

116TH CONGRESS
1ST SESSION

S. 2721

To reduce violence and health disparities by addressing social determinants of health, enhancing health care recruitment, and improving the delivery of quality, coordinated care services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 28, 2019

Mr. DURBIN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To reduce violence and health disparities by addressing social determinants of health, enhancing health care recruitment, and improving the delivery of quality, coordinated care services, 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 “Healing Communities
5 through Health Care Act”.

1 **SEC. 2. MEDICAID HOUSING AND HOSPITAL DEMONSTRATION PROJECT.**
2

3 (a) **AUTHORITY.**—Not later than 1 year after the
4 date of enactment of this Act, the Secretary shall select
5 States to conduct demonstration projects under title XIX
6 of the Social Security Act (42 U.S.C. 1396 et seq.) to test
7 innovative partnership programs between housing agencies
8 and programs, hospitals and health systems, and commu-
9 nity-based organizations, to establish screening, referral,
10 and supportive housing programs for individuals with be-
11 havioral health needs who are experiencing housing insecu-
12 rity, that account for disproportionately high rates of
13 emergency room visits and associated Medicaid spending.

14 (b) **REQUIREMENTS.**—

15 (1) **NUMBER OF PROJECTS.**—The Secretary
16 shall select not less than 6 States to conduct dem-
17 onstration projects under this section.

18 (2) **ELIGIBILITY.**—In order to be eligible to
19 conduct a demonstration project under this section,
20 a State shall demonstrate the following:

21 (A) The State has or will establish suffi-
22 cient processes for furnishing supportive hous-
23 ing services under the State Medicaid program,
24 working with managed care organizations as
25 applicable in the State, for Medicaid-eligible in-
26 dividuals described in subsection (a).

1 (B) The State Medicaid program has pro-
2 cedures in place to coordinate care and services
3 for Medicaid-eligible individuals described in
4 subsection (a), including those with behavioral
5 health needs, across settings, as appropriate,
6 which may include with law enforcement, hos-
7 pitals and health systems, housing authorities
8 or agencies, mental health and substance use
9 treatment facilities, and community-based orga-
10 nizations.

11 (3) PRIORITY.—In selecting States under this
12 section, the Secretary shall give priority to States
13 with large urban populations in which there are ex-
14 isting programs that deliver housing, case manage-
15 ment and service coordination, and establishment of
16 screening and referral processes in health care set-
17 tings, including programs that utilize public hos-
18 pitals and flexible housing pools to serve individuals
19 who are experiencing housing insecurity or have be-
20 havioral health needs.

21 (4) DURATION.—Each demonstration project
22 under this section shall be conducted for a period of
23 not less than 4 years.

24 (c) PAYMENT FOR SERVICES FURNISHED UNDER
25 DEMONSTRATION PROJECT.—

1 (1) IN GENERAL.—Subject to paragraph (2),
2 amounts expended by a State under a demonstration
3 project under this section on supportive housing
4 services for Medicaid-eligible individuals described in
5 subsection (a) shall be treated as medical assistance
6 for purposes of section 1903(a) of the Social Secu-
7 rity Act (42 U.S.C. 1396b(a)).

8 (2) LIMITATION ON FEDERAL FUNDING.—

9 (A) IN GENERAL.—The total amount cer-
10 tified by the Secretary under title XIX of the
11 Social Security Act (42 U.S.C. 1396 et seq.) for
12 payment to a State with respect to expenditures
13 described in paragraph (1) shall not exceed the
14 amount allocated to the State by the Secretary
15 under subparagraph (B).

16 (B) ALLOCATION.—

17 (i) IN GENERAL.—The Secretary shall
18 allocate to each State selected to conduct
19 a demonstration project under this section
20 an amount determined appropriate by the
21 Secretary for purposes of reimbursing the
22 State for services furnished under the dem-
23 onstration project in accordance with para-
24 graph (1).

