

116TH CONGRESS
1ST SESSION

S. 1323

To amend titles XVIII and XIX of the Social Security Act to collect information under Medicare, Medicaid, and the Children’s Health Insurance Program related to social determinants of health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 6, 2019

Mr. PORTMAN (for himself and Mr. CASEY) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend titles XVIII and XIX of the Social Security Act to collect information under Medicare, Medicaid, and the Children’s Health Insurance Program 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 “Utilizing National
5 Data, Effectively Reforming Standards and Tools, to Ad-
6 dress Negative Determinates of Health Act” or the “UN-
7 DERSTAND Act”.

1 **SEC. 2. COLLECTION OF INFORMATION RELATED TO SO-**
 2 **CIAL DETERMINANTS OF THE HEALTH OF**
 3 **MEDICARE BENEFICIARIES.**

4 (a) REPORTING OF INFORMATION.—Section 1809 of
 5 the Social Security Act (42 U.S.C. 1395b–10) is amended
 6 by adding at the end the following:

7 “(d) COLLECTION OF INFORMATION RELATED TO
 8 SOCIAL DETERMINANTS OF HEALTH.—

9 “(1) PROPOSED RULE.—

10 “(A) IN GENERAL.—Not later than Octo-
 11 ber 1, 2020, the Secretary shall issue a pro-
 12 posed rule so as to allow for the collection of in-
 13 formation related to social determinants that
 14 may factor into the health of beneficiaries
 15 under this title. The proposed rule shall allow
 16 for the collection of such information from li-
 17 censed health professionals (as defined in sec-
 18 tion 1819(b)(5)(G)) and community health
 19 workers (as defined in section 2113(f)(4)).

20 “(B) PHASED-IN IMPLEMENTATION; PUB-
 21 LIC AVAILABILITY OF INFORMATION.—The Sec-
 22 retary shall—

23 “(i) phase-in implementation of the
 24 collection of information in accordance
 25 with subparagraph (A) over a 3-year pe-
 26 riod, in such manner as the Secretary de-

1 termines appropriate in order to minimize
2 any adverse impact on the licensed health
3 professionals providing such information;
4 and

5 “(ii) make such information collected
6 available to the public and updated at least
7 annually during the phase-in period.

8 “(2) SOCIAL DETERMINANTS OF HEALTH.—The
9 information collected in accordance with paragraph
10 (1) shall include (but is not limited to) the following
11 possible social determinants of health, as identified
12 in the ICD–10 diagnostic codes Z55 through Z65
13 (or any such successor diagnostic codes):

14 “(A) Problems related to education and lit-
15 eracy.

16 “(B) Employment and unemployment.

17 “(C) Occupations exposure risk factors.

18 “(D) Problems related to housing and eco-
19 nomic circumstances.

20 “(E) Problems related to social environ-
21 ments.

22 “(F) Problems related to upbringing.

23 “(G) Problems related to family cir-
24 cumstances, including primary support groups.

1 “(H) Psychosocial circumstances resulting
2 from pregnancy.

3 “(I) Conviction in civil or criminal pro-
4 ceedings.”.

5 (b) REPORT ON DATA ANALYSES.—Section
6 1809(b)(2) of such Act (42 U.S.C. 1395b–10(b)(2)) is
7 amended—

8 (1) by striking “Not later than” and inserting
9 the following:

10 “(A) INITIAL REPORTS.—Not later than”;

11 and

12 (2) by adding at the end the following:

13 “(B) REPORTS ON COLLECTION OF INFOR-
14 MATION RELATED TO SOCIAL DETERMINANTS
15 OF HEALTH.—Not later than 5 years after the
16 date of the enactment of this subparagraph, the
17 Secretary shall submit to Congress a report
18 that includes aggregate findings and trends
19 across respective beneficiary populations for im-
20 proving the identification of health care dispari-
21 ties for beneficiaries under this title based on
22 analyses of the data collected under subsection
23 (d).”.

1 **SEC. 3. COLLECTION OF INFORMATION RELATED TO SO-**
2 **CIAL DETERMINANTS OF THE HEALTH OF**
3 **MEDICAID AND CHIP BENEFICIARIES.**

4 (a) REPORTING OF INFORMATION.—Section 1946 of
5 the Social Security Act (42 U.S.C. 1396w–5) is amended
6 by adding at the end the following:

7 “(d) COLLECTION OF INFORMATION RELATED TO
8 SOCIAL DETERMINANTS OF HEALTH.—

9 “(1) DEVELOPMENT OF MODEL UNIFORM RE-
10 PORTING FIELD.—

11 “(A) IN GENERAL.—Not later than Octo-
12 ber 1, 2020, the Secretary shall, in consultation
13 with the States, develop and make available to
14 the States a model uniform reporting field that
15 States may use for purposes of reporting to the
16 Secretary through the Transformed Medicaid
17 Statistical Information System (T–MSIS) (or a
18 successor system) information related to social
19 determinants that may factor into the health of
20 beneficiaries under this title and beneficiaries
21 under title XXI and be collected from licensed
22 health professionals (as defined in section
23 1919(b)(5)(G)) and community health workers
24 (as defined in section 2113(f)(4)).

