

SOCIAL DETERMINANTS OF HEALTH DATA ANALYSIS ACT
OF 2021

NOVEMBER 30, 2021.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 4026]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4026) to require the Comptroller General of the United States to submit to Congress a report on actions taken by the Secretary of Health and Human Services to address social determinants of health, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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I. PURPOSE AND SUMMARY

H.R. 4026, the “Social Determinants of Health Data Analysis Act of 2021,” requires the Comptroller General of the United States to submit to Congress within two years of enactment a report on the actions taken by the Secretary of Health and Human Services (HHS) to address social determinants of health.

II. BACKGROUND AND NEED FOR LEGISLATION

Social determinants of health impact the quality of everyone’s life and are the primary drivers of health outcomes, along with health behaviors like smoking, diet, and exercise.¹ Generally, social determinants of health are defined as the medical, economic, educational, environmental, and social conditions affecting individuals as they live and age.² Examples of social determinants of health include income, housing, transportation, safety, literacy, language, and access to clean water, nutritious food, and quality health care.³ Data indicate that discrimination plays a significant factor in underlying health inequities⁴. While the health care delivery system addresses health during episodes of injury or illness, the social determinants (or as referred to in recent literature⁵ as “influencers or predictors”) interact with health much earlier, and on a daily basis. These factors can impact health directly and indirectly affect an individual’s access to appropriate health care. The World Health Organization’s Commission on the Social Determinants of Health published a report in 2008⁶ urging all governments to lead global action on the social determinants of health with the aim of achieving health equity.

Although these markers are the most important indicators of health-related risks, individual-level social determinants of health are not routinely collected or systematically utilized by healthcare providers to address the health conditions of individuals most in need. While health insurance providers are increasingly investing in innovative solutions that address social determinants of health, public health information systems are unable to fully capture the data describing these key demographics with adequate fidelity to effectively inform public health interventions designed to advance health equity.^{7 8}

¹Kaiser Family Foundation, *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity* (May 10, 2018) (www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/).

²Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *Social Determinants of Health* (health.gov/healthypeople/objectives-and-data/social-determinants-health) (accessed Sept. 2, 2021).

³See note 1.

⁴American Public Health Association, *Structural Racism is a Public Health Crisis*. (<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/structural-racism-is-a-public-health-crisis>) (accessed June 14, 2021).

⁵Zachary Wortman, Elizabeth Cuervo Tilson, and Mandy Krauthamer Cohen, *Buying Health For North Carolinians: Addressing Nonmedical Drivers Of Health At Scale*, Health Affairs (Apr. 2020) (www.healthaffairs.org/doi/10.1377/hlthaff.2019.01583).

⁶World Health Organization, *Closing the gap in a generation: health equity through action on the social determinants of health—Final report of the commission on social determinants of health* (Aug. 27, 2008) (www.who.int/publications/i/item/WHO-IER-CSDH-08.1).

⁷Carl G. Streed Jr, Chris Grasso, Sari L. Reisner, and Kenneth H. Mayer, *Sexual Orientation and Gender Identity Data Collection: Clinical and Public Health Importance*, American Journal of Public Health (Apr. 13, 2020) (ajph.aphapublications.org/doi/10.2105/AJPH.2020.305722).

⁸Elissa V Klinger et al., *Accuracy of race, ethnicity, and language preference in an electronic health record*, Journal of General Internal Medicine (Dec. 20, 2014) (pubmed.ncbi.nlm.nih.gov/25527336/).

H.R. 4026 would require a Government Accountability Office (GAO) report to Congress assessing the actions taken by HHS to address, capture, and improve social determinants of health within two years of enactment.

III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 4026:

The Subcommittee on Health held a hearing on June 22, 2021. The hearing was entitled “Empowered by Data: Legislation to Advance Equity and Public Health.” The subcommittee received testimony from the following witnesses:

- Romilla Batra, M.D., M.B.A., Chief Medical Officer, SCAN Health Plan;
- Beth Blauer, Executive Director, Johns Hopkins University Centers for Civic Impact;
- Karen DeSalvo, M.D., M.P.H., M.Sc., Chief Health Officer, Google Health;
- Faisal Syed, M.D., National Director of Primary Care, ChenMed; and
- Kara Odom Walker, M.D., M.P.H., M.S.H.S., Executive Vice President and Chief Population Health Officer, Nemours Children’s Health System.

IV. COMMITTEE CONSIDERATION

Representatives Michael C. Burgess (R–TX) and Lisa Blunt Rochester (D–DE) introduced H.R. 4026, the “Social Determinants of Health Data Analysis Act of 2021,” on June 22, 2021, which was referred to the Committee on Energy and Commerce. Subsequently, on June 23, 2021, H.R. 3743 was referred to the Subcommittee on Health. A legislative hearing was held on the bill on June 22, 2021.

On July 15, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 4026 and 18 other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, without amendment, by a voice vote.

On July 21, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 4026 and 23 other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D–NJ), Chairman of the Committee, to order H.R. 4026 reported favorably to the House, without amendment, by a voice vote.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 4026, including a motion by Mr. Pallone ordering H.R. 4026 favorably reported to the House, without amendment.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

VIII. CONGRESSIONAL BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, October 18, 2021.

Hon. FRANK PALLONE, JR.,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4026, the Social Determinants of Health Data Analysis Act of 2021.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Madeleine Fox.

Sincerely,

PHILLIP L. SWAGEL,
Director.

Enclosure.

H.R. 4026, Social Determinants of Health Data Analysis Act of 2021			
As ordered reported by the House Committee on Energy and Commerce on July 21, 2021			
By Fiscal Year, Millions of Dollars	2022	2022-2026	2022-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	*	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between zero and \$500,000.			

H.R. 4026 would direct the Government Accountability Office (GAO) to report on actions taken by the Department of Health and

Human Services to address social determinants of health and to submit their findings within two years of enactment.

Based on the cost of similar GAO reports, CBO estimates that implementing H.R. 4026 would cost less than \$500,000 over the 2022–2026 period; any such spending would be subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Madeleine Fox. The estimate was reviewed by H. Samuel Papenfuss, Deputy Director of Budget Analysis.

IX. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

X. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to require the Comptroller General of the United States to submit a report to Congress on actions taken by HHS to address social determinants of health.

XI. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 4026 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XII. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XIII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 4026 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIV. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XVI. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Social Determinants of Health Data Analysis Act of 2021.”

Sec. 2. Report on the actions taken by the Secretary of Health and Human Services to address social determinants of health

Section 2 requires the Comptroller General of the United States to submit a report to Congress on the actions taken by the Secretary of HHS to address social determinants of health within two years of enactment. The report will require: an analysis of how any data collection undertaken by the Secretary complies with Federal and state privacy laws and regulations; a description of any coordination undertaken by the Secretary with other relevant Federal agencies and state and local authorities; an identification of any potential for duplication of such actions or other barriers; and recommendations on how to foster private public partnerships, as well as how best to leverage private sector efforts, to address social determinants of health.

XVII. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

There are no changes to existing law made by the bill H.R. 4026.

