

117TH CONGRESS
1ST SESSION

S. _____

To amend title XI of the Social Security Act to establish an interagency council on social determinants of health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. YOUNG (for himself and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To amend title XI of the Social Security Act to establish an interagency council on social determinants of health, 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 “Social Determinants
5 Accelerator Act of 2021”.

6 **SEC. 2. SOCIAL DETERMINANTS ACCELERATOR COUNCIL.**

7 Title XI of the Social Security Act (42 U.S.C. 1301
8 et seq.) is amended by adding at the end the following
9 new part:

1 **“PART E—SOCIAL DETERMINANTS OF HEALTH**

2 “SOCIAL DETERMINANTS ACCELERATOR COUNCIL

3 “SEC. 1191. (a) ESTABLISHMENT.—The Secretary,
4 in consultation with the Administrator of the Centers for
5 Medicare & Medicaid Services, the Administrator of the
6 Health Resources and Services Administration, the Direc-
7 tor of the Centers for Disease Control and Prevention, the
8 Director of the Agency for Healthcare Research and Qual-
9 ity, and the Director of the Indian Health Service, shall
10 establish an interagency council, to be known as the Social
11 Determinants Accelerator Interagency Council (referred to
12 in this part as the ‘Council’) to achieve the purposes of—

13 “(1) establishing effective, coordinated Federal
14 technical assistance to help State and local govern-
15 ments to improve outcomes and cost-effectiveness of,
16 and return on investment from, health and social
17 services programs;

18 “(2) building a pipeline of State and locally de-
19 signed, cross-sector interventions and strategies that
20 generate rigorous evidence about how to improve
21 health and social outcomes, and increase the cost-ef-
22 fectiveness of, and return on investment from, Fed-
23 eral, State, local, and Tribal health and social serv-
24 ices programs;

25 “(3) enlisting State and local governments and
26 the service providers of such governments as part-

1 ners in identifying Federal statutory, regulatory, and
2 administrative challenges in improving the health
3 and social outcomes of, cost-effectiveness of, and re-
4 turn on investment from, Federal spending on indi-
5 viduals receiving medical assistance under a State
6 plan (or a waiver of such plan) under title XIX; and

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

10 “(b) MEMBERSHIP.—

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

14 “(A) The Office of Management and
15 Budget.

16 “(B) The Department of Agriculture.

17 “(C) The Department of Education.

18 “(D) The Department of Housing and
19 Urban Development.

20 “(E) The Department of Labor.

21 “(F) The Department of Transportation.

22 “(G) Any other Federal agency the Chair
23 of the Council determines necessary.

24 “(2) DESIGNATION.—

1 “(A) IN GENERAL.—The head of each
2 agency specified in paragraph (1) shall des-
3 ignate at least 1 employee described in subpara-
4 graph (B) to serve as a member of the Council.

5 “(B) RESPONSIBILITIES.—An employee
6 described in this subparagraph shall be a senior
7 employee of the agency—

8 “(i) whose responsibilities relate to
9 authorities, policies, and procedures with
10 respect to the health and well-being of in-
11 dividuals receiving medical assistance
12 under a State plan (or a waiver of such
13 plan) under title XIX; or

14 “(ii) who has authority to implement
15 and evaluate transformative initiatives that
16 harness data or who conducts rigorous
17 evaluation to improve the impact and cost-
18 effectiveness of federally funded services
19 and benefits.

20 “(3) HHS REPRESENTATION.—In addition to
21 the designees under paragraph (1), the Council shall
22 include designees from agencies within the Depart-
23 ment of Health and Human Services, including the
24 Centers for Medicare & Medicaid Services, the Agen-
25 cy for Healthcare Research and Quality, the Centers

1 for Disease Control and Prevention, the Health Re-
2 sources and Services Administration, and the Indian
3 Health Service. The designees of each such agency
4 shall include at least 1 designee who meets the cri-
5 teria under paragraph (2)(B).

