

117TH CONGRESS
1ST SESSION

S. 509

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

IN THE SENATE OF THE UNITED STATES

MARCH 1, 2021

Mr. SULLIVAN (for himself and Mr. MURPHY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 of
6 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 shall use a
11 grant under this section to carry out activities and services
12 to establish new or enhance existing community integra-
13 tion network infrastructure, on a statewide basis through
14 direct network operations or collaborations among mul-
15 tiple associated entities, which may include such entities
16 that operate regionally. Such activities and services shall
17 include—

18 (1) establishing a new or enhancing an existing
19 technology platform that—

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

24 (i) nutritional assistance;

25 (ii) housing;

- 1 (iii) health care, including preventive
2 health intervention, chronic disease man-
3 agement, and behavioral health care;
- 4 (iv) transportation;
- 5 (v) job training;
- 6 (vi) child development or care;
- 7 (vii) caregiving and respite care;
- 8 (viii) disability assistance; and
- 9 (ix) other services, as determined by
10 the State;
- 11 (B) prioritizes connectivity with, incorpora-
12 tion of, and partnership with any appropriate
13 existing technology platforms developed by pub-
14 lic or private organizations in the State for the
15 purposes described in subparagraph (A); and
- 16 (C) ensures that—
- 17 (i) reasonable measures are taken to
18 promote connectivity among associated en-
19 tities; and
- 20 (ii) appropriate privacy, security, pro-
21 tections are in place, in accordance with
22 applicable Federal and State privacy laws;
- 23 (2) connecting associated entities for purposes
24 of communication, service coordination and con-

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

3 (3) providing technical assistance and sup-
4 porting associated entities in connecting and partici-
5 pating in the community integration network infra-
6 structure;

7 (4) planning for and implementing actions de-
8 signed to create sustainable funding models to sup-
9 port long-term access to community integration net-
10 work infrastructure;

11 (5) designing and implementing a financial
12 structure to make the community integration net-
13 work infrastructure financially self-sustaining not
14 later than 3 years after receiving funds under this
15 section; and

16 (6) evaluating the use of any funds provided
17 under this section.

18 (c) AWARD OF GRANTS.—

19 (1) IN GENERAL.—A grant under this Act shall
20 be awarded under such terms and conditions as the
21 Secretary shall prescribe, including the guidelines es-
22 tablished under paragraph (3).

23 (2) MINIMIZING ADMINISTRATIVE BURDEN.—
24 The Secretary shall seek to minimize the administra-

1 tive burden of such terms and conditions and ensure
2 programmatic flexibility for unique State needs.

3 (3) GUIDELINES.—The Secretary shall—

4 (A) consult relevant stakeholders regarding
5 basic functionalities, technical capacities, and
6 data standards needed for community integra-
7 tion network infrastructure; and

8 (B) based on such consultations, establish
9 guidelines for awarding grants under this sec-
10 tion, including application requirements.

11 (d) APPLICATION.—A State desiring a grant under
12 this section shall—

13 (1) enter into a public-private partnership with
14 one or more—

15 (A) private, nonprofit, or philanthropic or-
16 ganizations; or

17 (B) Indian Tribes, Tribal organizations, or
18 urban Indian organizations within the State;
19 and

20 (2) submit to the Secretary an application at
21 such time, in such manner, and containing or ac-
22 companied by such information as the Secretary may
23 require, including—

24 (A) a description of the agency or depart-
25 ment in the State government that will coordi-

1 nate with and oversee the partnership estab-
2 lished under paragraph (1);

3 (B) a plan for the establishment or en-
4 hancement of a community integration network
5 infrastructure including—

6 (i) the proposed transparent and com-
7 petitive process for selecting any new oper-
8 ational components of the community inte-
9 gration network infrastructure;

10 (ii) the planned governance structure
11 (including representation of different types
12 of associated entities) within the commu-
13 nity integration network infrastructure;

14 (iii) proposed associated entities and
15 services to be included in the community
16 integration network infrastructure; and

17 (iv) a plan for accessing and linking
18 relevant data to create community integra-
19 tion network infrastructure, including a de-
20 scription of intended sources of data;

21 (C) assurances that the funds awarded
22 under this section will be used solely carry out
23 authorized activities as described in subsection
24 (b) and other related activities;

1 (D) potential options, including public-private
2 partnerships in addition to the partnership
3 described in paragraph (1), for making the
4 community integration network infrastructure
5 financially self-sustaining not later than 3 years
6 after receiving funds under this section; and

7 (E) a description of the objectives and out-
8 come goals of developing the community inte-
9 gration network infrastructure, including—

- 10 (i) one or more health outcomes;
- 11 (ii) one or more other important social
12 outcomes;
- 13 (iii) improved access to health care or
14 social services; and
- 15 (iv) how progress toward the outcomes
16 described in subparagraphs (A), (B), and
17 (C) will be measured through internal per-
18 formance metrics.

