)(A) of the Social Security
7 Act), Medicare Advantage plans under part C
8 of title XVIII of such Act, and health insurance
9 issuers and group health plans (as such terms
10 are defined in section 2791 of this Act);

11 “(C) other relevant stakeholders and initia-
12 tives in areas of need, such as the Accountable
13 Health Communities Model of the Centers for
14 Medicare & Medicaid Services, health homes
15 under the Medicaid program under title XIX of
16 the Social Security Act, community-based orga-
17 nizations, and human services organizations;

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

21 “(E) local employers.

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

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

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

12 “(9) A description of potential considerations
13 that would enhance the impact, scalability, or sus-
14 tainability of the proposed interventions or ap-
15 proaches and the actions the grant awardee would
16 take to address such considerations.

17 “(10) A evaluation plan, to be carried out by an
18 independent evaluator, to measure the impact of the
19 proposed interventions or approaches on the out-
20 comes of, cost-effectiveness of, and return on invest-
21 ment from, Federal, State, local, and Tribal govern-
22 ments.

23 “(11) Precautions for ensuring that vulnerable
24 populations will not be denied access to the Medicaid
25 program under title XIX of the Social Security Act

1 or other essential services as a result of imple-
2 menting the social determinants accelerator plan.

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

8 “(i) INDEPENDENT NATIONAL EVALUATION.—

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

14 “(2) REPORT TO CONGRESS.—Not later than
15 90 days after receiving the results of such inde-
16 pendent national evaluation, the Secretary shall re-
17 port such results to the Congress.

18 “(j) AUTHORIZATION OF APPROPRIATIONS.—

19 “(1) IN GENERAL.—There is authorized to be
20 appropriated to the Secretary \$10,000,000 for each
21 of fiscal years 2022 through 2026 to carry out this
22 section.

23 “(2) RESERVATION.—Of the funds made avail-
24 able to carry out this section, the Secretary shall re-
25 serve not less than 20 percent to award grants to el-

1 igible applicants for the development of social deter-
2 minants accelerator plans under this section in-
3 tended to serve rural populations.”.

4 **SEC. 3. ADDRESSING SOCIAL DETERMINANTS OF HEALTH**
5 **THROUGH COMMUNITY HEALTH CENTERS.**

6 Section 330 of the Public Health Service Act (42
7 U.S.C. 254b) is amended—

8 (1) in subsection (c)(1)—

9 (A) in subparagraph (A), by inserting be-
10 fore the semicolon at the end “, as well as how
11 these services align with other needs assess-
12 ments and related planning covering the
13 catchment area, such as those conducted by
14 local public health agencies”;

15 (B) in subparagraph (D), by striking
16 “and” at the end;

17 (C) in subparagraph (E), by striking the
18 period at the end and inserting “; and”; and

19 (D) by adding at the end the following:

20 “(F) proposed linkages between the center
21 and other appropriate community-based organi-
22 zations, to better address health-related social
23 needs.”;

24 (2) in subsection (d)(1)—

1 (A) in subparagraph (G), by striking
2 “and” at the end;

3 (B) in subparagraph (H), by striking the
4 period at the end and inserting “; and”; and

5 (C) by adding at the end the following:

6 “(I) meeting health-related social needs or
7 otherwise improving population health through
8 collaboration with community-based organiza-
9 tions.”;

10 (3) in subsection (k)(3)(L), by inserting “, and
11 one or more community-based organizations meeting
12 health-related social needs;” before the semicolon at
13 the end; and

14 (4) in subsection (r)(3)—

15 (A) in subparagraph (B), by inserting “,
16 and a plan for provision of support to health
17 centers to better address these health care ac-
18 cess needs of the targeted populations” before
19 the semicolon at the end;

20 (B) in subparagraph (H), by striking
21 “and” at the end;

22 (C) in subparagraph (I), by striking the
23 period at the end and inserting “; and”; and

24 (D) by adding at the end the following:

1 “(J) any issues, challenges, and barriers
2 faced in providing services, supports, and other
3 resources under subsection (d)(1)(I).”.

Amend the title to read as follows: “To amend the
Public Health Service Act to provide for a Social Deter-
minants of Health Program, and for other purposes.”.

