

November 5, 2021

The Honorable Xavier Becerra  
Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

RE: HHS Strategic Plan 2022-2026

Dear Secretary Becerra,

National Patient Advocate Foundation (NPAF) is pleased to submit feedback to the Department of Health and Human Services' (HHS) Draft Strategic Plan, FY 2022-2026. We appreciate the public consultation opportunity and applaud the Administration's leadership in crafting strategic goals that aim to protect and strengthen the health, economic, and social well-being of all people in the United States.

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 financial and social needs navigation to thousands of patients, caregivers, and families coping with complex and chronic conditions across the country for over 25 years. PAF navigators identify patients' unmet financial and social needs and guide them to applicable safety net supports and programs to help ease distressing financial burdens. Most of these individuals represent limited resourced communities with almost 50 percent of them earning less than \$24,000 per year.

We are encouraged that HHS is investing in strategies to expand access to high-quality services and resources that support health, social, and economic well-being for all people. Specifically, our comments focus on the opportunity to expand access to skilled needs navigation as a powerful, practical and sustainable strategy for advancing the the Department's goals to (1) Protect and Strengthen Equitable Access to High Quality and Affordable Health Care and (3) Strengthen Social Well-being, Equity, and Economic Resilience.

When proactively introduced in all care settings, needs assessments with appropriate referrals for navigation services have the potential to connect people to health coverage, government programs, and community-based support before their financial and social circumstances become dire. Expanding reliable access to these services would drive the improved outcomes for at-risk populations that safety net programs are intended to achieve.

For example, these person-centered navigation services help:

1. Identify individuals' basic needs and primary access and affordability concerns,
2. Demystify insurance coverage complexities and improve health literacy,
3. Decipher medical bills, disability eligibility and other benefits,

4. Dispute coverage denials and harmful utilization review practices,
5. Negotiate payment plans and charitable program assistance opportunities,
6. Locate responsive safety net programs and community resources, and
7. Minimize financial and other burdens related to social determinants of health (SDOH)

Embedding financial and social needs navigation services as part of health system infrastructure with associated professional training and accountability for quality will help HHS achieve its objectives 1.1; 1.3; 3.1 and 3.3 detailed in NPAF's comments here and further described in the attached appendix.

***Objective 1.1: Strategies to Increase choice, affordability, and enrollment in high-quality healthcare coverage and Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health***

Needs navigation services accelerate ability for eligible individuals to learn about and choose affordable health coverage options available to them such as Medicaid, Marketplace plans, and Medicare along with associated premium and cost-sharing assistance programs. NPAF recognizes the vital role of existing supports including the Affordable Care Act's Federally Facilitated Exchange Navigator Program, State Health Insurance Programs, and consumer assistance programs that improve transparency about health insurance options and promote informed plan choices. Unfortunately, these programs cannot reach all populations at risk. Moreover, many limited resourced individuals experience financial and social strains that can only be mitigated with more intensified needs navigation assistance involving highly personalized coordination and connection to community resources.

Needs navigation integrates health insurance assistance with social services guidance to help mitigate financial distress and support better health outcomes. Implementing this person-centered approach would directly address SDOH by screening for material hardships such as food, utilities, housing, and transportation insecurities that are exacerbated by unaddressed SDOH within individuals' communities. Needs navigation leverages existing networks of community-based supports and personnel such as community health workers, social workers, and others to promote culturally competent care, reach underserved populations, and optimize utilization of safety net programs for material hardships.

***Objective 3.1: Provide effective and innovative pathways leading to equitable economic success for all individuals and families and Objective 3.3: Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life***

Responses to PAF's 2019 survey of more than 2,800 patients revealed financial distress as their top concern with many indicating that their family's financial viability is a critically important goal of care. In fact, 63% of patients in the survey ranked financial distress as a fate worse than death. These circumstances are particularly prevalent among populations with low socio-economic characteristics, communities of color and those living in rural regions or medical professional shortage areas. For limited resourced populations, unexpected health expenses compound the health and financial challenges that

individuals and families may already be experiencing. In this context, needs navigation is an effective approach for helping patients improve financial literacy and gain a better understanding of how insurance or other eligible benefits can preserve financial solvency.

Older adults currently living in the U.S. have low confidence in their ability to finance health care expenses during retirement.<sup>1</sup> This is particularly true regarding home and community-based services (HCBS) and other long-term care services and support resulting in reliance on unpaid caregivers who also experience significant financial strain.<sup>2,3</sup> Many people, even with Medicare or Medicaid coverage, have limited benefits or are unable to access HCBS in their state. Additional assistance is needed to fill gaps that health insurance alone won't cover to support quality of life and independent living at home.

We appreciate the Administration's attention to these high-risk populations – the very ones who would stand to benefit the most from having expanded, equitable access to quality needs navigation support as a strategic solution for optimizing HCBS in Medicaid and enrollment in other programs that address disability and aging population needs. With assistance enrolling in and retaining appropriate HCBS coverage and benefits, fewer patients may utilize institutionalized or higher acuity care which has been shown to produce cost savings opportunities.<sup>4</sup> We also appreciate the Administration's explicit interest in better understanding needs of caregivers and identifying policies and other opportunities to support them specifically in their roles. NPAF would be pleased to participate in your continued efforts by contributing lived experience insights and expertise about these needs from the diverse caregiver base in our volunteer network.

### **Conclusion**

NPAF appreciates the Administration's focus on health and economic equity within the strategic plan for 2022-2026. Needs navigation is a hallmark of PAF's two and a half decades of organizational experience, expertise, and history, and we stand ready to work with the Administration on this shared responsibility to advance policies that expand equitable access to affordable care and improve economic resilience and financial stability for patients and families. Please contact Nicole Braccio, NPAF's Policy Director, at [Nicole.Braccio@npaf.org](mailto:Nicole.Braccio@npaf.org) or 202-301-9552 if we can provide further details or assistance.

Respectfully submitted,



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<sup>1</sup> Tipirneni R et al. Health Insurance Affordability Concerns and Health Care Avoidance Among US Adults Approaching Retirement. JAMA Network Open. 2020;3(2):e1920647. Available at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760437>

<sup>2</sup> AARP and National Alliance for Caregiving. Caregiving in the United States 2020. Washington, DC: AARP. May 2020. <https://doi.org/10.26419/ppi.00103.001> Available at: <https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>

<sup>3</sup> ASPE Research Brief. Assessing The Out-Of-Pocket Affordability of Long-Term Services and Supports. May 2019. Available at: [https://aspe.hhs.gov/sites/default/files/migrated\\_legacy\\_files/189396/OoPAfford.pdf](https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/189396/OoPAfford.pdf)

<sup>4</sup> Agboola S et al. Health Care Cost Analyses for Exploring Cost Savings Opportunities in Older Patients: Longitudinal Retrospective Study. JMIR Aging 2018;1(2):e10254. Available at: <https://pdfs.semanticscholar.org/fccb/4af002464b2bc509fd4cbb4da4d7792f3984.pdf>