19 (e) SEPARATE TRIBAL INFRASTRUCTURE.—Nothing
20 in this section shall preclude Indian Tribes, Tribal organi-
21 zations, or urban Indian organizations from establishing
22 a community integration network infrastructure that is
23 separate from any other public-private partnership receiv-
24 ing funding under this section.

25 (f) AUTHORIZATION OF APPROPRIATIONS.—

1 (1) IN GENERAL.—There is authorized to be
2 appropriated to carry out this section \$150,000,000
3 for fiscal year 2022.

4 (2) ADMINISTRATION.—Of the amounts appro-
5 priated pursuant to paragraph (1), up to \$5,000,000
6 may be used for administrative expenses.

7 (3) DURATION OF AVAILABILITY.—Amounts ap-
8 propriated pursuant to paragraph (1) shall remain
9 available until the date that is 5 years after the date
10 of enactment of this Act.

11 (g) DEFINITIONS.—In this section:

12 (1) ASSOCIATED ENTITIES.—The term “associ-
13 ated entities” means any—

14 (A) community-based organization that ac-
15 cepts referrals from health care organizations
16 and that provides services such as—

17 (i) nutritional assistance;

18 (ii) housing;

19 (iii) health care, including preventive
20 health intervention, chronic disease man-
21 agement, and behavioral health care;

22 (iv) transportation;

23 (v) job training;

24 (vi) child development or care;

25 (vii) caregiving and respite care; and

- 1 (viii) disability assistance;
- 2 (B) public, or nonprofit or for-profit, pri-
3 vate health care provider organization;
- 4 (C) public or private funded payor of
5 health care services, including home- or commu-
6 nity-based services;
- 7 (D) State, local, territorial, or Tribal
8 health and social services agency;
- 9 (E) State public housing authority or
10 housing finance agency;
- 11 (F) public health information exchange or
12 public health information network, as defined
13 by the Secretary; or
- 14 (G) other similar entity, as designated by
15 the State.

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

1 nation, and referral management of services, with
2 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 similar services, as designated by
14 the State.

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

21 (4) SECRETARY.—The term “Secretary” refers
22 to the Secretary of Health and Human Services.

23 (5) STATE.—The term “State” means a State,
24 territory, or the District of Columbia.

1 (6) URBAN INDIAN ORGANIZATION.—The term
2 “urban Indian organization” has the meaning given
3 to the term in section 4 of the Indian Health Care
4 Improvement Act (25 U.S.C. 1603).

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

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

8 (1) measures the overall impact of the commu-
9 nity integration network infrastructure established
10 or enhanced using funds received under section 2,
11 with respect to—

12 (A) changes in individual and population
13 health outcomes;

14 (B) changes in access to health care or so-
15 cial services;

16 (C) the degree of data sharing using the
17 community integration network infrastructure
18 established or enhanced using funds received
19 under section 2;

20 (D) the effectiveness of service coordina-
21 tion;

22 (E) the cost-effectiveness of the provision
23 of services;

24 (F) any results or anticipated results on
25 overall health and social services spending;

1 (G) patient and consumer satisfaction with
2 service coordination process and services re-
3 ceived; and

4 (H) any other relevant factors; and

5 (2) describes how the funds received under sec-
6 tion 2 were used.

7 (b) REPORT AND RECOMMENDATIONS.—Not later
8 than 4 years after the date the first grant under this Act
9 is awarded, the Comptroller General of the United States
10 shall—

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

13 (B) make such report publicly available; and

14 (2) based on the evaluation conducted under
15 subsection (a), make recommendations to States and
16 Indian Tribes, Tribal organizations, or urban Indian
17 organizations, on how to improve and sustain com-
18 munity integration network infrastructure estab-
19 lished or enhanced using funds received under sec-
20 tion 2.

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