



National Alliance to Impact the Social Determinants of Health (NASDOH)

2025 Year in Review

This report provides a summary of the work of the National Alliance to Impact the Social Determinants of Health (NASDOH) in 2025, which was made possible by the support and engagement of all our NASDOH members.

EXECUTIVE SUMMARY

NASDOH'S 2025 PRIORITIES

NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to address SDOH. NASDOH's work focuses on improving regulatory and reimbursement frameworks, supporting funding opportunities, and addressing practical challenges to implementing and sustaining public and private sector efforts to address SDOH.

In 2025, the Alliance was guided by six policy priorities, which were updated at the beginning of the year to reflect the changing policy landscape, including the beginning of a new presidential administration. In addition to placing a strategic emphasis on key activities to shape the policy landscape in alignment with the coalition's three overarching goals, the Alliance responded to relevant proposed rules, requests for information, and other comment opportunities to shape policies being developed and advanced by the executive and legislative branches.

Priority 1: Address food and nutrition security as a critical component of improving the health and wellbeing of all Americans.

Priority 2: Support expanding important supplemental benefits by encouraging Medicare Advantage (MA) plans to propose innovations that improve the health and wellbeing of Medicare beneficiaries.

Priority 3: Support flexibilities and waivers that build on current federal Medicaid funding and allow states to provide non-medical services that improve the health of millions of Americans enrolled in Medicaid.

Priority 4: Support research on improving health and health outcomes that is actionable, measurable, community-oriented, equitable, sustainable, and integrated.

Priority 5: Develop and test a new payment model that focuses on addressing the health and wellness of rural populations including through addressing non-medical drivers of health.

Priority 6: Remove barriers to braiding, blending, and pooled funding to support the ability of states and communities to address whole person health more efficiently and effectively.

KEY ACTIVITIES IN 2025

In 2025, we proactively sought common ground on policy proposals with both executive and legislative priorities, engaged with policymakers to influence the development and implementation of federal

policies related to upstream drivers of health, and responded to federal policy opportunities to advance the Alliance's collective goals. Additionally, we made progress towards our policy priorities and advanced work in our key workstreams, positioning us well for continued progress in 2026.

ADVOCACY EFFORTS

In January, NASDOH sent a letter to the incoming Trump Administration providing six recommendations on steps the Trump Administration can take to support the health and wellbeing of Americans. These recommendations aligned with NASDOH's 2025 policy priorities and aimed to identify common ground with the Administration on their goal of reducing chronic disease and improving health by addressing the underlying causes of poor health. NASDOH also used these recommendations to conduct outreach to congressional offices at the start of the 119th Congress. Some of this outreach was intended to introduce NASDOH to key players in the House of Representatives and the Senate, while other outreach was targeted based on members' policy record and potential to serve as partners on NASDOH priorities.

Throughout the year, NASDOH met with several congressional offices to support policies to address upstream drivers of health. During the Q1 NASDOH Full Alliance meeting, NASDOH was joined by a member of Senator Dan Sullivan's (R-AK) health staff to discuss the reintroduction of the *Utilizing National Data, Effectively Reforming Standards and Tools, to Address Negative Determinants of Health* (UNDERSTAND) Act. NASDOH previously supported the UNDERSTAND Act and prepared a letter of support to Senator Sullivan's office. In Q2 and Q3, NASDOH engaged with Representative Vern Buchanan's (R-FL) health staff on Food is Medicine and opportunities to use Medicare Advantage supplemental benefits to address upstream drivers of health. When Rep. Buchanan introduced the *Veterans Nutrition and Wellness Act of 2025*, which would create a program to pilot medically tailored meals for qualifying veterans, NASDOH released a statement of support. NASDOH also developed an educational memo summarizing evidence supporting the use of supplemental benefits to address health-related social needs and improve health outcomes and shared it with congressional offices.

In addition, NASDOH released the following materials for policymakers and stakeholders in 2025:

- **SDOH and Health IT Document:** NASDOH created a resource that explains the opportunities and risks associated with collecting and using data on non-medical needs to improve health outcomes while maintaining patient privacy and data security. This document was developed after a member identified a need for a resource on SDOH and Health IT.
- **Food and Nutrition Authorities Memo:** With increased interest in nutrition at the Department of Health and Human Services, NASDOH released a memo detailing policy levers available to HHS to address food and nutrition beyond the food assistance programs administered through the Department of Agriculture. The HHS Administration for Children and Families (ACF) implemented one of NASDOH's recommendations by announcing the availability of one-time supplemental funding to enhance nutrition services and promote healthy eating for children and families enrolled in Head Start programs. This new funding can be used broadly by Head Start programs to improve or expand their nutrition services and support healthy eating. The announcement

included four categories into which funding requests may fall: food service upgrades; materials, supplies, and equipment; nutrition education resources; and/or non-recurring personnel costs.

