



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

2024 Year in Review

This report provides a summary of the work of the National Alliance to Impact the Social Determinants of Health (NASDOH) in 2024, which was made possible by the support and engagement of all our NASDOH members.

EXECUTIVE SUMMARY

NASDOH'S 2024 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 as a core component of advancing health equity.

In 2024, the Alliance was guided by three strategic goals, which were updated at the beginning of the year to reflect the changing policy landscape and significant advancements in SDOH policy that have been made over the past several years. 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.

Goal 1: Advocate for sustainable, scalable, and coordinated multi-sector efforts to address SDOH as a core component of advancing health equity. NASDOH's goal is that there will be widespread adoption of effective policies and programs to address SDOH and social needs. This requires an ongoing commitment from health care, public health, and social care sectors to embed SDOH policies into programs beyond pilots and demonstrations, and ensure funding streams support coordinated, sustained, multi-sector efforts.

Goal 2: Embed identifying and addressing social needs into the delivery and payment of care. Addressing social needs is a critical part of an overall approach to improving health and wellbeing and embedded efforts necessitate appropriate support and compensation for enhancing the social service structure.

Goal 3: Advance efforts to address upstream drivers of health. NASDOH's goal is to impact the underlying conditions which drive our health outcomes. Goal three focuses on continuing to advance progress on SDOH and the upstream drivers of health.

KEY ACTIVITIES IN 2024

Each year, NASDOH defines a work plan that establishes specific goals and deliverables, which align with our priority areas. In 2024, we proactively engaged with policymakers to influence the development and implementation of federal policies related to social needs and SDOH and responded to federal policy opportunities to advance the Alliance's collective goals. Additionally, we made progress towards our three strategic goals and advanced work in each of our key workstreams, positioning us well for continued progress in 2025.

ADVANCING GOAL 1: ADVOCATE FOR SUSTAINABLE, SCALABLE, AND COORDINATED MULTI-SECTOR EFFORTS TO ADDRESS SDOH AS A CORE COMPONENT OF ADVANCING HEALTH EQUITY

Throughout 2024, NASDOH convened to learn from members, outside organizations, and other entities about their work to address social needs in Medicaid, Medicare, and private insurance, and worked with the federal government to improve clarity and allowances to support addressing social needs.

In early 2024, NASDOH sent a letter to HHS Secretary Xavier Becerra and Domestic Policy Council Director Neera Tanden commending them for issuing the nation's first-ever **Playbook to Address Social Determinants of Health**, alongside the HHS Call to Action on Addressing Health-Related Social Needs in Communities Across the Nation and the Medicaid and CHIP Health-Related Social Needs Framework. NASDOH strongly agreed with the sentiment that multiple sectors will need to work together to improve health and social outcomes and offered to serve as a resource to the Administration as a multi-sector coalition focused on addressing SDOH. NASDOH applauded the Administration for incorporating several of our prior policy recommendations in the SDOH Playbook, such as a focus on supporting backbone organizations and flexible funding, a focus on collecting and sharing SDOH data, Medicare coverage of HRSN services provided by community health workers, and additional guidance on HRSN services that can be covered under Medicaid and CHIP.

NASDOH also advocated for the importance of cross-sector partnerships and coordinated funding in our comments on the reauthorization of the *Older Americans Act (OAA)*. In a letter to the Senate Committee on Health, Education, Labor, and Pensions, NASDOH encouraged Congress to continue to support coordination across OAA and other services to support comprehensive, sustainable approaches to address the needs of older Americans and emphasized the importance of continued flexibility at local level for communities to address the unique needs of their populations. The OAA reauthorization recently passed the Senate.

ADVANCING GOAL 2: EMBED IDENTIFYING AND ADDRESSING SOCIAL NEEDS INTO THE DELIVERY AND PAYMENT OF CARE

In January 2024, NASDOH sent a letter to CMS Administrator Chiquita Brooks-LaSure outlining ten recommended principles for adopting, updating, and implementing quality measures related to social needs. These principles were developed through a series of individual meetings with various stakeholders

and a multi-sector stakeholder convening in December 2023. These principles supported three key goals for SDOH-related quality measures: SDOH quality measures should be person-centered, SDOH quality measures should be designed and implemented in ways that minimize burden, and SDOH quality measures should advance multisector work to address SDOH. Building on this work,

- NASDOH submitted a [comment letter](#) to CMS on the 2025 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Proposed Rule that supports CMS’s proposal to adopt the Screening for Social Drivers of Health and Screen Positive Rate measures for the Hospital Outpatient Quality Reporting (OQR) and ASC Quality Reporting (ASCQR) programs. The NASDOH comment letter emphasized the importance of these measures in promoting health equity by connecting individuals to social services that address their health-related social needs (HRSNs).
- NASDOH submitted comments to CMS on the [Fiscal Year \(FY\) 2025 Prospective Payment System for Skilled Nursing Facilities \(SNF\) Proposed Rule](#), [FY 2025 Inpatient Psychiatric Facilities \(IPF\) Prospective Payment System-Rate Update Proposed Rule](#), and [the FY 2025 Hospital Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospitals and the Long-Term Care Hospital \(LTCH\) Prospective Payment System Proposed Rule](#). In the comment letters, NASDOH encouraged CMS to consider principles created during NASDOH’s December 2023 convening in furthering SDOH-related policies within quality reporting and payment programs.

