

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

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 SENATE OF THE UNITED STATES

Ms. SMITH (for herself and Mr. MURPHY) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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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 2020”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Healthy People 2020 defines social deter-  
9 minants of health as conditions in the environments

1 in which people live, learn, work, play, worship, and  
2 age that affect a wide range of health, functioning,  
3 and quality-of-life outcomes and risks.

4 (2) One of the overarching goals of Healthy  
5 People 2020 is to “create social and physical envi-  
6 ronments that promote good health for all”.

7 (3) Healthy People 2020 developed a “place-  
8 based” organizing framework, reflecting five key  
9 areas of social determinants of health namely—

10 (A) economic stability;

11 (B) education;

12 (C) social and community context;

13 (D) health and health care; and

14 (E) neighborhood and built environment.

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

18 (5) The Centers for Medicare & Medicaid Serv-  
19 ices has indicated the importance of the social deter-  
20 minants in its work stating that, “As we seek to fos-  
21 ter innovation, rethink rural health, find solutions to  
22 the opioid epidemic, and continue to put patients  
23 first, we need to take into account social deter-  
24 minants of health and recognize their importance.”.

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

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

13          (8) Health departments and the Centers for  
14          Disease Control and Prevention are not funded for  
15          such cross-cutting work.

16          (9) Providing grants to public health depart-  
17          ments and other eligible entities to coordinate cross-  
18          sector collaboration will allow a community-wide, evi-  
19          dence-based approach to address underlying social  
20          determinants of health.

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

22          (a) PROGRAM.—To the extent and in the amounts  
23          made available in advance in appropriations Acts, the Sec-  
24          retary of Health and Human Services, acting through the  
25          Director of the Centers for Disease Control and Preven-

1 tion (in this Act referred to as the “Director”), shall carry  
2 out a program, to be known as the Social Determinants  
3 of Health Program (in this Act referred to as the “Pro-  
4 gram”), to achieve the following goals:

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

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

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

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

19 (2) Awarding grants under section 4 to State,  
20 local, territorial, and Tribal health departments and  
21 organizations, and to other eligible entities, to ad-  
22 dress social determinants of health in target commu-  
23 nities.

1           (3) Awarding grants under section 5 to non-  
2           profit organizations and public or other nonprofit in-  
3           stitutions of 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.

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

19           (5) Collecting and analyzing data related to the  
20           social determinants of health.

21 **SEC. 4. GRANTS TO ADDRESS SOCIAL DETERMINANTS OF**  
22 **HEALTH.**

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

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

3 (1) a State, local, territorial, or Tribal health  
4 agency or organization;

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

7 (3) a consortium of entities that includes a  
8 State, local, territorial, or Tribal health agency or  
9 organization.

10 (c) USE OF FUNDS.—

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

16 (2) TARGET COMMUNITY.—For purposes of this  
17 section, a target community shall be a State, county,  
18 city, Tribe, or other municipality.

19 (d) PRIORITY AND SET ASIDE.—

20 (1) PRIORITY.—In awarding grants under this  
21 section, the Director shall prioritize applicants pro-  
22 posing to serve target communities with significant  
23 unmet health and social needs, as defined by the Di-  
24 rector.

1           (2) SET ASIDE.—The Director shall set aside 5  
2           percent of amounts appropriated to carry out this  
3           section in each fiscal year to award grants to Indian  
4           Tribes and Tribal organizations.

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

7           (1) submit an application at such time, in such  
8           manner, and containing such information as the Di-  
9           rector may require;

10          (2) propose a set of activities to address social  
11          determinants of health through evidence-based,  
12          cross-sector strategies, which activities may in-  
13          clude—

14                (A) collecting quantifiable data from health  
15                care, social services, and other entities regard-  
16                ing the most significant gaps in health-pro-  
17                moting social, economic, and environmental  
18                needs;

19                (B) identifying evidence-based approaches  
20                to meeting the nonmedical, social needs of pop-  
21                ulations identified by data collection described  
22                in subparagraph (A), such as unstable housing  
23                or inadequate food;

1 (C) developing scalable methods to meet  
2 patients' social needs identified in clinical set-  
3 tings or other sites;

4 (D) convening entities such as local and  
5 State governmental and nongovernmental orga-  
6 nizations, health systems, payors, and commu-  
7 nity-based organizations to review, plan, and  
8 implement community-wide interventions and  
9 strategies to advance health-promoting social  
10 conditions;

11 (E) monitoring and evaluating the impact  
12 of activities funded through the grant on the  
13 health and well-being of the residents of the  
14 target community and on the cost of health  
15 care; and

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

18 (3) demonstrate how the eligible entity will col-  
19 laborate with—

20 (A) health systems;

21 (B) payors, including, as appropriate, Med-  
22 icaid managed care organizations (as defined in  
23 section 1903(m)(1)(A) of the Social Security  
24 Act (42 U.S.C. 1396b(m)(1)(A))), Medicare  
25 Advantage plans under part C of title XVIII of



1 such Act (42 U.S.C. 1395w–21 et seq.), and  
2 health insurance issuers and group health plans  
3 (as such terms are defined in section 2791 of  
4 the Public Health Service Act);

5 (C) other relevant stakeholders and initia-  
6 tives in areas of need, such as the Accountable  
7 Health Communities Model of the Centers for  
8 Medicare & Medicaid Services, health homes  
9 under the Medicaid program under title XIX of  
10 the Social Security Act (42 U.S.C. 1396 et  
11 seq.), community-based organizations, and  
12 human services organizations;

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

16 (E) local employers; and

17 (4) identify key health inequities in the target  
18 community and demonstrate how the proposed ef-  
19 forts of the eligible entity would address such inequi-  
20 ties.

21 (f) MONITORING AND EVALUATION.—As a condition  
22 of receipt of a grant under this section, a grantee shall  
23 agree to submit an annual report to the Director describ-  
24 ing the activities carried out through the grant and the  
25 outcomes of such activities.

1 (g) INDEPENDENT NATIONAL EVALUATION.—

2 (1) IN GENERAL.—Not later than 5 years after  
3 the first grants are awarded under this section, the  
4 Director shall provide for the commencement of an  
5 independent national evaluation of the Program  
6 under this section.

7 (2) REPORT TO CONGRESS.—Not later than 60  
8 days after receiving the results of such independent  
9 national evaluation, the Director shall report such  
10 results to the Committee on Health, Education,  
11 Labor, and Pensions of the Senate and the Com-  
12 mittee on Energy and Commerce of the House of  
13 Representatives.

14 **SEC. 5. RESEARCH AND TRAINING.**

15 The Director, as part of the Program—

16 (1) shall award grants to nonprofit organiza-  
17 tions and public or other nonprofit institutions of  
18 higher education—

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

21 (B) to provide technical assistance, train-  
22 ing, and evaluation assistance to grantees under  
23 section 4; and

24 (C) to disseminate best practices to grant-  
25 ees under section 4; and

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

5 **SEC. 6. FUNDING.**

6           (a) IN GENERAL.—There is authorized to be appro-  
7           priated to carry out this Act, \$50,000,000 for each of fis-  
8           cal years 2021 through 2026.

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