6 “(4) NON-FEDERAL MEMBERS.—The Council
7 shall include at least 9 non-Federal members, to be
8 designated by the Secretary, with experience in im-
9 proving the impact and cost-effectiveness of Federal
10 Government health and social services, of which—

11 “(A) at least 1 such member shall be a di-
12 rector of a State or local human services agen-
13 cy;

14 “(B) at least 1 such member shall be a di-
15 rector of a Tribal health authority;

16 “(C) at least 1 such member shall be a di-
17 rector of a public housing authority or State
18 housing finance agency;

19 “(D) at least 1 such member shall be a di-
20 rector of a State or local government budget of-
21 fice;

22 “(E) at least 1 such member shall be a
23 State Medicaid program director;

24 “(F) at least 1 such member shall be from
25 a State office of rural health;

1 “(G) at least 1 such member shall be a
2 representative from a national consumer or pa-
3 tient advocacy organization;

4 “(H) at least 1 such member shall be a
5 primary care provider with clinical experience
6 working in medically underserved populations;
7 and

8 “(I) at least 1 such member shall be a rep-
9 resentative from a commercial health plan.

10 “(5) CHAIR.—The Secretary shall select the
11 Chair of the Council from among the members of
12 the Council.

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

14 “(1) to make recommendations to the Secretary
15 regarding the criteria for making awards under sec-
16 tion 1192;

17 “(2) to identify Federal authorities and oppor-
18 tunities for use by States or local governments to
19 improve coordination of funding and administration
20 of Federal programs that serve individuals with sig-
21 nificant unmet health and social needs, as defined by
22 the Secretary, and for whom coordinated health and
23 social interventions may be unknown or underuti-
24 lized;

1 “(3) to make information on such authorities
2 and opportunities publicly available;

3 “(4) to provide targeted technical assistance to
4 States developing social determinants of health
5 interventions;

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

8 “(6) solicit feedback from State, local, and
9 Tribal governments on best practices for addressing
10 social determinants of health and for coordinating
11 health and social service programs;

12 “(7) to develop and disseminate such best prac-
13 tices;

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

17 “(9) to coordinate with other cross-agency ini-
18 tiatives focused on improving the health and well-
19 being of low-income and at-risk populations in order
20 to prevent unnecessary duplication between agency
21 initiatives; and

22 “(10) to draft and make publicly available a re-
23 port on Federal cross-agency opportunities to ad-
24 dress social determinants of health, which shall in-

1 clude the benefits of grants to State, local, or Tribal
2 jurisdictions.

3 “(d) SCHEDULE.—Not later than 90 days after the
4 date of the enactment of the Social Determinants Accel-
5 erator Act of 2021, the Council shall convene to develop
6 a schedule and plan for carrying out the duties described
7 in subsection (c), including solicitation of applications for
8 the grants under section 1192.

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

11 “(1) a list of the Council members;

12 “(2) summaries of the activities and expendi-
13 tures of the Council;

14 “(3) summaries of the interventions and ap-
15 proaches that will be supported by State, local, and
16 Tribal governments that received a grant under sec-
17 tion 1192, including evidence-based best practices
18 and approaches grantees have employed to improve
19 health outcomes, and improve the cost-effectiveness
20 of, and return on investment from, Federal, State,
21 local, and Tribal governments;

22 “(4) the feedback received from State and local
23 governments on ways to improve the technical assist-
24 ance of the Council, and actions the Council plans
25 to take in response to such feedback; and

1 “(5) the major statutory, regulatory, and ad-
2 ministrative challenges identified by State, local, and
3 Tribal governments that received a grant under sec-
4 tion 1192, and the actions that Federal agencies are
5 taking to address such challenges.

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

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

13 “(1) ensure that adequate resources are avail-
14 able to effectively execute the responsibilities of the
15 Council;

16 “(2) effectively coordinate with other relevant
17 advisory bodies and working groups to avoid unnee-
18 essary duplication;

19 “(3) create transparency to the public and Con-
20 gress with regard to Council membership, costs, and
21 activities, including through use of modern tech-
22 nology and social media to disseminate information;
23 and

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

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

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

13 “(1) to engage qualified research experts to ad-
14 vise on research relevant to, and to design, a pro-
15 posed social determinants accelerator plan, in ac-
16 cordance with standards and guidelines issued by
17 the Secretary;

18 “(2) to collaborate with the Council to support
19 the development of a social determinants accelerator
20 plan;

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

23 “(4) to address social determinants of health in
24 a target community in a State, county, city, or other
25 municipality, by designing and implementing innova-

1 tive, evidence-based, cross-sector strategies to im-
2 prove the health and well-being of individuals in
3 such community through the implementation of the
4 final social determinants accelerator plan.

