

116TH CONGRESS
1ST SESSION

H. R. 5246

To direct the Secretary of Health and Human Services to carry out a Health in All Policies Demonstration Project, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 21, 2019

Mr. PASCRELL (for himself, Mr. LEWIS, Ms. SÁNCHEZ, Mr. DANNY K. DAVIS of Illinois, Mr. SUOZZI, Mr. PANETTA, and Ms. SEWELL of Alabama) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 direct the Secretary of Health and Human Services to carry out a Health in All Policies Demonstration Project, 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 “Researching and End-
5 ing Disparities by Understanding and Creating Equity Act
6 of 2019” or the “REDUCE Act of 2019”.

1 **SEC. 2. HEALTH IN ALL POLICIES DEMONSTRATION**
2 **PROJECT.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (in this section referred to as the “Sec-
5 retary”) acting through the Director of the Centers for
6 Disease Control and Prevention, and in coordination with
7 relevant agencies including the Department of Education,
8 the Department of Agriculture, the Department of Hous-
9 ing and Urban Development, the Department of Justice,
10 the Department of Labor, the Environmental Protection
11 Agency, and the Department of Transportation, shall im-
12 plement a grant program, to be known as the Health in
13 All Policies Demonstration Project.

14 (b) GRANTS.—In carrying out subsection (a), the
15 Secretary shall award grants to eligible entities to estab-
16 lish, implement, or enhance, in the jurisdiction of the re-
17 spective entity, a collaborative, interdisciplinary, and com-
18 munity-focused approach to improve the health of all com-
19 munities and people that—

20 (1) integrates and articulates health consider-
21 ations in policymaking across sectors;

22 (2) addresses—

23 (A) health;

24 (B) equity; and

25 (C) sustainability; and

1 (3) targets a significant proportion of Medicare
2 beneficiaries, Medicare-Medicaid dual eligibles, or
3 long-term care Medicaid recipients.

4 (c) EVALUATION.—The Secretary shall identify
5 metrics for evaluating the implementation of a grant
6 under this section and, using such metrics, evaluate each
7 grantee on the extent to which the approach implemented
8 through the grant—

- 9 (1) supports intersectoral collaboration;
- 10 (2) benefits multiple partners;
- 11 (3) engages stakeholders;
- 12 (4) creates structural or procedural change;
- 13 (5) impacts or relates to a model or demonstra-
14 tion project administered by the Centers for Medi-
15 care & Medicaid Services, such as an advanced pay-
16 ment model; and
- 17 (6) provides cost savings, delivers efficiencies,
18 and improves overall health, including health dis-
19 parity reduction and health equity improvements.

20 (d) ELIGIBILITY.—To be eligible to receive a grant
21 under this section, an entity shall—

- 22 (1) be a State, territory of the United States,
23 Tribe, city, or county; and

1 (2) submit an application to the Secretary at
2 such time, in such manner, and containing such in-
3 formation as the Secretary may require.

4 (e) PRIORITIZATION; GEOGRAPHICAL DIVERSITY.—
5 In awarding grants under this section, the Secretary
6 shall—

7 (1) give priority to eligible entities seeking to
8 use a grant to improve, as described in subsection
9 (b), the health of populations that—

10 (A) are target populations described in
11 subsection (b)(3); and

12 (B) have significant health inequities
13 throughout the populations; and

14 (2) seek to ensure geographical diversity among
15 grantees.

16 (f) REPORTS BY GRANTEES.—As a condition on re-
17 ceipt of a grant under this section, the Secretary shall re-
18 quire grantees—

19 (1) to provide a report to the Secretary upon
20 completion of the Health in All Policies Demonstra-
21 tion Project; and

22 (2) to include in such report the extent to which
23 the approach implemented achieved the goals listed
24 in paragraphs (1) through (6) of subsection (c).

25 (g) REPORT TO CONGRESS.—

1 (1) SUBMISSION.—The Secretary shall submit
2 to the Congress—

3 (A) not later than one year after the date
4 of enactment of this Act, an initial report on
5 the Health in All Policies Demonstration
6 Project; and

7 (B) not later than one year after the com-
8 pletion of the Demonstration Project, a final re-
9 port on the Demonstration Project.

10 (2) CONTENTS OF INITIAL REPORT.—The re-
11 port under paragraph (1)(A) shall include—

12 (A) evaluation of the success of soliciting
13 applications;

14 (B) identification of the number of applica-
15 tions received;

16 (C) specification of the timeline for award-
17 ing funding; and

18 (D) identification of barriers to imple-
19 menting the Health in All Policies Demonstra-
20 tion Project, if any.

