

S 509/HR 6072 - Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act

Senate Sponsors/Cosponsors: Sen. Dan Sullivan (R-AK), Sen. Christopher Murphy (D-CT), Sen. Lisa Murkowski (R-AK)

House Sponsors/Cosponsors: Rep. Daniel Kildee (D-MI-5), Rep. Jackie Walorski (R-IN-2), Rep. Lisa Blunt Rochester (D-DE-At Large), Rep. Richard Hudson (R-NC-8), Rep. Joseph Morelle (D-NY-25), Rep. Don Bacon (R-NE-2)

Bill Summary: The LINC to Address Social Needs Act would establish a program to assist states in establishing or enhancing community integration network infrastructure for health and social services. The act will establish statewide or regional partnerships to better coordinate healthcare and social services by leveraging local expertise and technology to overcome longstanding challenges in helping to connect people to food, housing, job training, and other social needs. The bill would:

- Direct grantee states to enter into a public-private partnership with one or more private, non-profit, or philanthropic organizations (including tribal entities) that can manage the resources and referral networks, provide technical assistance, and support participants.
- Provide one-time seed funding for grantee states to facilitate cross-sector referrals, communication, service coordination, and outcome tracking between social service providers and health care organizations.
- Offer flexibility for individual states to design networks that are unique to their needs.
- Direct grantee states to identify one or more health outcome goals, along with a plan to achieve these goals through a community integration network.
- Direct grantee states to implement a self-sustaining financial structure to support the community integration network within three years of receiving the grant funds.
- Direct the Government Accountability Office (GAO) to evaluate the success of the networks, along with recommendations, in a report to Congress within four years of the first grant being awarded.

The AHIMA Perspective: AHIMA believes that public policy related to social determinants of health (SDOH) must:

- Establish global standards to promote the capture, use, maintenance, and sharing of SDOH data;
- Promote healthcare delivery and financing models designed to integrate SDOH data into the clinical setting in ways that are culturally respectful;
- Build patient trust and foster positive patient-provider relationships to encourage patients to share their social challenges;
- Enhance the sharing of SDOH data across clinical and community-based organizations and service providers;
- Prioritize privacy;
- Recognize workforce training needs;
- Promote the ethical collection and use of SDOH data;
- Embrace the role of health information professionals



This bill supports the AHIMA stance that public policy must enhance the sharing of SDOH data across clinical and community-based organizations and service providers. AHIMA believes that policy should encourage a digitally secure infrastructure to support functional, structural, and semantic interoperability between both settings. In addition, policy must embrace data governance policies to support data sharing and data integrity, while promoting positive referral feedback loops to enhance care coordination. Finally, this bill supports the AHIMA stance that policy must build patient trust and raise awareness about how different patient populations may participate in the collection and use of SDOH data, by leveraging local expertise and giving states the flexibility needed to design networks unique to their needs.

The AHIMA Ask: Support and cosponsor S 509/HR 6072 to improve the community integration network infrastructure for health and social services. For offices that have already cosponsored, AHIMA thanks you for your support of this important and timely legislation.

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