

117TH CONGRESS  
1ST SESSION

# H. R. 379

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.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 21, 2021

Ms. BARRAGÁN (for herself, Mr. BUTTERFIELD, Mr. CÁRDENAS, Ms. CLARKE of New York, Ms. BLUNT ROCHESTER, Mr. RUSH, Ms. KELLY of Illinois, Mr. WELCH, Mr. KHANNA, Mr. DEUTCH, Ms. UNDERWOOD, Mr. HIGGINS of New York, Mr. GRIJALVA, Ms. ROYBAL-ALLARD, Mr. COHEN, Ms. MOORE of Wisconsin, Ms. LEE of California, Mr. HASTINGS, Mr. CARSON, Ms. NORTON, Mr. RASKIN, Ms. SPANBERGER, Ms. JACKSON LEE, Mr. MORELLE, Mr. SABLAN, Ms. SÁNCHEZ, Mr. GARCÍA of Illinois, Mr. KILDEE, Mr. LEVIN of California, Ms. PORTER, and Ms. GARCIA of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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 2021”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Healthy People 2030 defines social deter-  
4 minants of health as conditions in the environments  
5 where people are born, live, learn, work, play, wor-  
6 ship, and age that affect a wide range of health,  
7 functioning, and quality-of-life outcomes and risks.

8 (2) One of the overarching goals of Healthy  
9 People 2030 is to “create social, physical, and eco-  
10 nomic environments that promote attaining the full  
11 potential for health and well-being for all”.

12 (3) Healthy People 2030 developed a “place-  
13 based” organizing framework, reflecting five key  
14 areas of social determinants of health namely—

- 15 (A) economic stability;
- 16 (B) education access and quality;
- 17 (C) social and community context;
- 18 (D) health care access and quality; and
- 19 (E) neighborhood and built environment.

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

23 (5) The Centers for Medicare & Medicaid Serv-  
24 ices has indicated the importance of the social deter-  
25 minants in its work stating that, “As we seek to fos-  
26 ter innovation, rethink rural health, find solutions to

1 the opioid epidemic, and continue to put patients  
2 first, we need to take into account social deter-  
3 minants of health and recognize their importance.”.

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

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

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

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

20 (a) PROGRAM.—To the extent and in the amounts  
21 made available in advance in appropriations Acts, the Di-  
22 rector of the Centers for Disease Control and Prevention  
23 (in this Act referred to as the “Director”) shall carry out  
24 a program, to be known as the Social Determinants of

1 Health Program (in this Act referred to as the “Pro-  
2 gram”), to achieve the following goals:

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

7 (2) Improve the capacity of public health agen-  
8 cies and community organizations to address social  
9 determinants of health in communities.

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

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

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

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

24 (A) to conduct research on best practices  
25 to improve social determinants of health;

1 (B) to provide technical assistance, train-  
2 ing, and evaluation assistance to grantees under  
3 section 4; and

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

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

14 (5) Collecting and analyzing data related to the  
15 social determinants of health.

16 **SEC. 4. GRANTS TO ADDRESS SOCIAL DETERMINANTS OF**  
17 **HEALTH.**

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

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

23 (1) a State, local, territorial, or Tribal health  
24 agency or organization;

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

3           (3) a consortium of entities that includes a  
4       State, local, territorial, or Tribal health agency or  
5       organization.

6       (c) USE OF FUNDS.—

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

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

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

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

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

24          (2) propose a set of activities to address social  
25      determinants of health through evidence-based,

1 cross-sector strategies, which activities may in-  
2 clude—

3 (A) collecting quantifiable data from health  
4 care, social services, and other entities regard-  
5 ing the most significant gaps in health-pro-  
6 moting social, economic, and environmental  
7 needs;

8 (B) identifying evidence-based approaches  
9 to meeting the nonmedical, social needs of pop-  
10 ulations identified by data collection described  
11 in subparagraph (A), such as unstable housing  
12 or food insecurity;

13 (C) developing scalable methods to meet  
14 patients' social needs identified in clinical set-  
15 tings or other sites;

16 (D) convening entities such as local and  
17 State governmental and nongovernmental orga-  
18 nizations, health systems, payors, and commu-  
19 nity-based organizations to review, plan, and  
20 implement community-wide interventions and  
21 strategies to advance health-promoting social  
22 conditions;

23 (E) monitoring and evaluating the impact  
24 of activities funded through the grant on the  
25 health and well-being of the residents of the

1 target community and on the cost of health  
2 care; and

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

5 (3) demonstrate how the eligible entity will col-  
6 laborate with—

7 (A) health systems;

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

17 (C) other relevant stakeholders and initia-  
18 tives in areas of need, such as the Accountable  
19 Health Communities Model of the Centers for  
20 Medicare & Medicaid Services, health homes  
21 under the Medicaid program under title XIX of  
22 the Social Security Act (42 U.S.C. 1396 et  
23 seq.), community-based organizations, and  
24 human services organizations;



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

4 (E) local employers; and

5 (4) identify key health inequities in the target  
 6 community and demonstrate how the proposed ef-  
 7 forts of the eligible entity would address such inequi-  
 8 ties.

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

14 (g) INDEPENDENT NATIONAL EVALUATION.—

15 (1) IN GENERAL.—Not later than 5 years after  
 16 the first grants are awarded under this section, the  
 17 Director shall provide for the commencement of an  
 18 independent national evaluation of the program  
 19 under this section.

20 (2) REPORT TO CONGRESS.—Not later than 60  
 21 days after receiving the results of such independent  
 22 national evaluation, the Director shall report such  
 23 results to the Congress.

24 **SEC. 5. RESEARCH AND TRAINING.**

25 The Director, as part of the Program—

1           (1) shall award grants to nonprofit organiza-  
2       tions and public or other nonprofit institutions of  
3       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; and

11           (2) may require a grantee under paragraph (1)  
12      to provide technical assistance and capacity building  
13      to entities that are eligible entities under section 4  
14      but not receiving funds through such section.

15   **SEC. 6. FUNDING.**

16           (a) IN GENERAL.—There is authorized to be appro-  
17      priated to carry out this Act, \$50,000,000 for each of fis-  
18      cal years 2022 through 2027.

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

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