

119TH CONGRESS  
1ST SESSION

# H. R. 1305

To direct the Secretary of Health and Human Services to establish a working group to formulate recommendations for standardizing the measurements of loneliness and isolation, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2025

Mr. FLOOD (for himself and Mr. BERA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To direct the Secretary of Health and Human Services to establish a working group to formulate recommendations for standardizing the measurements of loneliness and isolation, 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 Measure-  
5 ments for Loneliness and Isolation Act of 2025”.

6 **SEC. 2. WORKING GROUP ON UNIFYING LONELINESS RE-**  
7 **SEARCH.**

8 (a) DEFINITIONS.—In this section:

1           (1) The term “isolation” means the objective  
2       lack of social relationships or limited social contact  
3       with others.

4           (2) The term “loneliness” means a subjective  
5       feeling of being isolated.

6       (b) ESTABLISHMENT.—The Secretary of Health and  
7       Human Services (in this section referred to as the “Sec-  
8       retary”) shall establish a national working group, to be  
9       known as the Working Group on Unifying Loneliness Re-  
10      search (in this section referred to as the “Working  
11      Group”), to formulate recommendations for standardizing  
12      the measurements of loneliness and isolation.

13      (c) GOALS.—The goals of the recommendations  
14      under subsection (b) shall be the following:

15           (1) Collaboration, cooperation, and consultation  
16      among Federal departments and agencies with re-  
17      spect to developing standardized measurements of  
18      loneliness and isolation for the purposes of—

19           (A) having standardized measurements for  
20      use in public and private research, including  
21      surveys across varying populations, with the  
22      ability to capture the level of granularity needed  
23      to guide strategic decisionmaking, planning,  
24      and evaluation of strategies to combat loneli-  
25      ness and isolation; and

1 (B) providing reliable, consistent measure-  
2 ment tools for use across fields and industries  
3 in health care.

4 (2) Collaboration, cooperation, and consultation  
5 among Federal departments and agencies with re-  
6 spect to developing standardized definitions of loneli-  
7 ness, isolation, and relevant terms associated with  
8 loneliness and isolation for the purposes of edu-  
9 cation, awareness, and understanding of the terms  
10 for the general public.

11 (3) Assessment of the alignment of previous  
12 methods of measuring loneliness and isolation in the  
13 public and private sectors.

14 (d) COMPOSITION.—The Working Group shall be  
15 composed of—

16 (1) senior-level representatives of—

17 (A) the Department of Health and Human  
18 Services;

19 (B) the Centers for Medicare & Medicaid  
20 Services;

21 (C) the Centers for Disease Control and  
22 Prevention;

23 (D) the Administration for Community  
24 Living;

25 (E) the National Institutes of Health;

1 (F) the Substance Abuse and Mental  
2 Health Services Administration;

3 (G) the Health Resources and Services Ad-  
4 ministration;

5 (H) the Agency for Healthcare Research  
6 and Quality; and

7 (I) other agencies, groups, subject matter  
8 experts, or researchers the Secretary deems  
9 beneficial to be represented in the Working  
10 Group consistent with the goals specified in  
11 subsection (c);

12 (2) 1 representative of each of the three States  
13 with the highest numbers of practitioners needed to  
14 remove the designations of all mental health care  
15 health professional shortage areas in the respective  
16 State (as reflected in the report of the Health Re-  
17 sources and Services Administration titled “Des-  
18 ignated Health Professional Shortage Areas Statis-  
19 tics” (June 30, 2023), with each such representative  
20 designated by the Governor of the respective State;  
21 and

22 (3) 1 representative of the each of the three  
23 States with the lowest numbers of practitioners  
24 needed to remove such designations, with each such

1 representative designated by the Governor of the re-  
2 spective State.

3 (e) REPORT TO CONGRESS.—

4 (1) IN GENERAL.—Not later than one year  
5 after the date of enactment of this Act, the Working  
6 Group shall—

7 (A) submit to the committees listed in  
8 paragraph (3) a report describing the work and  
9 recommendations of the Working Group; and

10 (B) make such report publicly available on  
11 the internet.

12 (2) MEETINGS.—The Working Group shall  
13 meet not less than 3 times in the course of devel-  
14 oping its report.

15 (3) COMMITTEES.—The committees referred to  
16 in paragraph (1)(A) are the following:

17 (A) The Committee on Education and  
18 Workforce of the House of Representatives.

19 (B) The Committee on Energy and Com-  
20 merce of the House of Representatives.

21 (C) The Committee on Ways and Means of  
22 the House of Representatives.

23 (D) The Committee on Finance of the Sen-  
24 ate.

1                   (E) The Committee on Health, Education,  
2                   Labor, and Pensions of the Senate.

3           (f) DEFINITION.—In this section, the term “State”  
4 means the 50 States.

5           (g) SUNSET.—This section shall cease to be effective  
6 at the end of calendar year 2027.

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