



Notable Social Determinants of Health Provisions in the Fiscal Year 2024 Senate Report

Aligning for Health Requests

- **Addressing Factors Related to Improving Health Outcomes.**—The Committee encourages the Secretary to support efforts to coordinate health and social services, enable information sharing on health and social services, and provide technical assistance and related support for entities engaging in efforts to better coordinate health and social services as authorized in Public Law 117–328.
- **Social Determinants of Health [SDOH].**—The Committee recognizes the important impact of SDOH on outcomes and health inequities in communities. The Committee provides \$8,000,000 for SDOH activities. These activities should include expanding and implementing accelerator plans and providing grants for implementation of SDOH activities. CDC should award grants to improve the capacity of governmental and non-governmental public health organizations and community organizations to address SDOH in communities; support and conduct research on best practices; and improve health outcomes and reduce health inequities by coordinating SDOH activities across CDC. The Committee encourages CDC to continue efforts that support action plans and research into best practices that address SDOH.

Office of the Secretary

- **Addressing Factors Related to Improving Health Outcomes.**—The Committee encourages the Secretary to support efforts to coordinate health and social services, enable information sharing on health and social services, and provide technical assistance and related support for entities engaging in efforts to better coordinate health and social services as authorized in Public Law 117–328.
- **Evaluation of 211 Hotlines.**—The Committee directs ASPE, in collaboration with ACF and ACL, and in consultation with State, local, and Tribal governments, to conduct a study on the usage, quality, shortcomings, and best practices of the 211 hotline and submit a report to the Committee within 1 year of enactment of this act on the findings of such study. The report shall include findings on the prevalence of 211 hotline usage, effectiveness of 211 referrals, any gaps in service coverage, modes of communication used to disseminate information, accuracy, timeliness, data protections, and satisfaction of 211 users. The report should also provide recommendations for the improvement to the 211 hotline, including funding, technology, accessibility, quality of social service information, and measurement of outcomes.
- **Housing-Related Supportive Services.**—Individuals who have serious and complex health challenges, including mental health and substance use disorders, and chronic medical conditions require additional supports to maintain stable housing. The Committee supports the effort underway in partnership with the Department of Housing and Urban Development, CMS, SAMHSA, ACL, and ASPE to provide direct technical assistance to communities leveraging programs, like Medicaid, to cover and provide housing-related supportive services and behavioral healthcare. The Committee directs HHS and HUD to jointly brief the House and Senate Committees on Appropriations on this effort within 180 days of enactment of this act.
- **Maternal Health.**—The CDC recently released a new study on the maternal mortality crisis in the United States, finding that the rate has risen 40 percent since 2020, the highest numbers in almost 60 years. The Committee is concerned with these alarming statistics, and directs HHS to prioritize efforts to improve maternal health outcomes and reduce maternal mortality. The Committee



directs HHS to focus on efforts to improve coordination across maternal health programs, expand the maternity care workforce, advance equity through the development of a maternal health quality outcomes measure, and enhance postpartum social supports for families.

CMS

- **Birthing-Friendly Hospitals.**—The Committee supports CMS’ new Birthing-Friendly Hospital designation to assist consumers in choosing hospitals that have demonstrated a commitment to maternal health through the implementation of best practices that advance healthcare quality, safety, and equity for pregnant and postpartum patients. The Committee encourages CMS to explore expanding the criteria for which this designation would be awarded in the future and requests a briefing on additional steps to address maternal health outcomes and improve patient care within 120 days of enactment of this act.
- **Non-Emergency Medical Transportation [NEMT].**—The Committee continues to monitor patient outcomes resulting from changes to NEMT policies. The Committee encourages CMS to evaluate existing State Medicaid NEMT access for beneficiaries and timeliness of services, and if appropriate, pursue alternative options to provide NEMT for partial dual eligible beneficiaries and to establish a data exchange between the Medicare Administrative Contractors and State Medicaid agencies to identify affected beneficiaries.
- **Whole Child Health Model.**—The Committee is aware that social determinants of health influence health outcomes, particularly for children and youth. The Committee commends CMS for establishing the Integrated Care for Kids Model and for supporting State flexibility to address social drivers of health through recent guidance and waivers. The Committee encourages CMS to issue a report on options for a whole child health demonstration centered in primary care settings that would build state capacity to address youth mental health through sustainable payment and delivery models. Options included in such report would address the mental, developmental and social factors affecting children served by Medicaid and CHIP through pediatric value-based care models and locally driven strategies, to align financial incentives and resources across Medicaid and other programs. The Committee directs CMS to provide an update to the Committees on Energy and Commerce and Appropriations of the House of Representatives and the Committees on Finance and Appropriations of the Senate within 180 days of enactment of this act on options for benefit designs, including cost estimates for implementation.

