

117TH CONGRESS
1ST SESSION

H. R. 5241

To amend title XX of the Social Security Act to provide grants to States to support linkages to legal services and medical legal partnerships.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 10, 2021

Ms. SPANBERGER (for herself and Mr. KATKO) introduced the following bill;
which was referred to the Committee on Ways and Means

A BILL

To amend title XX of the Social Security Act to provide grants to States to support linkages to legal services and medical legal partnerships.

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 “Linking Seniors to
5 Needed Legal Services Act of 2021”.

1 **SEC. 2. INCENTIVES FOR DEVELOPING AND SUSTAINING**
2 **STRUCTURAL COMPETENCY IN PROVIDING**
3 **HEALTH AND HUMAN SERVICES.**

4 (a) IN GENERAL.—Part II of subtitle B of title XX
5 of the Social Security Act (42 U.S.C. 1397m–5) is amend-
6 ed by adding at the end the following:

7 **“SEC. 2047. INCENTIVES FOR DEVELOPING AND SUS-**
8 **TAINING STRUCTURAL COMPETENCY IN PRO-**
9 **VIDING HEALTH AND HUMAN SERVICES.**

10 “(a) GRANTS TO STATES TO SUPPORT LINKAGES TO
11 LEGAL SERVICES AND MEDICAL LEGAL PARTNER-
12 SHIPS.—

13 “(1) IN GENERAL.—Within 2 years after the
14 date of the enactment of this section, the Secretary
15 shall establish and administer a program of grants
16 to States to support the adoption of evidence-based
17 approaches to establishing or improving and main-
18 taining real-time linkages between health and social
19 services and supports for vulnerable elders or in con-
20 junction with authorized representatives of vulner-
21 able elders, including through the following:

22 “(A) MEDICAL-LEGAL PARTNERSHIPS.—
23 The establishment and support of medical-legal
24 partnerships, the incorporation of the partner-
25 ships in the elder justice framework and health
26 and human services safety net, and the imple-

1 mentation and operation of such a partnership
2 by an eligible grantee—

3 “(i) at the option of a State, in con-
4 junction with an area agency on aging;

5 “(ii) in a solo provider practice in a
6 health professional shortage area (as de-
7 fined in section 332(a) of the Public
8 Health Service Act), a medically under-
9 served community (as defined in section
10 399V of such Act), or a rural area (as de-
11 fined in section 330J of such Act);

12 “(iii) in a minority-serving institution
13 of higher learning with health, law, and so-
14 cial services professional programs;

15 “(iv) in a federally qualified health
16 center, as described in section 330 of the
17 Public Health Service Act, or look-alike, as
18 described in section 1905(l)(2)(B) of this
19 Act; or

20 “(v) in certain hospitals that are crit-
21 ical access hospitals, Medicare-dependent
22 hospitals, sole community hospitals, rural
23 emergency hospitals, or that serve a high
24 proportion of Medicare or Medicaid pa-
25 tients.

1 “(B) LEGAL HOTLINES DEVELOPMENT OR
2 EXPANSION.—The provision of incentives to de-
3 velop, enhance, and integrate platforms, such as
4 legal assistance hotlines, that help to facilitate
5 the identification of older adults who could ben-
6 efit from linkages to available legal services
7 such as those described in subparagraph (A).

8 “(2) STATE REPORTS.—Each State to which a
9 grant is made under this subsection shall submit to
10 the Secretary biannual reports on the activities car-
11 ried out by the State pursuant to this subsection,
12 which shall include assessments of the effectiveness
13 of the activities with respect to—

14 “(A) the number of unique individuals
15 identified through the mechanism outlined in
16 paragraph (1)(B) who are referred to services
17 described in paragraph (1)(A), and the average
18 time period associated with resolving issues;

19 “(B) the success rate for referrals to com-
20 munity-based resources; and

21 “(C) other factors determined relevant by
22 the Secretary.

23 “(3) EVALUATION.—The Secretary shall, by
24 grant, contract, or interagency agreement, evaluate

1 the activities conducted pursuant to this subsection,
2 which shall include a comparison among the States.

3 “(4) REPORT TO THE CONGRESS.—Every 4
4 years, the Secretary shall submit to the Congress a
5 written report on the activities conducted under this
6 subsection.

7 “(5) APPROPRIATION.—Out of any money in
8 the Treasury not otherwise appropriated, there are
9 appropriated to the Secretary \$125,000,000 for each
10 of fiscal years 2022 through 2025 to carry out this
11 subsection.

12 “(6) SUPPLEMENT NOT SUPPLANT.—Support
13 provided to area agencies on aging, State units on
14 aging, eligible entities, or other community-based or-
15 ganizations pursuant to this subsection shall be used
16 to supplement and not supplant any other Federal,
17 State, or local funds expended to provide the same
18 or comparable services described in this subsection.

19 “(b) DEFINITIONS.—In this section:

20 “(1) AREA AGENCY ON AGING.—The term ‘area
21 agency on aging’ means an area agency on aging
22 designated under section 305 of the Older Ameri-
23 cans Act of 1965.

24 “(2) COMMUNITY-BASED ORGANIZATION.—The
25 term ‘community-based organization’ includes, ex-

1 cept as otherwise provided by the Secretary, a non-
 2 profit community-based organization, a consortium
 3 of nonprofit community-based organizations, a na-
 4 tional nonprofit organization acting as an inter-
 5 mediary for a community-based organization, or a
 6 community-based organization that has a fiscal
 7 sponsor that allows the organization to function as
 8 an organization described in section 501(c)(3) of the
 9 Internal Revenue Code of 1986 and exempt from
 10 taxation under section 501(a) of such Code.”.

11 (b) CLARIFICATION THAT MEDICAL-LEGAL PART-
 12 NERSHIPS ARE AUTHORIZED ADULT PROTECTIVE SERV-
 13 ICES ACTIVITIES.—Section 2011 of such Act (42 U.S.C.
 14 1397j) is amended—

15 (1) in paragraph (2)(D), by inserting “, includ-
 16 ing through a medical-legal partnership” before the
 17 period; and

18 (2) by redesignating paragraphs (16) through
 19 (22) as paragraphs (17) through (23), respectively,
 20 and inserting after paragraph (15) the following:

21 “(16) MEDICAL-LEGAL PARTNERSHIP.—The
 22 term ‘medical-legal partnership’ means an arrange-
 23 ment in a health care or social services setting which
 24 integrates lawyers and social workers to address the
 25 needs of an individual patient related to social deter-

1 minants of health, and to help clinicians, case man-
2 agers, and social workers address structural prob-
3 lems at the root of many health inequities, including
4 a multidisciplinary team integrated into such a set-
5 ting to address the needs and establish and maintain
6 structural competence within clinicians, case man-
7 agers, and social workers to best address structural
8 problems at the root of many health inequities.”.

