

COLLECTING AND ANALYZING RESOURCES INTEGRAL
AND NECESSARY FOR GUIDANCE FOR SOCIAL DETER-
MINANTS ACT OF 2021

NOVEMBER 30, 2021.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 3894]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3894) to require the Secretary of Health and Human Services to issue and disseminate guidance to States to clarify strategies to address social determinants of health under the Medicaid program and the Children’s Health Insurance Program, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Collecting and Analyzing Resources Integral and Necessary for Guidance for Social Determinants Act of 2021” or the “CARING for Social Determinants Act of 2021”.

SEC. 2. REQUIREMENT TO ISSUE GUIDANCE TO CLARIFY STRATEGIES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN THE MEDICAID PROGRAM AND THE CHILDREN’S HEALTH INSURANCE PROGRAM.

Not later than 3 years after the date of the enactment of this Act, and not less frequently than once every 3 years thereafter, the Secretary of Health and Human Services shall update the State Health Office letter 21-001, issued on January 7, 2021, to clarify strategies to address social determinants of health under the Medicaid program and the Children’s Health Insurance Program. Such update shall include the following:

(1) Guidance to State Medicaid agencies regarding the strategies that States can implement under authorities in existence as of such update under title XIX of the Social Security Act, title XXI of such Act, or section 1115 of such Act to address social determinants of health in the provision of health care, including strategies specifically targeting children receiving medical assistance under a State plan under title XIX of such Act (or a waiver of such plan) or child health assistance under a State child health plan under title XXI of such Act.

(2) Guidance on how States can encourage and incentivize managed care entities to address social determinants of health through contracts with such entities.

(3) Updated examples from States with respect to how States are addressing social determinants of health in the provision of health care under the Medicaid program under title XIX of the Social Security Act and the Children’s Health Insurance Program under title XXI of such Act, including through payment models.

I. PURPOSE AND SUMMARY

H.R. 3894, the “Collecting and Analyzing Resources Integral and Necessary for Guidance for Social Determinants Act of 2021” or the “CARING for Social Determinants Act of 2021,” ensures that state Medicaid programs have current and accurate information on how they can use Medicaid to address social determinants of health.

H.R. 3894 directs the Secretary of Health and Human Services (HHS) to update existing Medicaid guidance on strategies to address social determinants of health in the Medicaid program. It specifies that such guidance shall include information on provisions in Title XIX and Title XXI of the Social Security Act (SSA), as well as authorities under section 1115 of such Act that states may use to address social determinants of health. It requires that the Secretary provide guidance on how states can encourage Medicaid managed care entities to address social determinants of health. It also requires that the guidance include examples of how states are currently using such authorities to address social determinants of health.

II. BACKGROUND AND NEED FOR LEGISLATION

Social determinants of health impact the quality of everyone’s life and are the primary drivers of health outcomes, along with health behaviors like smoking, diet, and exercise.^{1 2} Generally, social determinants of health are defined as the medical, economic, educational, environmental, and social conditions affecting individ-

¹Health.gov, *Social Determinants of Health* (health.gov/healthypeople/objectives-and-data/social-determinants-health) (Accessed June 11, 2021).

²Kaiser Family Foundation, *Beyond Healthcare: The Role of Social Determinants* (www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/) (May 10, 2018).

uals as they live and age.³ Examples of social determinants of health include income, housing, transportation, safety, literacy, language, hunger, access to clean water and nutritional food, civic engagement, and access to and quality of health care.⁴ Although these markers are important indicators of health-related risks, individual-level social determinants of health are not routinely collected or systematically used by healthcare providers to allocate resources or supports to individuals most in need.⁵

In order to address social determinant needs, states have deployed a broad array of approaches across their Medicaid programs to better support the broader needs of their Medicaid populations. For example, the State of Washington uses flexibilities in a section 1115 demonstration to partner with Federally Qualified Health Centers that administer the Health Care for the Homeless program to help provide supportive housing and supported employment opportunities for those enrolled in the program.⁶ Additionally, the State of Minnesota, through its section 1915(i) State Plan Amendment covers certain housing stabilization services for people with disabilities that either have mental illness or substance use disorders or are at risk of experiencing homelessness.⁷

Medicaid has significant flexibility to allow for state innovation and for other states to take up models that other states have demonstrated. On January 7, 2021, the Centers for Medicare & Medicaid Services (CMS) released guidance that described current flexibilities under the law and highlighted successful pilots and demonstrations that states have taken to use these flexibilities to address social determinants of health.⁸ H.R. 3894 would continue these efforts by requiring regular updates to the guidance so that states can remain up to date on the latest flexibilities and successes in supporting social determinants of health in Medicaid.