ACL

- **Congregate and Home-Delivered Nutrition Services** The Committee recommends \$565,342,000 for congregate nutrition services and \$381,342,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once per day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.
- **Nutrition Services Incentives Program [NSIP].**—The Committee recommends \$112,000,000 for NSIP, consistent with the budget request level. ACL expects that the reduction will be offset by State and private funding, as well as the Committee’s recommended increases for the two primary nutrition programs. NSIP augments funding for congregate and home-delivered meals provided



to older adults. States and Tribes may choose to receive all or part of their funding in the form of commodities from the U.S. Department of Agriculture.

CDC

- **Farm-to-School.**—The Committee continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities related to farm-to-school programs that result in promoting healthy eating habits for students. The Committee intends that these grants support multi-agency, multi-organizational State farm to early childhood initiatives. The Committee also directs CDC to coordinate farm-to-early childhood program efforts with the Office of Community Food Systems at the Department of Agriculture
- **Racial and Ethnic Approaches to Community Health [REACH].**— The Committee includes \$68,950,000 to continue scaling this program to all States and territories, and to support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. REACH is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee’s recommended level includes \$24,000,000 for Good Health and Wellness in Indian Country.
- **Safe Motherhood/Infant Health.**—The Committee recommendation builds upon the commitment made in the fiscal year 2023 bill by providing an increase of \$2,500,000 for this portfolio of programs to improve health outcomes during and after pregnancy, including to reduce disparities in maternal and infant health outcomes. Maternal mortality continues to rise at an unacceptable rate in the United States, which reached 1,205 maternal deaths in 2021, a forty percent increase from 2020. The Committee continues to direct CDC to expand the Maternal Mortality Review Committees [MMRCs] and Perinatal Quality Collaboratives [PQCs] to additional States and territories and for increased support to current States and territories, as well as to increase support for other programs, including Sudden Unexplained Infant Death [SUID]. State MMRCs are working to collect complete data on pregnancy and delivery-related deaths, but more must be done to ensure the accuracy and completeness of the data. The Committee encourages CDC to prioritize funding to help MMRCs build stronger data systems and improve data collection at the State level to create consistency in data collection, analysis and reporting across State MMRCs. The Committee requests CDC to provide a briefing to the Committees on Appropriations within 90 days of enactment of this act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. The Committee requests an update on the expansion of PQCs beyond the States currently funded, as well as any barriers to expansion. Finally, the Committee continues to support the SUID and Sudden Death in the Young Registry to expand the number of States and jurisdictions participating in monitoring and surveillance to improve data collection. This data works to identify, develop, and implement best practices to prevent infant death, including practices to improve safe sleep, in coordination with appropriate nonprofits.
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CDC. The Committee encourages CDC to continue efforts that support action plans and research into best practices that address SDOH.

- **Community Health Workers and Community Health.**—The Committee recognizes the importance of the community health workforce in reaching underserved communities, preventing illness, and reducing related healthcare costs. The Committee urges CDC to encourage the use of community health workers in communities, including Tribal communities, to support the delivery of person-centered care.

HHS Office of Minority Health

- **Achieving Equitable Maternal Health Outcomes.**—The Committee continues \$7,000,000 to support community-based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial and ethnic minority families. The Department should support activities that include but are not limited to identifying evidence-based and evidence-informed practices for: addressing social determinants of health; promoting evidence-based health literacy, and pregnancy, childbirth, and parenting education programs; providing support from perinatal health workers; and providing culturally congruent, linguistically appropriate, and trauma-informed training to perinatal health workers.