1 (ii) LIMITATION.—The total amount
2 allocated to States under this subpara-
3 graph shall not exceed \$75,000,000.

4 (d) WAIVER AUTHORITY.—The Secretary may waive
5 the following requirements as may be necessary to conduct
6 demonstration projects in accordance with the require-
7 ments of this section:

8 (1) The requirements of section 1902(a)(1) of
9 the Social Security Act (42 U.S.C. 1396a(a)(1)) (re-
10 lating to statewideness).

11 (2) The requirements of section 1902(a)(10)(B)
12 of such Act (42 U.S.C. 1396a(a)(10)(B)) (relating
13 to comparability).

14 (3) The requirements of section
15 1902(a)(10)(C)(i)(III) of such (42 U.S.C.
16 1396a(a)(10)(C)(i)(III)) (relating to income and re-
17 source rules applicable in the community).

18 (e) DEFINITIONS.—In this section:

19 (1) MEDICAID.—The term “Medicaid” means
20 the medical assistance program established under
21 title XIX of the Social Security Act (42 U.S.C. 1396
22 et seq.) and includes any waivers of such program.

23 (2) SECRETARY.—The term “Secretary” means
24 the Secretary of Health and Human Services.

1 (3) STATE.—The term “State” has the mean-
 2 ing given that term for purposes of title XIX of the
 3 Social Security Act (42 U.S.C. 1396 et seq.).

4 (4) SUPPORTIVE HOUSING SERVICES.—The
 5 term “supportive housing services” means—

6 (A) financial assistance with rental pay-
 7 ments, room and board, or other housing costs,
 8 as appropriate;

9 (B) case management and service coordi-
 10 nation services; and

11 (C) housing support screening and referral
 12 services provided in a healthcare setting.

13 **SEC. 3. ESTABLISHING NIH CLINICAL TRIALS RESEARCH**
 14 **NETWORK ON VIOLENCE RECOVERY.**

15 Part B of title IV of the Public Health Service Act
 16 (42 U.S.C. 284 et seq.) is amended by adding at the end
 17 the following:

18 **“SEC. 409K. CLINICAL TRIALS RESEARCH NETWORK ON VI-**
 19 **OLENCE RECOVERY.**

20 “(a) NETWORK.—The Director of NIH shall develop
 21 and support a regional clinical research center network,
 22 by awarding funding to participants in accordance with
 23 subsection (b) through grants, contracts, or other mecha-
 24 nisms, to study and evaluate hospital- and community-
 25 based interventions for victims of violent or penetrating

1 injuries to prevent, mitigate, and furnish treatments to ad-
2 dress the trauma and mental health impacts of those inju-
3 ries on such victims and prevent re-injury.

4 “(b) PARTICIPANTS.—

5 “(1) IN GENERAL.—An entity seeking funding
6 under this section shall—

7 “(A) be a university or hospital; and

8 “(B) submit an application to the Director
9 of NIH at such time, in such manner, and con-
10 taining such information as the Director may
11 require, including the information described in
12 paragraph (2).

13 “(2) DEMONSTRATED EXPERTISE.—An applica-
14 tion submitted under paragraph (1)(B) shall include
15 information demonstrating that the applicant has
16 multidisciplinary expertise in—

17 “(A) furnishing hospital- or community-
18 based interventions to improve outcomes for pa-
19 tients suffering a violent or penetrating injury;

20 “(B) quality improvement research;

21 “(C) linking clinical research with practice
22 and community outcomes and activities; and

23 “(D) providing, linking to, or otherwise fa-
24 cilitating community-based care, case manage-
25 ment, and treatment.

1 “(3) SELECTION.—The Director of NIH shall,
2 subject to available funding, select not less than 15
3 entities meeting the requirements of this subsection
4 to receive funding under this section (provided that
5 fifteen or more entities meeting such requirements
6 apply for such funding).

