

September 21, 2021

The Honorable Cheri Bustos
1233 Longworth House Office Building
Washington, DC 20515

The Honorable Tom Cole
2207 Rayburn House Office Building
Washington, DC 20515

The Honorable G.K. Butterfield
2080 Rayburn House Office Building
Washington, DC 20515

The Honorable Markwayne Mullin
2421 Rayburn House Office Building
Washington, DC 20515

Re: The Congressional Social Determinants of Health Caucus Request for Information

Dear Representatives Bustos, Cole, Butterfield, Mullin, and members of the Caucus,

National Patient Advocate Foundation (NPAF) is pleased to submit feedback to the Congressional Social Determinants of Health Caucus Request for Information on challenges and opportunities related to social determinants of health. We appreciate Congressional leadership to reduce the disparities entrenched in our laws, regulations, and public policies.

NPAF advocates for inclusive policies and practices that elevate patient and caregiver voices and put their perspectives at the heart of healthcare. Health equity forms the core of our person-centered agenda, which prioritizes health, financial and social stability as essential aspects of quality care. Our direct services counterpart, Patient Advocate Foundation (PAF), has provided skilled needs navigation supporting patient and caregiver social and financial well-being for thousands of families coping with complex chronic conditions across the country for over 25 years. Most of these individuals are from low-income families living in limited resourced communities with almost 50 percent of patients served making less than \$24,000 per year.

PAF's navigators work to identify patient's unmet needs and guide them to available safety net supports and programs to help ease concerning financial burdens. These navigation services are an essential aspect of accounting for numerous social determinants of health and other sources of distress that often cause disparate health outcomes. Our comments address the following questions proposed in the request for information:

**What are the main barriers to programs addressing SDOH and promoting in the communities you serve?
What should Congress consider when developing legislative solutions to address these challenges?**

PAF has decades of dedicated experience helping hundreds of thousands of individuals across the country in overcoming barriers to accessing health care and needed safety net services including Medicaid, Social Security Disability Insurance, nutrition, housing, and energy assistance among many others. People confronting complex chronic health conditions stand to benefit the most from these and other government safety net programs, yet they are often unaware about program availability, how to access

them or eligibility criteria. Recent PAF research has also shown that as a result of a cancer diagnosis, Hispanic/Latinx and black patients more commonly reported employment-related income loss and health insurance changes compared to white patients due to differences in job types, benefit generosity, and employment protections.ⁱ Limited resourced individuals may also contend with social stigma in seeking safety net supports and encounter other impediments caused by confusing, arduous, and overwhelming program compliance requirements.ⁱⁱ

One contributor to barriers includes a lack of consistent screening and services referral in clinical and community health settings to identify and address peoples' financial and social concerns and impending social determinants of health that are not currently standardized to foster accountability for equity in quality care delivery. Most health care settings do not have processes in place to discern or document patient and caregiver material hardships (food, utilities, housing insecurity), transportation barriers, and interpersonal violence challenges that would benefit from targeted intervention and safety net program supports.ⁱⁱⁱ

How can Congress best address the factors related to SDOH that influence overall health outcomes in rural, tribal and/or underserved areas to improve health outcomes in these communities?

Health care settings that do provide needs-based screenings and services referral navigating to specific financial and social supports have shown return on investment that includes increased treatment adherence, improved outcomes, and reduced overall costs for both patients and health systems.^{iv, v} NPAF is leading efforts to normalize screening that identifies people's financial and social needs which is a crucial step towards acknowledging and addressing social determinants of health.

We urge consideration of needs navigation as a proven approach for achieving the Caucus' goals of enhancing coordination across programs, improving health outcomes, and maximizing existing and future federal investments in health, food, housing, transportation, and other important drivers of health.

As detailed in the appended resource, needs navigation meets people where they are by helping determine their top financial and social concerns and providing a playbook with guidance for finding responsive safety net supports and services. This personalized approach helps people navigate complexities inherent in the health system by linking individuals and families to appropriate government and community resources. Making high quality, skilled needs navigation services equitably available in all care settings is a central aspect of improving health and financial stability for most patients and families, especially those living in underserved communities and medical professional shortage areas. Expanding needs navigation availability is also essential to curtail disparities overall.

