



September 16, 2024

The Honorable Dan Sullivan
302 Hart Senate Office Building
Washington, DC 20510

The Honorable Catherine Cortez-Masto
520 Hart Senate Office Building
Washington, DC 20510

Dear Senators Sullivan and Cortez-Masto:

The National Alliance to Impact the Social Determinants of Health ([NASDOH](#)) writes to express our appreciation and support for the goals of *The Utilizing National Data, Effectively Reforming Standards and Tools, to Address Negative Determinants of Health (UNDERSTAND) Act*, which aims to enhance the collection of standardized, aggregated, state-level social determinants of health (SDOH) data across Medicaid programs.

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 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 as a core component of advancing health equity.

Over the past five years, screening for health-related social needs (HRSNs), such as nutrition, housing, social isolation, and transportation, within physician offices and hospitals has increased, in part due to federal policies promoting expanded screening. Additionally, integration of SDOH data and clinical data is increasingly occurring through Health Information Exchanges and other mechanisms. Recognizing these critical efforts, there is still much more that needs to be done to understand and respond to the HRSNs of patients as well as the underlying drivers of those HRSNs. NASDOH appreciates Senator Sullivan and Senator Cortez Masto’s leadership on the UNDERSTAND Act, which would support these goals by requiring the Secretary of Health and Human Services to develop a model uniform reporting field through the transformed Medicaid Statistical Information System (T-MSIS) for collecting standardized and aggregated State-level information related to social determinants that may factor into the health of Medicaid beneficiaries.

NASDOH is pleased to offer comments on specific provisions of the UNDERSTAND Act:

NASDOH believes the primary purpose of collecting data on patients' HRSNs should be to support interventions to meet patients' needs. For this reason, NASDOH supports the use of existing screening tools for asking patients about information on HRSNs, rather than a requirement to use a single, specific screening tool, and appreciates the intention of the bill sponsors is to ensure entities can use existing screening tools of their choice, like the [PRAPARE Screening Tool](#) and the [Accountable Health Communities Health-Related Social Needs \(HRSN\) Screening Tool](#). Many NASDOH members, including health care providers and community-based organizations, have been screening for HRSNs for several years and have developed tools and mechanisms for screening that support the goals of providing social services interventions. Additionally, standardized and aggregated information related to a broad range of social determinants is important for advancing quality care and health outcomes. Including this information in T-MSIS, as outlined in the UNDERSTAND Act, would enhance efforts to identify patient needs, inform relevant policies, and improve the health and health outcomes of Medicaid enrollees.

NASDOH specifically appreciates that Section 2(a) requires the Secretary of Health and Human Services to issue guidance on reducing duplicative screenings of beneficiaries and ensuring that information is entered into a beneficiary's health record so other providers can see that a screening has been conducted and the results of the screening. Screening for SDOH and social needs is critical to ensuring that providers have a clear picture of an individual's needs and connect them with appropriate services. We also recognize that screening can present an administrative burden on health care professionals and duplicative screenings could be burdensome for patients. Efforts to reduce potentially duplicative screenings, such as through enhancing data sharing and interoperability, are important to avoid unnecessary administrative burden and promote trust between providers and patients.

We are also pleased that Senators Sullivan and Cortez-Masto have included legislative language to protect patients' privacy and confidentiality, which is critical to ensuring patients are comfortable with sharing personal information related to HRSNs.

Finally, NASDOH encourages Congress to ensure CMS provides guidance for State Medicaid agencies on making available or sharing links to directories of local resources as well as connecting patients to local resources to address HRSNs. It is critical to quickly move beyond identifying needs to addressing HRSNs.

We appreciate your focus and leadership on addressing SDOH and look forward to future legislative action on this topic from you and other members of Congress. For more information on NASDOH and our members, please visit our website at (www.nasdoh.org) or contact Sara (Sara.Singleton@leavittpartners.com).

Sincerely,

Sara Singleton

Sara Singleton
Advisor to NASDOH