

117TH CONGRESS
1ST SESSION

H. R. 6072

To establish a program to assist States in establishing or enhancing community integration network infrastructure for health and social services.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 23, 2021

Mr. KILDEE (for himself, Mrs. WALORSKI, Ms. BLUNT ROCHESTER, and Mr. HUDSON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Agriculture, Financial Services, Transportation and Infrastructure, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish a program to assist States in establishing or enhancing community integration network infrastructure for health and social services.

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 “Leveraging Integrated
5 Networks in Communities To Address Social Needs Act
6 of 2021” or the “LINC To Address Social Needs Act of
7 2021”.

1 **SEC. 2. PROGRAM TO SUPPORT ESTABLISHMENT OR EN-**
2 **HANCEMENT OF STATE COMMUNITY INTE-**
3 **GRATION NETWORK INFRASTRUCTURE.**

4 (a) GRANT PROGRAM.—The Secretary shall award
5 grants on a competitive basis to States to support such
6 States, through public-private partnerships, to establish
7 new or enhance existing community integration network
8 infrastructure through authorized activities under sub-
9 section (b).

10 (b) AUTHORIZED ACTIVITIES.—A State, acting
11 through the public-private partnership entered into under
12 subsection (d)(1), shall use a grant under this section to
13 carry out activities and services to establish new or en-
14 hance existing community integration network infrastruc-
15 ture, on a statewide basis through direct network oper-
16 ations or collaborations among multiple associated enti-
17 ties, which may include such entities that operate region-
18 ally. Such activities and services shall include—

19 (1) establishing a new or enhancing an existing
20 interoperable technology network that—

21 (A) enables the coordination of public and
22 private providers and payors of services for in-
23 dividuals in the State, including services such
24 as—

25 (i) nutritional assistance;

26 (ii) housing;

1 (iii) health care, including telehealth
2 services (including through audio-only serv-
3 ices), preventive health intervention, chron-
4 ic disease management, and behavioral
5 health care;

6 (iv) transportation;

7 (v) job training;

8 (vi) child development or care;

9 (vii) caregiving and respite care;

10 (viii) disability assistance;

11 (ix) independent living services or
12 independent living core services;

13 (x) care coordination;

14 (xi) domestic violence screening; and

15 (xii) other services, as determined by
16 the State;

17 (B) prioritizes—

18 (i) partnerships for the use of tech-
19 nology that align with the guidelines estab-
20 lished under subsection (c)(3); and

21 (ii) connectivity with appropriate ex-
22 isting technology networks developed by
23 public or private organizations in the State
24 that comply with, as applicable, standards
25 adopted by the Secretary under section

1 3004 of the Public Health Service Act (42
2 U.S.C. 300jj–14), for the purposes de-
3 scribed in subparagraph (A), and

4 (C) ensures that—

5 (i) reasonable measures are taken to
6 promote connectivity and interoperable ex-
7 change among associated entities;

8 (ii) appropriate privacy and security
9 protections are in place, in accordance with
10 applicable Federal and State privacy laws;
11 and

12 (iii) appropriate accessibility measures
13 are in place, in accordance with applicable
14 Federal and State law, including the
15 Americans with Disabilities Act of 1990
16 (42 U.S.C. 12101 et seq.) and section 508
17 of the Rehabilitation Act of 1973 (29
18 U.S.C. 794(d));

19 (2) connecting associated entities for purposes
20 of communication, service coordination and con-
21 sumer assistance, referral and capacity management,
22 outcome tracking, interoperability, eligibility deter-
23 mination, and related services;

24 (3) providing technical assistance and sup-
25 porting associated entities in connecting and partici-

1 pating in the community integration network infra-
2 structure;

3 (4) planning for and implementing actions de-
4 signed to create sustainable funding models to sup-
5 port long-term access to community integration net-
6 work infrastructure;

7 (5) designing and implementing a financial
8 structure to make the community integration net-
9 work infrastructure financially self-sustaining not
10 later than 4 years after receiving funds under this
11 section; and

12 (6) evaluating the use of any funds provided
13 under this section.