7 “(c) ACTIVITIES AND USE OF FUNDS.—An entity
8 that receives funding under this section shall use the funds
9 to provide support for a trauma-informed and violence re-
10 injury prevention research center, including funding for—

11 “(1) clinical, behavioral, or translational re-
12 search to test and evaluate trauma-informed inter-
13 ventions for trauma recovery in an effort to prevent
14 and reduce violence-related re-injury, readmission,
15 and mortality;

16 “(2) the provision of screening, delivery of post-
17 injury mental health counseling, trauma-informed
18 care, education, discharge planning, skills building,
19 and long-term case management; and

20 “(3) training researchers, clinicians, case work-
21 ers, mental health professionals, community health
22 workers, and other appropriate providers to provide
23 appropriate interventions described in paragraph
24 (2).

1 “(d) OUTCOMES MEASUREMENTS.—Any activity sup-
 2 ported under this section shall be furnished with the aim
 3 of preventing and mitigating the impact of trauma and
 4 mental health consequences associated with a violent or
 5 penetrative injury, improve the overall health and well-
 6 being of individuals with a violent or penetrative injury,
 7 and prevent re-injury, readmission, and mortality.

8 “(e) COORDINATION OF CONSORTIA ACTIVITIES.—
 9 The Director of NIH shall, as appropriate—

10 “(1) provide for the coordination of activities
 11 (including the exchange of information and regular
 12 communication) among the entities receiving funding
 13 under this section; and

14 “(2) require each entity receiving funding under
 15 this section to prepare and submit to the Director
 16 periodic reports on the activities of the entity that
 17 are supported by this section.”.

18 **SEC. 4. HEALTH PROFESSIONS OPPORTUNITY GRANTS.**

19 (a) FUNDING.—Section 2008(c)(1) of the Social Se-
 20 curity Act (42 U.S.C. 1397g(c)(1)) is amended by insert-
 21 ing “, and \$170,000,000 for each of fiscal years 2021
 22 through 2025” after “2019”.

23 (b) MAKING HOSPITALS ELIGIBLE.—Section
 24 2008(a)(4)(A) of such Act (42 U.S.C. 1397g(a)(4)(A)) is
 25 amended by striking “or a community-based organization”

1 and inserting “, a community-based organization, or a
2 hospital (as defined in section 1861(e))”.

3 (c) AID AND SUPPORTIVE SERVICES.—Section
4 2008(a)(2)(A)(i) of such Act (42 U.S.C.
5 1397g(a)(2)(A)(i)) is amended—

6 (1) by inserting “affordable” before “child
7 care”; and

8 (2) by inserting “transportation, basic skills
9 and English language proficiency training,” after
10 “case management,”.

11 **SEC. 5. HEALTH PROFESSIONS TRAINING FOR DIVERSITY**
12 **PROGRAMS.**

13 (a) CENTERS OF EXCELLENCE.—Section 736(c) of
14 the Public Health Service Act (42 U.S.C. 293(c)) is
15 amended by adding at the end the following:

16 “(4) PREFERENCE.—

17 “(A) IN GENERAL.—In making grants
18 under subsection (a), the Secretary shall give
19 preference to designated health professions
20 schools, or other public or nonprofit health or
21 educational entities, meeting the requirements
22 of this section that propose to—

23 “(i) carry out the activities supported
24 by this section in communities with a high
25 rate of community trauma; or

1 “(ii) recruit participants for activities
 2 supported by this section from commu-
 3 nities with a high rate of community trau-
 4 ma.

5 “(B) COMMUNITY WITH A HIGH RATE OF
 6 COMMUNITY TRAUMA.—For purposes of sub-
 7 paragraph (A), the term ‘community with a
 8 high rate of community trauma’ means a com-
 9 munity with a high rate of intergenerational
 10 poverty, civil unrest, or discrimination, and may
 11 include—

12 “(i) a community with an age-ad-
 13 justed rate of drug overdose deaths that is
 14 above the national average for age-adjusted
 15 rates of drug overdose deaths, as deter-
 16 mined by the Director of the Centers for
 17 Disease Control and Prevention; and

18 “(ii) a community with an age-ad-
 19 justed rate of violence-related (or inten-
 20 tional) injury deaths that is above the na-
 21 tional average for age-adjusted rates of vi-
 22 olence-related (or intentional) injury
 23 deaths, as determined by the Director of
 24 the Centers for Disease Control and Pre-
 25 vention.”.

