

118TH CONGRESS  
1ST SESSION

# S. 2259

To require the Secretary of Veterans Affairs to carry out a pilot program to establish community integration network infrastructure for services for veterans, to require the collection from veterans of information related to social determinants of health, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JULY 12, 2023

Mr. SULLIVAN (for himself and Ms. HASSAN) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

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## A BILL

To require the Secretary of Veterans Affairs to carry out a pilot program to establish community integration network infrastructure for services for veterans, to require the collection from veterans of information related to social determinants of health, 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 “Leveraging Integrated  
5 Networks in Communities for Veterans Act” or the  
6 “LINC VA Act”.

1     **SEC. 2. PILOT PROGRAM ON ESTABLISHMENT OF COMMU-**  
2                 **NITY INTEGRATION NETWORK INFRASTRUC-**  
3                 **TURE FOR VETERANS.**

4         (a) IN GENERAL.—Beginning not later than one year  
5     after the date on which the report required under section  
6     201(k)(1) of the Commander John Scott Hannon Vet-  
7     erans Mental Health Care Improvement Act of 2019  
8     (Public Law 116–171; 38 U.S.C. 1720F note) is delivered  
9     to Congress, the Secretary of Veterans Affairs, acting  
10    through the Center for Innovation for Care and Payment  
11    of the Department of Veterans Affairs, shall carry out a  
12    pilot program under which the Secretary shall establish  
13    community integration network infrastructure to provide  
14    services for veterans.

15         (b) ELEMENTS OF PROGRAM.—In carrying out the  
16    pilot program under subsection (a), the Secretary shall—  
17                 (1) establish a new or enhance an existing  
18    interoperable technology network that—

19                         (A) enables the coordination of public and  
20    private providers and payors of services for vet-  
21    erans, including services such as—

22                                 (i) nutritional assistance;  
23                                 (ii) housing;  
24                                 (iii) health care, including preventive  
25    health intervention, chronic disease man-  
26    agement, and behavioral health care;

(B) prioritizes connectivity with appropriate existing technology networks developed by public or private organizations that comply with, as applicable, standards adopted by the Secretary of Health and Human Services under section 3004 of the Public Health Service Act (42 U.S.C. 300jj-14), for the purposes described in subparagraph (A); and

16 (C) ensures that—

17 (i) reasonable measures are taken to  
18 promote connectivity and interoperable ex-  
19 change among covered entities; and

1 assistance, referral and capacity management, outcome tracking and reporting, and related services;

3 (3) provide technical assistance and support covered entities in connecting and participating in  
4 the community integration network infrastructure;

6 (4) collect information from veterans served under the pilot program regarding social determinants of health using a standardized risk assessment  
7 or screening tool, which shall include standardized  
8 definitions for identifying social determinants of  
9 health needs identified in the ICD–10 diagnostic  
10 codes Z55 through Z63, Z65, and Z75 (as in effect  
11 on the date of enactment of this Act) that incorporate  
12 measures for quantifying the relative severity  
13 of any such social determinant of health need identified  
14 in a veteran; and

17 (5) incorporate screenings used to collect information under paragraph (4) into routine care provided to veterans under the laws administered by the  
18 Secretary.

21 (c) LOCATIONS.—

22 (1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out the pilot program under subsection (a) at not fewer than one facility of the De-

1       partment of Veterans Affairs in each Veterans Inte-  
2       grated Service Network of the Department.

3                     (2) VARIETY OF FACILITIES.—In selecting fa-  
4       cilities under paragraph (1), the Secretary shall en-  
5       sure the selection of a variety of different types of  
6       facilities, including—

7                         (A) frontier facilities;  
8                         (B) under-resourced facilities; and  
9                         (C) facilities at which there are existing ef-  
10       forts to coordinate with community resources.

11                     (d) COORDINATION AND INTEGRATION OF PRO-  
12       GRAMS.—

13                     (1) COORDINATION WITH EXISTING NET-  
14       WORKS.—In carrying out the pilot program under  
15       subsection (a), the Secretary of Veterans Affairs  
16       shall coordinate with existing community networks.

17                     (2) COORDINATION AND INTEGRATION WITH  
18       STATE MEDICAID PROGRAMS.—The Secretary of  
19       Health and Human Services, in consultation with  
20       the Secretary of Veterans Affairs, shall issue guid-  
21       ance to States that includes options for State Med-  
22       icaid programs to coordinate and integrate medical  
23       assistance provided under a State plan or waiver  
24       under title XIX of the Social Security Act (42  
25       U.S.C. 1396a et seq.) with services for veterans pro-

1 vided under the pilot program under subsection (a),  
2 as well as a template for States to use to request or  
3 modify Medicaid waiver authority under section  
4 1115 of the Social Security Act (42 U.S.C. 1315)  
5 for such purpose.