Which innovative state, local, and/or private sector programs or practices addressing SDOH should Congress look into further that could potentially be leveraged more widely across other settings? Are there particular models or pilots that seek to address SDOH that could be successful in other areas, particularly rural, tribal, or underserved communities?

Enhancing existing government programs can help pave the way for better coordination and alignment between our nation's complex health care and social systems. Congress has provided promising options to address people's social needs, including Express Lane Eligibility (ELE) that is now used in 14 states and the U.S. Virgin Islands. Many of these states have reported decreased administrative burdens coupled with cost savings attributable to using the ELE approach.^{vi} Building on this encouraging evidence, NPAF urges consideration of actions that would expand and intensify the reach, scope, and evaluation of these outcomes together with other approaches that boost equitable access to essential programs and safety net supports.

Congress is well positioned to consider adding needs navigation enhancements to address persisting health and social inequities through targeted refinements in programs such as Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families (TANF), and Medicaid's Targeted Case Management. NPAF supports modifications to the purpose and allowable use of funds in these and other federal safety net programs which could facilitate improved social needs outcomes and mitigate disparities.

Federal efforts to standardize and scale needs navigation can be a solution to help link all eligible people to appropriate government programs across all agencies and care settings. Congress can also look to some state examples such as Michigan's State Innovation Model and Rhode Island's Accountable Health Communities model that integrate health-related social needs screening and referrals.^{vii, viii} These initiatives will be important to monitor, particularly in examining their impact on reducing racial, ethnic, and other disparities in limited resourced populations, to determine whether they can be leveraged more widely across other settings.

Conclusion

NPAF appreciates the Congressional Social Determinants of Health Caucus' focus on health equity and will be pleased to work with members and staff to provide insight on best practices and policy solutions to address social determinants of health harms. Providing needs navigation services directly to patients and caregivers is a hallmark of PAF's two and a half decades of organizational experience, expertise, and history. We are happy to share lessons learned and welcome the opportunity to submit a Congressional briefing proposal and discuss our input in these comments. Please contact Nicole Braccio, Policy Director, at Nicole.Braccio@npaf.org or 202-301-9552 if we can provide further details.

Respectfully submitted,



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ⁱ Biddell CB, Wheeler SB, Angove RSM et al. Racial and Ethnic Differences in the Financial Consequences of Cancer-Related Employment Disruption. *Front. Oncol.* July 2021. doi: 10.3389/fonc.2021.690454

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- ⁱⁱ The Brookings Institution. The social safety net: The gaps that COVID-19 spotlights. June 23, 2020. Accessed June 22, 2021. Available at: <https://www.brookings.edu/blog/up-front/2020/06/23/the-social-safety-net-the-gaps-that-covid-19-spotlights/>
- ⁱⁱⁱ Frazee TK et al. Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation Needs, and Interpersonal Violence by US Physician Practices and Hospitals. *JAMA Network Open*. 2019;2(9):e1911514
- ^{iv} Yezefski T, Steelquist J, Watabayashi K et al. Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending. *Am J Manag Care*. 2018;24(5 Suppl):S74-S79
- ^v Ell K, Vourlekis B, Xie B et al. Cancer Treatment Adherence among Low-Income Women with Breast or Gynecologic Cancer: A Randomized Controlled Trial of Patient Navigation. *Cancer*. 2009 October 1; 115(19): 4606–4615.
- ^{vi} Office of Inspector General. State Use Of Express Lane Eligibility For Medicaid And Chip Enrollment. October 2016. Available at: <https://oig.hhs.gov/oei/reports/oei-06-15-00410.pdf>
- ^{vii} Michigan Department of Health and Human Services. Community Health Innovation Regions. Available at: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_64491_86050---,00.html
- ^{viii} The Executive Office of Health and Human Services, State of Rhode Island. Accountable Entities. Available at: <https://eohhs.ri.gov/initiatives/accountable-entities>

APPENDIX I