1 (b) SCHOLARSHIPS FOR DISADVANTAGED STU-
2 DENTS.—Section 737(b) of the Public Health Service Act
3 (42 U.S.C. 293a(b)) is amended—

4 (1) in the subsection heading by striking “IN
5 PROVIDING SCHOLARSHIPS”;

6 (2) by striking “The Secretary” and inserting
7 the following:

8 “(1) PREFERENCE IN PROVIDING SCHOLAR-
9 SHIPS.—The Secretary”; and

10 (3) by adding at the end the following:

11 “(2) PREFERENCE TO ELIGIBLE ENTITIES PRO-
12 POSING TO SERVE COMMUNITIES WITH HIGH RATES
13 OF COMMUNITY TRAUMA.—

14 “(A) IN GENERAL.—In making grants
15 under this subsection (a), the Secretary shall
16 give preference to eligible entities that propose
17 to—

18 “(i) carry out the activities supported
19 by this section in communities with a high
20 rate of community trauma; or

21 “(ii) award scholarships under this
22 section to full-time students who are eligi-
23 ble individuals from communities with a
24 high rate of community trauma.

1 “(B) COMMUNITY WITH A HIGH RATE OF
 2 COMMUNITY TRAUMA.—For purposes of sub-
 3 paragraph (A), the term ‘community with a
 4 high rate of community trauma’ has the mean-
 5 ing given that term in section 736(c)(4)(B).”.

6 (c) HEALTH CAREERS OPPORTUNITY PROGRAM.—
 7 Section 739(b) of the Public Health Service Act (42
 8 U.S.C. 293c(b)) is amended—

9 (1) by redesignating paragraphs (1) through
 10 (4) as subparagraphs (A) through (D), respectively,
 11 and indenting appropriately;

12 (2) by striking “In making” and inserting the
 13 following:

14 “(1) IN GENERAL.—In making”; and

15 (3) by adding at the end the following:

16 “(2) PREFERENCE TO ELIGIBLE ENTITIES PRO-
 17 POSING TO SERVE COMMUNITIES WITH HIGH RATES
 18 OF COMMUNITY TRAUMA.—

19 “(A) IN GENERAL.—In making awards to
 20 eligible entities under subsection (a)(1), the
 21 Secretary shall give preference to approved ap-
 22 plications for programs proposing to—

23 “(i) carry out the activities supported
 24 by this section in communities with a high
 25 rate of community trauma; or

1 “(ii) recruit for activities supported by
 2 this section individuals from disadvantaged
 3 backgrounds, as so determined, from com-
 4 munities with a high rate of community
 5 trauma.

6 “(B) COMMUNITY WITH A HIGH RATE OF
 7 COMMUNITY TRAUMA.—For purposes of sub-
 8 paragraph (A), the term ‘community with a
 9 high rate of community trauma’ has the mean-
 10 ing given that term in section 736(c)(4)(B).”.

11 (d) AREA HEALTH EDUCATION CENTERS.—Section
 12 751(b) of the Public Health Service Act (42 U.S.C.
 13 294a(b)) is amended by adding at the end the following:

14 “(3) PREFERENCE TO ELIGIBLE ENTITIES PRO-
 15 POSING TO SERVE COMMUNITIES WITH HIGH RATES
 16 OF COMMUNITY TRAUMA.—

17 “(A) IN GENERAL.—In awarding grants
 18 under subsection (a)(1) or (a)(2), the Secretary
 19 shall give preference to eligible entities that
 20 propose to—

21 “(i) carry out the activities supported
 22 by this section in communities with a high
 23 rate of community trauma; or

24 “(ii) recruit participants for activities
 25 supported by this section from commu-

1 nities with a high rate of community trau-
2 ma.