III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 3894:

The Subcommittee on Health held a hearing on June 24, 2021, entitled “Empowered by Data: Legislation to Advance Equity and Public Health”. The Subcommittee received testimony from the following witnesses:

- Romilla Batra, M.D., M.B.A., Chief Medical Officer, SCAN Health Plan;

³ de Beaumont Foundation, Driving Public Health in the Fast Lane (debeaumont.org/wp-content/uploads/2019/09/DSI-White-Paper_v15-Spreads.pdf) (Accessed June 14, 2021).

⁴ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR): Ten Great Public Health Achievements—United States, 1900–1999* (www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm) (Accessed June 14, 2021).

⁵ Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, *Fact Sheet: What is Social Vulnerability?* (www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html) (Accessed June 14, 2021).

⁶ Letter from Anne Marie Costello, Acting Center Director and Deputy Administrator, Centers for Medicare and Medicaid Services, to MaryAnne Lindeblad, Medicaid Director, Health Care Authority (www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wa-wa-medicaid-transformation-ca.pdf) (Nov. 6, 2020).

⁷ State Plan Amendment #18-0008 and enclosed transmittal documents, State of Minnesota (www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MN/MN-18-08.pdf) (Aug. 1, 2019).

⁸ Letter from Anne Marie Costello, Acting Deputy Administrator and Director, Centers for Medicare and Medicaid Services, to State Health Officials (www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf) (Jan. 7, 2021).

- Beth Blauer, Executive Director, Johns Hopkins University Centers for Civic Impact;
- Karen DeSalvo, M.D., M.P.H., M.Sc., Chief Health Officer, Google Health;
- Faisal Syed, M.D., National Director of Primary Care, ChenMed; and
- Kara Odom Walker, M.D., M.P.H., M.S.H.S., Executive Vice President and Chief Population Health Officer, Nemours Childrens Health System.

IV. COMMITTEE CONSIDERATION

H.R. 3894, the “Collecting and Analyzing Resources Integral and Necessary for Guidance for Social Determinants Act of 2021” or the “CARING for Social Determinants Act of 2021,” was introduced on June 15, 2021, by Representatives Lisa Blunt Rochester (D–DE) and Gus Bilirakis (R–FL), which was referred to the Committee on Energy and Commerce. Subsequently, on June 16, 2021, H.R. 3894 was referred to the Subcommittee on Health. A legislative hearing was held on the bill on June 24, 2021.

On July 15, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 3894 and 18 other bills. During consideration of the bill, an amendment offered by Representative Blunt Rochester was agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee agreed to a motion on final passage offered by Representative Eshoo (D–CA), Chairwoman of the Subcommittee, to order H.R. 3894 reported favorably to the full Committee, amended, by a voice vote.

On July 21, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 3894 and 23 other bills. During consideration of the bill, an amendment offered by Representative Blunt Rochester was agreed to by a voice vote. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D–NJ), Chairman of the Committee, to order H.R. 3894 reported favorably to the House, amended, by a voice vote.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 3894, including a motion by Mr. Pallone ordering H.R. 3894 favorably reported to the House, amended.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to ensure state Medicaid programs have regularly updated guidance on what authorities in Medicaid and CHIP can be used to address social determinants of health.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3894 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3894 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or

accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Collecting and Analyzing Resources Integral and Necessary for Guidance for Social Determinants Act of 2021” or the “CARING for Social Determinants Act of 2021.”

Sec. 2. Requirement to issue guidance to clarify strategies to address social determinants of health in the Medicaid Program and the Children’s Health Insurance Program

Section 2 directs the Secretary of HHS to update State Health Office letter 21–001, issued on January 7, 2021, no later than three years after the date of enactment, and no less frequently than every three years after that.

Subsection (1) requires that the guidance include updates to the authorities under the Medicaid program, CHIP program, and section 1115 of the Social Security Act that states can use to address social determinants of health.

Subsection (2) requires that the guidance include guidance on how states can encourage and incentivize Medicaid managed care entities to address social determinants of health.

Subsection (3) requires that the guidance include updated examples of how states are addressing social determinants of health through Medicaid and CHIP, including examples of payment models.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

There are no changes to existing law made by the bill H.R. 3894.