14 (c) AWARD OF GRANTS.—

15 (1) IN GENERAL.—A grant under this Act shall
16 be awarded under such terms and conditions as the
17 Secretary shall prescribe, including the guidelines es-
18 tablished under paragraph (3) and, as determined
19 feasible and appropriate by the Secretary, that the
20 State shall utilize, where available, health informa-
21 tion technology systems and products that meet
22 standards and implementation specifications adopted
23 under section 3004 of the Public Health Service Act
24 (42 U.S.C. 300jj–14).

1 (2) MINIMIZING ADMINISTRATIVE BURDEN.—

2 The Secretary shall seek to minimize the administra-
3 tive burden of such terms and conditions and ensure
4 programmatic flexibility for unique State needs.

5 (3) GUIDELINES.—The Secretary shall—

6 (A) consult relevant stakeholders, including
7 community-based organizations, regarding basic
8 functionalities, technical capacities, and data
9 standards needed for interoperable community
10 integration network infrastructure and the dis-
11 tinct governance and management
12 functionalities of the associated social care de-
13 livery system; and

14 (B) based on such consultations, establish
15 guidelines for awarding grants under this sec-
16 tion, including application requirements.

17 (d) APPLICATION.—A State desiring a grant under
18 this section shall—

19 (1) enter into a public-private partnership with
20 one or more—

21 (A) private, nonprofit, or philanthropic or-
22 ganizations, including such organizations in
23 rural areas, centers for independent living, area
24 agencies on aging, and Aging and Disability
25 Resource Centers; or

1 (B) Indian Tribes, Tribal organizations, or
2 urban Indian organizations within the State;
3 and

4 (2) submit to the Secretary an application at
5 such time, in such manner, and containing or ac-
6 companied by such information as the Secretary may
7 require, including—

8 (A) a description of the agency or depart-
9 ment in the State government that will coordi-
10 nate with and oversee the partnership estab-
11 lished under paragraph (1);

12 (B) a plan for the establishment or en-
13 hancement of a community integration network
14 infrastructure including—

15 (i) the proposed transparent and com-
16 petitive process for selecting any new oper-
17 ational components of the community inte-
18 gration network infrastructure;

19 (ii) the planned governance structure
20 (in accordance with subsection (f)) within
21 the community integration network infra-
22 structure;

23 (iii) proposed associated entities and
24 services to be included in the community
25 integration network infrastructure;

1 (iv) accessing and electronically link-
2 ing, as feasible, relevant data to create
3 community integration network infrastruc-
4 ture, including a description of intended
5 sources of data; and

6 (v) the use of standards and imple-
7 mentation specifications developed by na-
8 tional standards organizations, as feasible,
9 and coordination with such organizations
10 overall;

11 (C) assurances that the funds awarded
12 under this section will be used solely to carry
13 out authorized activities as described in sub-
14 section (b) and other related activities;

15 (D) potential options, including public-pri-
16 vate partnerships in addition to the partnership
17 described in paragraph (1), for making the
18 community integration network infrastructure
19 financially self-sustaining not later than 4 years
20 after receiving funds under this section; and

21 (E) a description of the objectives and out-
22 come goals of developing the community inte-
23 gration network infrastructure, including—

24 (i) one or more health outcomes;

1 (ii) one or more other important social
2 outcomes;

3 (iii) improved access to health care or
4 social services; and

5 (iv) how progress toward the outcomes
6 described in clauses (i), (ii), and (iii) will
7 be measured through internal performance
8 metrics.

9 (e) SEPARATE TRIBAL INFRASTRUCTURE.—Nothing
10 in this section shall preclude Indian Tribes, Tribal organi-
11 zations, or urban Indian organizations from establishing
12 a community integration network infrastructure that is
13 separate from any other public-private partnership receiv-
14 ing funding under this section, provided that such infra-
15 structure is interoperable with the community integration
16 network infrastructure of each applicable State that re-
17 ceives a grant under subsection (a).