3 “(B) COMMUNITY WITH A HIGH RATE OF
4 COMMUNITY TRAUMA.—For purposes of sub-
5 paragraph (A), the term ‘community with a
6 high rate of community trauma’ has the mean-
7 ing given that term in section 736(c)(4)(B).”.

8 **SEC. 6. DESIGNATION OF HEALTH PROFESSIONAL SHORT-**
9 **AGE AREAS; FUNDING FOR THE NATIONAL**
10 **HEALTH SERVICE CORPS.**

11 (a) DESIGNATION OF HEALTH PROFESSIONAL
12 SHORTAGE AREAS.—Section 332(a)(2) of the Public
13 Health Service Act (42 U.S.C. 254e(a)(2)) is amended—

14 (1) in subparagraph (A), by inserting “(includ-
15 ing for the delivery of care provided by a city or
16 county health department to inmates of a county or
17 municipal jail)” after “county health department”;
18 and

19 (2) in subparagraph (B), by striking “State
20 correctional institution” and inserting “State, coun-
21 ty, or municipal correctional institution.”.

22 (b) FUNDING FOR THE NATIONAL HEALTH SERVICE
23 CORPS.—Section 10503(b)(2) of the Patient Protection
24 and Affordable Care Act (42 U.S.C. 254b–2(b)(2)) is
25 amended—

1 (1) in subparagraph (F), by striking “; and”
 2 and inserting a semicolon;

3 (2) in subparagraph (G), by striking the period
 4 at the end and inserting “; and”; and

5 (3) by adding at the end the following:

6 “(G) \$360,000,000 for the period begin-
 7 ning on November 22, 2019, and ending on
 8 September 30, 2020, and for each of fiscal
 9 years 2021 through 2025.”.

10 **SEC. 7. INCUMBENT WORKER TRAINING.**

11 Section 134(d)(4)(A) of the Workforce Innovation
 12 and Opportunity Act of 1998 (29 U.S.C. 3174(d)(4)(A))
 13 is amended—

14 (1) by redesignating clauses (ii) and (iii) as
 15 clauses (iii) and (iv), respectively;

16 (2) by inserting after clause (i) the following:

17 “(ii) GREATER RESERVATION OF
 18 FUNDS.—The local board may reserve and
 19 use more than 20 percent of the funds so
 20 allocated, to pay for the Federal share of
 21 the cost described in clause (i), if the Sec-
 22 retary determines that the local board has
 23 demonstrated that—

24 “(I) there is a need and demand
 25 in the local area for additional incum-

1 bent worker training program posi-
2 tions (beyond the positions that could
3 be offered through the reservation de-
4 scribed in clause (i)), including speci-
5 fying the number of employers and
6 workers that could be served through
7 the additional program positions;

8 “(II) training through an incum-
9 bent worker training program that is
10 in existence on the day on which in-
11 formation is submitted for the dem-
12 onstration (referred to in this clause
13 as an ‘existing incumbent worker
14 training program’) has resulted in an
15 incumbent worker of an employer ac-
16 quiring new skills that allow the work-
17 er to obtain a position with such em-
18 ployer requiring higher skills or a
19 higher-paid position than the pre-
20 training position of the incumbent
21 worker, and the employer intends to
22 hire an additional worker to fill the
23 pre-training position of the incumbent
24 worker; and

1 “(III) the effectiveness of the ex-
2 isting incumbent worker training pro-
3 gram of the employer referred to in
4 subclause (II), as evaluated on local
5 performance measures based on the
6 primary indicators of performance
7 specified in section 116(b)(2)(A)(i).”;
8 and
9 (3) in clause (iii), as redesignated by paragraph
10 (1) of this subsection, by striking “clause (i)” and
11 inserting “clause (i) or (ii)”.

○