6 (e) TRACKING OF REFERRALS.—

7 (1) IN GENERAL.—The Secretary of Veterans  
8 Affairs shall track—

9 (A) the accuracy of referrals of veterans to  
10 community networks under the pilot program  
11 under subsection (a);

12 (B) the response time of providers to  
13 which such veterans are referred; and

14 (C) the outcome of the initial meeting by  
15 a veteran and the provider to which the veteran  
16 is referred.

17 (2) FORM.—The Secretary may track the infor-  
18 mation required under paragraph (1) in any medium  
19 determined appropriate by the Secretary.

20 (f) REPORT.—Not later than three years after  
21 amounts are first appropriated to carry out to carry out  
22 the pilot program under subsection (a), the Secretary of  
23 Veterans Affairs shall submit to Congress a report indi-  
24 cating the social service needs of veterans reflected by the  
25 use of services under the community integration network

1 infrastructure established under the pilot program under  
2 subsection (a), including an assessment of—

3                 (1) the need for services that is being met  
4 through such infrastructure; and  
5                 (2) the need for services that is not being met  
6 through such infrastructure.

7                 (g) COMPTROLLER GENERAL EVALUATION, REPORT,  
8 AND RECOMMENDATIONS.—

9                 (1) EVALUATION.—The Comptroller General of  
10 the United States shall conduct an evaluation that  
11 measures the overall impact of the community inte-  
12 gration network infrastructure established under the  
13 pilot program under subsection (a) with respect to—

14                     (A) changes in individual and population  
15 health outcomes among veterans;  
16                     (B) changes in access to health care or so-  
17 cial services among veterans; and  
18                     (C) such other factors as the Comptroller  
19 General considers appropriate.

20                 (2) REPORT AND RECOMMENDATIONS.—

21                     (A) IN GENERAL.—Not later than four  
22 years after the date of the enactment of this  
23 Act, the Comptroller General shall—

24                             (i) submit to Congress a report on the  
25 evaluation conducted under paragraph (1);

(ii) make such report publicly available; and

(iii) based on such evaluation, make recommendations to the Secretary of Veterans Affairs on how to improve and sustain community integration network infrastructure established under the pilot program under subsection (a).

12 (i) what resources under the pilot pro-  
13 gram under subsection (a) are being uti-  
14 lized the most;

**20** (h) DEFINITIONS.—In this section:

1       tion, service coordination, and referral management  
2       of services, with respect to services such as—  
3                   (A) nutritional assistance;  
4                   (B) housing;  
5                   (C) health care, including preventive health  
6                   intervention, chronic disease management, and  
7                   behavioral health care;  
8                   (D) transportation;  
9                   (E) job training;  
10                  (F) child development or care;  
11                  (G) caregiving and respite care;  
12                  (H) disability assistance; and  
13                  (I) other services, as determined by the  
14                   Secretary of Veterans Affairs.

15               (2) COVERED ENTITY.—The term “covered en-  
16               tity” means any—

17                   (A) community-based organization that ac-  
18               cepts referrals from health care organizations  
19               and that provides services such as—  
20                   (i) nutritional assistance;  
21                   (ii) housing;  
22                   (iii) health care, including preventive  
23               health intervention, chronic disease man-  
24               agement, and behavioral health care;  
25                   (iv) transportation;

- (v) job training;
- (vi) child development or care;
- (vii) caregiving and respite care; and
- (viii) disability assistance;

(B) public or private health care provider organization;

(C) public or private funded payor of health care services, including home- or community-based services;

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

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

(F) public health information exchange or public health information network, as defined by the Secretary of Veterans Affairs; or

(G) other similar entity, as determined by the Secretary.

21 SEC. 3. COLLECTION OF INFORMATION FROM VETERANS  
22 RELATED TO SOCIAL DETERMINANTS OF  
23 HEALTH.

24 (a) IN GENERAL.—The Secretary of Veterans Affairs  
25 shall collect from veterans enrolled in the system of annual

1 patient enrollment of the Department of Veterans Affairs  
2 established and operated under section 1705(a) of title 38,  
3 United States Code, as part of routine screenings of such  
4 veterans under the laws administered by the Secretary, in-  
5 formation related to social determinants that may factor  
6 into the health of such veterans.

7       (b) SOCIAL DETERMINANTS OF HEALTH.—The in-  
8 formation collected under subsection (a) shall include  
9 standardized definitions for identifying social deter-  
10 minants of health needs identified in the ICD–10 diag-  
11 nóstic codes Z55 through Z63, Z65, and Z75 (as in effect  
12 on the date of enactment of this Act). Such definitions  
13 shall incorporate measures for quantifying the relative se-  
14 verity of any such social determinant of health need identi-  
15 fied in an individual.

16 **SEC. 4. IMPLEMENTATION.**

17       In implementing this Act, the Secretary of Veterans  
18 Affairs shall consider data privacy and how to prevent  
19 data blocking and promote interoperability.

