

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To provide for a study by the National Academies of Sciences, Engineering, and Medicine on the potential benefits on population health outcomes of incorporating into the Federal legislative process tools that measure the impacts of proposed legislation (including in areas outside of health care) on health and health disparities, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

Mr. CARDIN (for himself, Mr. BENNET, Mr. BROWN, Ms. SMITH, Ms. CORTEZ MASTO, Mr. BOOKER, and Ms. DUCKWORTH) introduced the following bill; which was read twice and referred to the Committee on

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**A BILL**

To provide for a study by the National Academies of Sciences, Engineering, and Medicine on the potential benefits on population health outcomes of incorporating into the Federal legislative process tools that measure the impacts of proposed legislation (including in areas outside of health care) on health and health disparities, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Assimilating Health  
3 and Equity Assessments into Decision-making of 2020”  
4 or “AHEAD Act of 2020”.

5 **SEC. 2. STUDY TO ASSESS THE VALUE OF USING TOOLS TO**  
6 **MEASURE THE IMPACTS OF PROPOSED FED-**  
7 **ERAL LEGISLATION ON HEALTH AND HEALTH**  
8 **DISPARITIES.**

9 (a) STUDY.—The Secretary of Health and Human  
10 Services (in this section referred to as the “Secretary”)  
11 shall enter into an arrangement with the National Acad-  
12 emies of Sciences, Engineering, and Medicine (or, if the  
13 National Academies decline to enter into such arrange-  
14 ment, with another appropriate entity such as the Na-  
15 tional Academy of Public Administration) under which,  
16 not later than 2 years after the date of enactment of this  
17 Act, the National Academies (or other appropriate entity)  
18 will complete a study—

19 (1) to examine the potential benefits on popu-  
20 lation health outcomes of incorporating into the Fed-  
21 eral legislative process tools that measure the im-  
22 pacts of proposed legislation (including in areas out-  
23 side of health care) on health and health disparities;

24 (2) to formulate recommendations on inte-  
25 grating such tools into the Federal legislative proc-  
26 ess to achieve better population health outcomes;

1           (3) to formulate recommendations on how be-  
2           havioral and nudge research on the health and eq-  
3           uity effects of policies may translate into evaluative  
4           tools for policymakers; and

5           (4) in consultation with the Comptroller Gen-  
6           eral of the United States, the Director of the Con-  
7           gressional Budget Office, and the Director of the  
8           Congressional Research Service, to formulate rec-  
9           ommendations on how such tools should be incor-  
10          porated into the Federal legislative process.

11          (b) **TOOLS TO BE CONSIDERED.**—The tools consid-  
12          ered under the study under subsection (a) shall include  
13          health impact assessments, and may include any other  
14          tools of analysis that analyze the potential impacts on  
15          health and health disparities of incorporating the findings  
16          of such reviews and analyses of proposed Federal legisla-  
17          tion and accompanying budgetary scores.

18          (c) **SPECIFIC POPULATIONS TO BE CONSIDERED.**—  
19          The study under subsection (a) shall consider the impacts  
20          described in such subsection on health and health dispari-  
21          ties within specific populations, including racial and ethnic  
22          minority groups (as defined in section 1707(g) of the Pub-  
23          lic Health Service Act (42 U.S.C. 300u–6(g))), youth,  
24          women, older adults, sexual and gender minorities, individ-  
25          uals living in rural communities, individuals living in rural

1 Tribal or urban Indian communities, individuals living in  
2 regions with persistent poverty, individuals with co-morbid  
3 conditions, individuals with disabilities, individuals who  
4 are homeless, and individuals involved with the criminal  
5 justice system, among others.

6 (d) CONGRESSIONAL AND REGULATORY PROCESS  
7 OPTIONS.—The study under subsection (a) shall consider  
8 how assessments of potential population health outcomes  
9 could be incorporated into Federal legislative and regu-  
10 latory processes, including by evaluating options with re-  
11 spect to—

12 (1) methodological tools for evaluating evi-  
13 dentiary standards across multiple disciplines and  
14 the potential benefits and negative effects of a pro-  
15 posed policy;

16 (2) the processes and considerations for pre-  
17 paring a population health outcomes report including  
18 time, resources, community consultation, and com-  
19 petencies required to review relevant scientific lit-  
20 erature;

21 (3) entities that conduct population health out-  
22 comes reports by comparing the experiences of State  
23 and local jurisdictions that have incorporated health  
24 impacts assessments in legislative or regulatory  
25 processes; and

1           (4) potential uses of a population health out-  
2 comes report in the Federal legislative and regu-  
3 latory processes.

4           (e) REPORT.—Not later than 2 years after the date  
5 of enactment of this Act, the Secretary shall submit a re-  
6 port to Congress on the results of the study under sub-  
7 section (a).