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

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

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

18 “(2) A description of the interventions or ap-
19 proaches designed under the social determinants ac-
20 celerator plan and the evidence for selecting such
21 interventions or approaches.

22 “(3) The objectives and outcome goals of such
23 interventions or approaches, including at least 1
24 health outcome and at least 1 other important social
25 outcome.

1 “(4) A plan for accessing and linking relevant
2 data to enable coordinated benefits and services for
3 the relevant jurisdictions and an evaluation of the
4 proposed interventions and approaches.

5 “(5) A description of the State, local, Tribal,
6 academic, nonprofit, or community-based organiza-
7 tions, or any other private sector organizations that
8 would participate in implementing the proposed
9 interventions or approaches, and the role each would
10 play to contribute to the success of the proposed
11 interventions or approaches. Such entities may in-
12 clude—

13 “(A) health systems;

14 “(B) payors, including, as appropriate,
15 medicaid managed care entities (as defined in
16 section 1903(m)(1)(A)), Medicare Advantage
17 plans under part C of title XVIII, and health
18 insurance issuers and group health plans (as
19 such terms are defined in section 2791 of the
20 Public Health Service Act);

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

1 community-based organizations, and human
2 services organizations;

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

6 “(E) local employers.

7 “(6) The identification of any supplemental
8 funding sources that would be used to finance the
9 proposed interventions or approaches.

10 “(7) A description of any financial incentives
11 that may be provided, including outcome-focused
12 contracting approaches to encourage service pro-
13 viders and other partners to improve outcomes of,
14 cost-effectiveness of, and return on investment from,
15 Federal, State, local, or Tribal government spending.

16 “(8) The identification of the applicable Fed-
17 eral, State, local, or Tribal statutory and regulatory
18 authorities, including waiver authorities, to be lever-
19 aged to implement the proposed interventions or ap-
20 proaches.

21 “(9) A description of potential considerations
22 that would enhance the impact, scalability, or sus-
23 tainability of the proposed interventions or ap-
24 proaches and the actions the grant awardee would
25 take to address such considerations.

1 “(10) A evaluation plan, to be carried out by an
2 independent evaluator, to measure the impact of the
3 proposed interventions or approaches on the out-
4 comes of, cost-effectiveness of, and return on invest-
5 ment from, Federal, State, local, and Tribal govern-
6 ments.

7 “(11) Precautions for ensuring that vulnerable
8 populations will not be denied access to the Medicaid
9 program under title XIX or other essential services
10 as a result of implementing the social determinants
11 accelerator plan.

12 “(h) MONITORING AND EVALUATION.—As a condi-
13 tion of receipt of a grant under this section, a grantee
14 shall agree to submit an annual report to the Secretary
15 describing the activities carried out through the grant and
16 the outcomes of such activities.

17 “(i) INDEPENDENT NATIONAL EVALUATION.—

18 “(1) IN GENERAL.—Not later than 3 years
19 after the first grants are awarded under this section,
20 the Secretary shall provide for the commencement of
21 an independent national evaluation of the program
22 under this section.

23 “(2) REPORT TO CONGRESS.—Not later than
24 90 days after receiving the results of such inde-

1 pendent national evaluation, the Secretary shall re-
2 port such results to the Congress.

3 “(j) AUTHORIZATION OF APPROPRIATIONS.—

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

8 “(2) RESERVATION.—Of the funds made avail-
9 able to carry out this section, the Secretary shall re-
10 serve not less than 20 percent to award grants to el-
11 igible applicants for the development of social deter-
12 minants accelerator plans under this section in-
13 tended to serve rural populations.”.