18 (f) PLANNED GOVERNANCE STRUCTURE OF COMMU-
19 NITY INTEGRATION NETWORK INFRASTRUCTURE.—Com-
20 munity integration network infrastructure established or
21 enhanced using a grant under subsection (a) shall have
22 a planned governance structure that is based on a shared
23 governance model providing collaborative representation
24 for different types of associated entities, including associ-
25 ated entities that provide social services.

1 (g) EVALUATION.—The Secretary may conduct an
2 evaluation of grants awarded under this section, including
3 regarding activities and services to establish new or en-
4 hance existing community integration network infrastruc-
5 ture and the operations of such community integration
6 network infrastructure.

7 (h) FEDERAL MATCHES.—Grant funds made avail-
8 able to States under subsection (a) shall be deemed a non-
9 Federal source for purposes of any requirement for match-
10 ing Federal funds with non-Federal funds, including the
11 requirement applicable to State expenditures on tech-
12 nology that are reimbursable under section 1903(a) of the
13 Social Security Act (42 U.S.C. 1396b(a)).

14 (i) ELECTRONIC HEALTH RECORDS.—No State re-
15 ceiving a grant under this section shall be required to in-
16 corporate electronic health records into the State’s com-
17 munity integration network infrastructure supported by
18 such grant.

19 (j) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—

21 (A) TOTAL AMOUNT.—To carry out this
22 section (other than subsection (g)), there is au-
23 thorized to be appropriated \$150,000,000 for
24 the period of fiscal years 2022 to 2026.

1 (B) ADMINISTRATION.—Of the amounts
2 appropriated pursuant to subparagraph (A), up
3 to \$10,000,000 may be used for administrative
4 expenses.

5 (2) EVALUATION.—There is authorized to be
6 appropriated such sums as may be necessary to
7 carry out subsection (g) for fiscal year 2022.

8 (3) DURATION OF AVAILABILITY.—Amounts ap-
9 propriated under this subsection shall remain avail-
10 able until the date that is 5 years after the date of
11 enactment of this Act.

12 (k) DEFINITIONS.—In this section:

13 (1) AGING AND DISABILITY RESOURCE CEN-
14 TER.—The term “Aging and Disability Resource
15 Center” has the meaning given such term in section
16 102 of the Older Americans Act of 1965 (42 U.S.C.
17 3002).

18 (2) AREA AGENCY ON AGING.—The term “area
19 agency on aging” has the meaning given such term
20 in section 102 of the Older Americans Act of 1965
21 (42 U.S.C. 3002).

22 (3) ASSOCIATED ENTITIES.—The term “associ-
23 ated entities” means any—

24 (A) community-based organization that
25 maintains community resource directories, ac-

1 cepts referrals from, or provides referrals to,
2 health care organizations, or that provides serv-
3 ices such as—

- 4 (i) nutritional assistance;
- 5 (ii) housing;
- 6 (iii) health care, including telehealth
7 services (including through audio-only serv-
8 ices), preventive health intervention, chron-
9 ic disease management, and behavioral
10 health care;
- 11 (iv) transportation;
- 12 (v) job training;
- 13 (vi) child development or care;
- 14 (vii) caregiving and respite care;
- 15 (viii) disability assistance;
- 16 (ix) independent living services or
17 independent living core services;
- 18 (x) care coordination; and
- 19 (xi) domestic violence screening;
- 20 (B) public, or nonprofit or for-profit, pri-
21 vate health care provider organization;
- 22 (C) public or private funded payor of
23 health care services, including home- or commu-
24 nity-based services;

1 (D) State, local, territorial, or Tribal
2 health and social services agency;

3 (E) State public housing authority or
4 housing finance agency;

5 (F) public health information exchange or
6 public health information network, as defined
7 by the Secretary; or

8 (G) other similar entity, as designated by
9 the State.