- **Comments on FY 2026 CMS Proposed Rules:** NASDOH submitted comments on several CMS proposed payment rules, including the Fiscal Year (FY) 2026 Prospective Payment System for Skilled Nursing Facilities (SNF) [Proposed Rule](#) (comment letter to the SNF proposed rule [here](#)), FY 2026 Inpatient Rehabilitation Facility (IRF) Prospective Payment System and Updates to the IRF Quality Reporting Program [Proposed Rule](#) (comment letter to the IRF proposed rule [here](#)), and the FY 2026 Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System [Proposed Rule](#) (comment letter to the IPPS and LTCH proposed rule [here](#)). In the letters, NASDOH reiterated support for including SDOH measures and SDOH patient assessment data elements in quality reporting programs and emphasized the importance of understanding and addressing the non-medical drivers of health as a component of value-driven care. NASDOH responded to CMS' requests for information (RFIs) on potential new quality measures evaluating well-being and nutrition, highlighting that the existing five domains in the standardized SDOH patient assessment data elements support a comprehensive approach to addressing the underlying causes of chronic disease and poor health outcomes.
- **Comments on CY 2026 Physician Fee Schedule:** NASDOH submitted comments on CMS' calendar year 2026 Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment System (OPPS) Proposed Rules. In its comments, NASDOH voiced support for CMS' proposal to address upstream drivers of chronic disease through a new Ambulatory Specialty Model, particularly the inclusion of Improvement Activity 1 – Connecting to Primary Care and Ensuring Completion of Health-Related Social Needs (HRSN) Screening. This model, including the HRSN screening, was finalized in the recently released PFS final rule. In the OPPS comment letter, NASDOH reiterated support for the Screening for Social Drivers of Health (SDOH) and Screen Positive Rate measures for the Hospital Outpatient Quality Reporting (OQR), ASC Quality Reporting (ASCQR), and the Rural Emergency Hospital Quality Reporting (REHQR) programs. NASDOH also reiterated support for the standalone G code for SDOH risk assessment, which CMS retained and modified in the final rule. Read the PFS comments [here](#) and the OPPS comments [here](#).
- **Comments on CMS' RFI on the Health Technology Ecosystem:** NASDOH submitted comments to CMS and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) in response to an RFI on the health technology ecosystem. NASDOH's comment letter built on previous work by NASDOH and the CARIN Alliance on SDOH data interoperability, and highlighted opportunities to harness SDOH data securely and responsibly to achieve interoperability and improve health outcomes. Read the letter [here](#).
- **NASDOH also conducted outreach to the CMS Innovation Center** to discuss opportunities to address the non-medical drivers of health within new CMMI models, including developing a model to address SDOH among rural populations. NASDOH staff met with CMMI staff in December to discuss NASDOH's recommendations related to utilizing CMMI to advance efforts to address SDOH, including opportunities in Medicare, Medicare Advantage, and Medicaid. NASDOH staff also encouraged CMMI to consider opportunities to address SDOH in rural communities.

CROSS-SECTOR SHARED LEARNINGS

In 2025, NASDOH shifted to having full alliance meetings each quarter. NASDOH's 2025 member meetings focused on creating opportunities for both members and non-members to share innovative programs and learnings from their work. During the Q1 Full Alliance meeting, members shared recent updates from their work, including information on the Collective to Strengthen Pathways for Health Research, a program led by the Doris Duke Foundation seeking to bring greater attention and resources for breakthrough health research to improve how disease is prevented and addressed. The Texas NMDOH Consortium also shared their work on Catalyzing SDOH Healthcare Integration. During the Q2 Full Alliance meeting, NASDOH welcomed two public health organizations as members, Healthy Alliance and Public Health Solutions, and invited them to share about their work and how they interact with health-related social needs. During the Q3 Full Alliance meeting, NASDOH members discussed implementing the congressional reconciliation package, including implications for Medicaid programs. Carter Kimble from Health Management Associates, and Tricia McGinnis from the Center for Health Care Strategies joined the meeting to share the state perspective. During the Q4 Full Alliance meeting, NASDOH members conducted a 2025 recap and discussed the work plan for 2026.

SDOH THOUGHT LEADERSHIP

In 2025, NASDOH evolved with the shifting policy landscape to use language and terminology that minimized partisan divisions and complemented the federal government's efforts to focus on nutrition, chronic disease, and wellbeing.

In December, NASDOH released an [issue brief](#) and held a webinar on addressing upstream drivers of health in the current policy environment. The issue brief includes key insights on how stakeholders can continue to advance these efforts in Medicaid and Medicare. In the issue brief, NASDOH drew on the work of Alliance members to demonstrate how health systems and public health organizations can embed screening and referrals for health-related social needs into their services.

Aligned with the release of the issue brief, NASDOH also conducted a webinar in December, in which NASDOH staff emphasized the opportunities for stakeholders to address SDOH within the current policy landscape. The Social Interventions Research and Evaluation Network (SIREN), a NASDOH strategic partner, presented information on the state of evidence for HRSN interventions and evidence that can be used to support new efforts. Health Management Associates also joined the webinar to discuss the policy landscape for states. More than 450 people registered for the webinar and received the materials, including individuals working for national, state and local governments, health care providers, payers, and community based organizations.

LOOKING AHEAD

Across administrations of different parties and changes in control of Congress, NASDOH has worked with policymakers to advance policy to improve the health and wellbeing of Americans. NASDOH remains committed to supporting the widespread adoption of effective policies and programs to address these upstream drivers of health, as well as health-related social needs (HRSNs). Addressing the underlying causes of poor health outcomes and improving the health and wellbeing, not just medical care, of Americans is not a partisan issue.

In 2026, NASDOH will be guided by a workplan that builds on the policy priorities and work of 2025, including advocacy on innovative payment models within the Centers for Medicare & Medicaid Innovation, allowing Medicare Advantage plans to provide high-quality supplemental benefits to additional seniors, and providing flexible authorities for states to address HRSNs within Medicaid programs. We look forward to working together to pursue policies that address social determinants of health, promote access to supportive services, and strive for a healthier America across all demographics.

ABOUT US

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders working to advance widespread adoption of effective policies and programs to address health-related social needs as well as the underlying social and economic conditions in which people live—often called social determinants of health (SDOH). NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to address SDOH. NASDOH’s work focuses on improving regulatory and reimbursement frameworks, supporting funding opportunities, and addressing practical challenges to implementing and sustaining public and private sector efforts to address SDOH. Click [here](#) for more information.

Co-Founders

Dr. Karen DeSalvo
Governor Michael O. Leavitt

STEERING COMMITTEE



GENERAL MEMBERS



STRATEGIC PARTNERS