1 “(B) PHASED-IN IMPLEMENTATION; PUB-
2 LIC AVAILABILITY OF INFORMATION.—The Sec-
3 retary shall—

4 “(i) phase-in implementation of the
5 collection of information in accordance
6 with subparagraph (A) over a 3-year pe-
7 riod, in such manner as the Secretary de-
8 termines appropriate in order to minimize
9 any adverse impact on the licensed health
10 professionals and community health work-
11 ers providing such information; and

12 “(ii) make such information collected
13 available to the public and updated at least
14 annually during the phase-in period.

15 “(2) SOCIAL DETERMINANTS OF HEALTH.—The
16 information collected in accordance with paragraph
17 (1) shall include (but is not limited to) the following
18 possible social determinants of health, as identified
19 in the ICD–10 diagnostic codes Z55 through Z65
20 (or any such successor diagnostic codes):

21 “(A) Problems related to education and lit-
22 eracy.

23 “(B) Employment and unemployment.

24 “(C) Occupations exposure risk factors.

1 “(D) Problems related to housing and eco-
2 nomic circumstances.

3 “(E) Problems related to social environ-
4 ments.

5 “(F) Problems related to upbringing and
6 family circumstances including primary support
7 groups.

8 “(G) Psychosocial circumstances resulting
9 from pregnancy.

10 “(H) Conviction in civil or criminal pro-
11 ceedings.”.

12 (b) REPORT ON DATA ANALYSES.—Section
13 1946(b)(2) of such Act (42 U.S.C. 1396w-5(b)(2)) is
14 amended—

15 (1) by striking “Not later than” and inserting
16 the following:

17 “(A) INITIAL REPORTS.—Not later than”;
18 and

19 (2) by adding at the end the following:

20 “(B) REPORTS ON COLLECTION OF INFOR-
21 MATION RELATED TO SOCIAL DETERMINANTS
22 OF HEALTH.—Not later than 5 years after the
23 date of the enactment of this subparagraph, the
24 Secretary shall submit to Congress a report
25 that includes aggregate findings and trends

1 across respective beneficiary populations for im-
2 proving the identification of health care dispari-
3 ties for beneficiaries under this title and bene-
4 ficiaries under title XXI based on analyses of
5 the data collected under subsection (d).”.

6 **SEC. 4. COLLECTION OF INFORMATION RELATED TO SO-**
7 **CIAL DETERMINANTS OF THE HEALTH OF IN-**
8 **DIVIDUALS RECEIVING CARE THROUGH**
9 **HEALTH CENTERS.**

10 Part A of title III of the Public Health Service Act
11 (42 U.S.C. 241 et seq.) is amended by adding at the end
12 the following:

13 **“SEC. 310B. COLLECTION OF INFORMATION RELATED TO**
14 **SOCIAL DETERMINANTS OF HEALTH.**

15 “(a) IN GENERAL.—

16 “(1) IN GENERAL.—Not later than October 1,
17 2020, the Secretary, acting through the Adminis-
18 trator of the Health Resources and Services Admin-
19 istration, shall promulgate regulations to allow for
20 the collection of information related to social deter-
21 minants that may factor into the health of individ-
22 uals receiving services at federally qualified health
23 centers (as defined in section 1861(aa)(4) of the So-
24 cial Security Act). Such regulations shall allow for
25 the collection of such information from licensed

1 health professionals (as defined in section
 2 1919(b)(5)(G) of the Social Security Act) and com-
 3 munity health workers (as defined in section
 4 2113(f)(4) of the Social Security Act) providing
 5 services at such health centers.

6 “(2) PHASED-IN IMPLEMENTATION; PUBLIC
 7 AVAILABILITY OF INFORMATION.—The Secretary
 8 shall—

9 “(A) phase-in implementation of the collec-
 10 tion of information in accordance with para-
 11 graph (1) over a 3-year period, in such manner
 12 as the Secretary determines appropriate in
 13 order to minimize any adverse impact on the li-
 14 censed health professionals and community
 15 health workers providing such information; and

16 “(B) make such information collected
 17 available to the public and updated at least an-
 18 nually during the phase-in period.

19 “(b) SOCIAL DETERMINANTS OF HEALTH.—The in-
 20 formation collected in accordance with subsection (a) shall
 21 include (but is not limited to) the following possible social
 22 determinants of health, as identified in the ICD–10 diag-
 23 nostic codes Z55 through Z65 (or any such successor diag-
 24 nostic codes):

25 “(1) Problems related to education and literacy.

1 “(2) Employment and unemployment.

2 “(3) Occupations exposure risk factors.

3 “(4) Problems related to housing and economic
4 circumstances.

5 “(5) Problems related to social environments.

6 “(6) Problems related to upbringing.

7 “(7) Problems related to family circumstances,
8 including primary support groups.

9 “(8) Psychosocial circumstances resulting from
10 pregnancy.

11 “(9) Conviction in civil or criminal proceedings.

12 “(c) REPORTS ON COLLECTION OF INFORMATION
13 RELATED TO SOCIAL DETERMINANTS OF HEALTH.—Not
14 later than 5 years after the date of the enactment of this
15 section, the Secretary shall submit to Congress a report
16 that includes aggregate findings and trends across respec-
17 tive patient populations for improving the identification of
18 health care disparities for individuals receiving health
19 services at federally qualified health centers based on anal-
20 yses of the data collected under subsection (a).”.

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