10 (4) CENTER FOR INDEPENDENT LIVING.—The
11 term “center for independent living” has the mean-
12 ing given to such term in section 702 of the Reha-
13 bilitation Act of 1973 (29 U.S.C. 796a).

14 (5) COMMUNITY INTEGRATION NETWORK IN-
15 FRASTRUCTURE.—The term “community integration
16 network infrastructure” means infrastructure, exist-
17 ing on statewide basis with direct network oper-
18 ations or through collaborations among multiple as-
19 sociated entities, used to enable the coordination,
20 alignment, and connection, of associated entities in
21 a State, including such entities that operate region-
22 ally, for purposes of communication, service coordi-
23 nation, interoperable information exchange across
24 health care and community-based organizations, and

1 referral management of services, with respect to
2 services such as—

3 (A) nutritional assistance;

4 (B) housing;

5 (C) health care, including telehealth serv-
6 ices (including through audio-only services),
7 preventive health intervention, chronic disease
8 management, and behavioral health care;

9 (D) transportation;

10 (E) job training;

11 (F) child development or care;

12 (G) caregiving and respite care;

13 (H) disability assistance;

14 (I) independent living services or inde-
15 pendent living core services;

16 (J) care coordination; and

17 (K) other similar services, as designated by
18 the State.

19 (6) INDIAN TRIBE AND TRIBAL ORGANIZA-
20 TION.—The terms “Indian Tribe” and “Tribal orga-
21 nization” have the meanings given to the terms ‘In-
22 dian tribe’ and ‘tribal organization’ in section 4 of
23 the Indian Self-Determination and Education Assist-
24 ance Act (25 U.S.C. 5304).

1 (7) INDEPENDENT LIVING SERVICES; INDE-
2 PENDENT LIVING CORE SERVICES.—The terms
3 “independent living services” and “independent liv-
4 ing core services” have the meanings given to such
5 terms in section 7 of the Rehabilitation Act of 1973
6 (29 U.S.C. 705).

7 (8) SECRETARY.—The term “Secretary” refers
8 to the Secretary of Health and Human Services.

9 (9) STATE.—The term “State” means a State,
10 territory, or the District of Columbia.

11 (10) URBAN INDIAN ORGANIZATION.—The term
12 “urban Indian organization” has the meaning given
13 to the term in section 4 of the Indian Health Care
14 Improvement Act (25 U.S.C. 1603).

15 **SEC. 3. EVALUATION, REPORT AND RECOMMENDATIONS.**

16 (a) EVALUATION.—The Comptroller General of the
17 United States shall conduct an evaluation that—

18 (1) measures the overall impact of the commu-
19 nity integration network infrastructure established
20 or enhanced using funds received under section 2,
21 with respect to—

22 (A) changes in individual and population
23 health outcomes;

24 (B) changes in access to health care or so-
25 cial services;

1 (C) the degree of data sharing using the
2 community integration network infrastructure
3 established or enhanced using funds received
4 under section 2;

5 (D) the effectiveness of service coordina-
6 tion;

7 (E) the cost-effectiveness of the provision
8 of services;

9 (F) any results or anticipated results on
10 overall health and social services spending;

11 (G) patient and consumer satisfaction with
12 service coordination process and services re-
13 ceived;

14 (H) the degree of sustainability of the
15 community integration network infrastructure;
16 and

17 (I) any other relevant factors; and

18 (2) describes how the funds received under sec-
19 tion 2 were used.

20 (b) REPORT AND RECOMMENDATIONS.—Not later
21 than 5 years after the date the first grant under this Act
22 is awarded, the Comptroller General of the United States
23 shall—

24 (1)(A) submit a report on the evaluation con-
25 ducted under subsection (a) to Congress; and

1 (B) make such report publicly available; and
2 (2) based on the evaluation conducted under
3 subsection (a), make recommendations to States and
4 Indian Tribes, Tribal organizations, or urban Indian
5 organizations, on how to improve and sustain com-
6 munity integration network infrastructure estab-
7 lished or enhanced using funds received under sec-
8 tion 2.

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