

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.

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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

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## 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.”.

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