21 (3) CONTENTS OF FINAL REPORT.—The report
22 under paragraph (1)(B) shall each include the fol-
23 lowing:

24 (A) An assessment of the Health in All
25 Policies Demonstration Project, including an

1 evaluation of the effectiveness of the Dem-
2 onstration Project.

3 (B) Recommendations for Federal legisla-
4 tive actions—

5 (i) to integrate, based on such assess-
6 ment, a collaborative and interdisciplinary
7 approach to improve the health of all com-
8 munities; and

9 (ii) to support eligible entities in pur-
10 suing a comparable integration of such an
11 approach across State programs.

12 (h) DEFINITIONS.—In this section:

13 (1) The term “Medicare beneficiaries” means
14 individuals entitled to part A of XVIII of the Social
15 Security Act and enrolled under part B of such title.

16 (2) The term “Medicare-Medicaid dual eligi-
17 bles” means individuals who are dually eligible for
18 benefits under title XVIII of the Social Security Act
19 and title XIX of such Act.

20 (i) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section, there is authorized to be appropriated
22 \$2,000,000 for the period of fiscal years 2021 through
23 2024.

1 **SEC. 3. NATIONAL ACADEMIES OF SCIENCES, ENGINEER-**
2 **ING, AND MEDICINE REPORT.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services shall seek to enter into an arrangement,
5 not later than 60 days after the date of enactment of this
6 Act, with the National Academies of Sciences, Engineer-
7 ing, and Medicine (or if the Academies decline to enter
8 into such arrangement, another appropriate entity) under
9 which the Academies (or other appropriate entity) agrees
10 to prepare a report on eliminating health disparities to im-
11 prove health equity.

12 (b) REPORT.—

13 (1) CONTENTS.—The report prepared pursuant
14 to subsection (a) shall—

15 (A) review evidence on how social deter-
16 minants of health affect health outcomes among
17 middle-income Medicare beneficiaries and Medi-
18 care-Medicaid dual eligibles;

19 (B) examine successful interventions, in-
20 cluding with respect to health outcomes, that
21 address social determinants of health (including
22 transportation, meals, housing, access to health
23 care, personal care assistance, and access to
24 long-term services and supports), reduce health
25 disparities, and improve health equity;

26 (C) make conclusions regarding—

1 (i) the effectiveness of existing pro-
2 grams and policies of the Centers for
3 Medicare & Medicaid Services intended to
4 reduce health disparities;

5 (ii) best practices and successful
6 strategies that reduce health disparities;
7 and

8 (iii) efforts needed to address health
9 disparities related to health care workforce
10 shortages; and

11 (D) make recommendations regarding—

12 (i) priorities for health disparities
13 interventions within Federal health care
14 programs; and

15 (ii) potential opportunities for expan-
16 sion or replication of successful interven-
17 tions and payment models to reduce health
18 disparities and improve health equity.

19 (2) SUBMISSION.—The arrangement under sub-
20 section (a) shall require the National Academies of
21 Sciences, Engineering, and Medicine (or other ap-
22 propriate entity), not later than 18 months after en-
23 tering into such arrangement, to finalize the report
24 prepared pursuant to such arrangement and submit
25 such report to the Committees on Energy and Com-

1 merce and Ways and Means of the House of Rep-
2 resentatives and the Committees on Finance and
3 Health, Education, Labor, and Pensions of the Sen-
4 ate.

5 (c) DEFINITIONS.—In this section:

6 (1) The term “health equity” means a state
7 where all people are able to attain their full health
8 potential and no one is hindered from achieving this
9 potential due to social position or another socially
10 determined circumstance.

11 (2) The term “middle-income Medicare bene-
12 ficiaries” means individuals entitled to part A of
13 XVIII of the Social Security Act and enrolled under
14 part B of such title who have an income that is not
15 below 125 percent of the poverty line applicable to
16 a family of the size involved, but not more than 400
17 percent of the poverty line so applicable.

18 (3) The term “Medicare-Medicaid dual eligi-
19 bles” means individuals who are dually eligible for
20 benefits under title XVIII of the Social Security Act
21 and title XIX of such Act.

22 (4) The term “social determinants of health”
23 refers to the conditions in the environments in which
24 people live, learn, work, play, worship, and age that

- 1 affect a wide range of health, functioning, and qual-
- 2 ity-of-life outcomes and risks.

