

117TH CONGRESS
1ST SESSION

H. R. 2555

To amend the Child Nutrition Act of 1966 to establish a grant program to provide grants to local agencies and clinics to improve the health of mothers and infants, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 15, 2021

Ms. ADAMS (for herself and Mr. SCOTT of Virginia) introduced the following bill; which was referred to the Committee on Education and Labor

A BILL

To amend the Child Nutrition Act of 1966 to establish a grant program to provide grants to local agencies and clinics to improve the health of mothers and infants, 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 “Community Access,
5 Resources, and Education for Families Act” or the
6 “CARE for Families Act”.

1 **SEC. 2. FUNDS FOR COMMUNITY HEALTH PARTNERSHIP**
2 **OUTREACH.**

3 Section 17(h) of the Child Nutrition Act of 1966 (42
4 U.S.C. 1786(h)) is amended by adding at the end the fol-
5 lowing:

6 “(15) COMMUNITY HEALTH PARTNERSHIPS
7 GRANTS.—

8 “(A) PROGRAM ESTABLISHED.—Not later
9 than 1 year after the date of the enactment of
10 this paragraph, the Secretary shall carry out a
11 grant program to make grants to local agencies
12 and clinics to carry out the activities described
13 in subparagraph (B).

14 “(B) GRANT PROGRAM ACTIVITIES.—A
15 local agency or clinic that receives a grant
16 under this paragraph shall use the grant funds
17 to carry out activities to enhance collaboration
18 between—

19 “(i) local agencies, clinics, and com-
20 munity health partners, including other
21 health care providers, social services pro-
22 grams, and early childhood learning and
23 care providers, for the purposes of—

24 “(I) establishing linkages be-
25 tween such entities, such as through
26 participation in community coalitions;

1 “(II) facilitating referrals be-
2 tween such entities;

3 “(III) implementing evidence-
4 based strategies to—

5 “(aa) improve the health of
6 communities;

7 “(bb) conduct outreach to
8 potential program participants;
9 and

10 “(cc) promote breastfeeding
11 and access to healthy foods; and

12 “(IV) increasing awareness
13 among such entities and program par-
14 ticipants (including potential program
15 participants) of the eligibility require-
16 ments for, and health benefits of, the
17 program; and

18 “(ii) local agencies, clinics, and health
19 care entities for the purposes of—

20 “(I) facilitating and improving
21 access to comprehensive prenatal,
22 postnatal, and postpartum care for
23 program participants;

24 “(II) facilitating certification of
25 eligibility of persons for participation

1 in the program and provision of pro-
2 gram benefits at the hospital bedside
3 for eligible postpartum women and in-
4 fants;

5 “(III) improving the coordina-
6 tion, quality, and cost effectiveness of
7 health care services; and

8 “(IV) ensuring consistent nutri-
9 tion education and breastfeeding mes-
10 sages are provided to program partici-
11 pants.

12 “(C) APPLICATION.—To be eligible to re-
13 ceive a grant under this paragraph, a local
14 agency or clinic shall submit an application to
15 the Secretary at such time, in such manner,
16 and containing such information as the Sec-
17 retary may require.

18 “(D) AUTHORIZATION OF APPROPRIA-
19 TIONS.—

20 “(i) IN GENERAL.—From amounts
21 appropriated under subsection (g),
22 \$15,000,000 may be made available to
23 carry out this paragraph for each of fiscal
24 years 2020 through 2025.

1 “(ii) ADJUSTMENT.—The amount
2 specified in clause (i) shall be adjusted an-
3 nually for inflation by the same factor used
4 to determine the national average per par-
5 ticipant grant for nutrition services and
6 administration for the fiscal year under
7 paragraph (1)(B).

8 “(E) DEFINITIONS.—In this paragraph:

9 “(i) PROGRAM.—The term ‘program’
10 means the special supplemental nutrition
11 program under this section.

12 “(ii) PROGRAM PARTICIPANT.—The
13 term ‘program participant’ means a partic-
14 ipant in the program.

15 “(iii) HEALTH CARE ENTITIES.—The
16 term ‘health care entities’ includes pedia-
17 tricians, obstetricians-gynecologists, family
18 physicians, advance practice nurses, nurse
19 midwives, community health centers,
20 health departments, hospitals, facilities
21 funded by the Indian Health Service and
22 rural health clinics.

23 “(16) INITIATIVE FOR COORDINATING HEALTH
24 INFORMATION EXCHANGE.—

1 “(A) IN GENERAL.—Not later than 120
2 days after the date of the enactment of this
3 paragraph, the Secretary shall establish an ini-
4 tiative to improve communication between State
5 agencies and local agencies and medical pro-
6 viders with respect to program participant
7 health information related to services provided
8 under the program.

9 “(B) REQUIREMENTS.—In carrying out
10 the initiative established under subparagraph
11 (A), the Secretary—

12 “(i) may only disclose program partic-
13 ipant health information if the disclosure
14 of such information is permitted under the
15 Federal regulations (concerning the privacy
16 of individually identifiable health informa-
17 tion) promulgated under section 26(c) of
18 the Health Insurance Portability and Ac-
19 countability Act of 1996; and

20 “(ii) shall—

21 “(I) consult with the Director of
22 the Office for Civil Rights of the
23 Health and Human Services Depart-
24 ment, the National Coordinator for
25 Health Information Technology, the

1 Administrator for the Health Re-
2 sources and Services Administration,
3 the Administrator of the Centers for
4 Medicare & Medicaid Services, and
5 the Director of the Indian Health
6 Service;

7 “(II) promote bidirectional inter-
8 operability between management in-
9 formation systems and electronic
10 health record systems of health care
11 providers; and

12 “(III) support development of
13 model software or systems that could
14 be utilized by multiple State agencies
15 for the communication described in
16 subparagraph (A).

17 “(C) AUTHORIZATION OF APPROPRIA-
18 TIONS.—From amounts appropriated under
19 subsection (g), \$50,000,000 may be made avail-
20 able to carry out this paragraph for fiscal year
21 2022, to be available until expended.

22 “(D) DEFINITIONS.—In this paragraph:

23 “(i) PROGRAM.—The term ‘program’
24 means the special supplemental nutrition
25 program under this section.

1 “(ii) PROGRAM PARTICIPANT.—The
2 term ‘program participant’ means a partic-
3 ipant in the program.”.

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