In pursuit of NASDOH’s goal to facilitate better social needs data sharing across health care, social services, and public health, **NASDOH submitted comments in response to a CMS RFI on Medicare Advantage data.** In the comment letter, NASDOH highlighted the importance of partnerships between health plans and community-based organizations and other entities. NASDOH noted that more data is needed in several areas to fully understand the impact of supplemental benefits and build the business case for continued provision of these benefits. These include more granular information about which supplemental benefits are being used and by whom, including out of pocket costs for beneficiaries, and data to assess the quality of each provider of supplemental benefits, level of variability in quality, and plans’ success at overseeing these non—clinical service providers and the benefits offered. NASDOH also advocated for CMS to ensure that data collected under new CMS requirements be provided to CMS in a standardized manner and made public, and that CMS collect information stratified by demographic factors in order to identify disparities across groups with differing demographic factors.

In 2024, NASDOH also conducted a review of existing CMS Innovation Center models and created a resource on CMMI models that include a focus on addressing health-related social needs or SDOH. Models that were included in the resource generally included an intention in CMS’ description of the model that participants will screen for and address HRSN, receive payments that are adjusted to reflect social risk, or connect beneficiaries to community services.

As in years past, NASDOH engaged with Congress to educate them about the importance of addressing SDOH and offer policy perspectives on how to do so effectively. For example, **earlier this year, NASDOH**

met with Senator Dan Sullivan's (R-AK) staff to discuss the *Utilizing National Data, Effectively Reforming Standards and Tools, to Address Negative Determinants of Health (UNDERSTAND) Act*. NASDOH provided feedback on the draft bill text and later released a letter supporting the goals of the bill when it was introduced by Senators Sullivan and Cortez-Masto (D-NV) in September. NASDOH supports the bill's goal to better understand and respond to the HRSNs of patients and underlying drivers of those HRSNs by requiring the Secretary of HHS 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. The bill has since been referred to the Senate Committee on Finance.

NASDOH also wrote a **comment letter to the Senate Committee on Finance in response to its white paper, "Bolstering Chronic Care through Physician Payment: Current Challenges and Policy Options in Medicare Part B."** In the letter, NASDOH emphasizes the need to address SDOH in traditional Medicare, especially for rural beneficiaries. NASDOH also highlights the importance of expanding access to services for health-related social needs and improving reimbursement frameworks.

Goal 2 Advocacy Spotlight: CMS Finalizes Medicaid Access Rules

In 2024, the Centers for Medicare and Medicaid Services (CMS) finalized two significant rules addressing accessibility of Medicaid and Children’s Health Insurance Program (CHIP) services, both for state-run Medicaid plans and Medicaid managed care.

The “**Ensuring Access to Medicaid Services**” final rule redesignates the Medical Care Advisory Committees (MCACs) as Medicaid Advisory Committees (MACs) and establishes a separate Beneficiary Advisory Council (BAC). Each BAC and state will exchange information and feedback on the Medicaid program. The final rule also increased in person-centered services planning and incident management system requirements, including:

- Codifying the minimum performance level for states to demonstrate that a reassessment of functional need is conducted annually for at least 90 percent of individuals continuously enrolled;
- Requiring states to review person-centered service plans and revise them appropriately; and
- Reporting on beneficiary enrollment in home- and community-based services (HCBS).

In 2023, **NASDOH** submitted comments on the proposed version of this rule to CMS, voicing strong support the requirement to include beneficiaries, caretakers, community-based organizations, and other organizations on the MACs. NASDOH encouraged CMS to modify the proposed requirement that at least 25 percent of the MACs’ membership, or no less than three members, be comprised of members of the Beneficiary Advisory Council. NASDOH also encouraged CMS to consider any costs a BAC member may incur to attend council meetings and allow for reimbursement of such costs and ensure compensation for such costs would not impact an individual’s eligibility for federal benefits programs like Medicaid.

The “**Medicaid and CHIP Managed Care Access, Finance and Quality**” final rule outlines new standards for timely access to care, requirements that will apply when states use in-lieu-of services and settings (ILOSs), requirements for a quality rating system, and medical loss ratio (MLR) requirements for managed care plans. This final rule also provides states with additional flexibility in how they offer services and implements additional quality and transparency reporting requirements for states.

CMS finalized its proposed definition for ILOS as “a service or setting that is provided to an enrollee as a substitute for a covered service or setting under the state plan.” In the final rule, CMS specifies that an ILOS can be used as an immediate or longer-term substitute for a covered service or setting under the state plan.

NASDOH submitted comments on the proposed version of this rule voicing support for the codification of CMS guidance to states to on how to use ILOS to address enrollees’ health-related social needs and encouraged CMS to avoid placing restrictions or administrative burdens on the use of ILOS for SDOH services.

NASDOH also commented on the proposed MLR changes, requesting that CMS conduct a Medicaid learning collaborative for states and CMS to consider and provide clarity about how to appropriately count social needs interventions in the numerator of the MLR, citing confusion around how to classify non-traditional services in the MLR.

ADVANCING GOAL 3: ADVANCE EFFORTS TO ADDRESS UPSTREAM DRIVERS OF HEALTH

Focusing on multi-sector collaborations is an effective way to break out of the pattern of funding individual organizations to deliver narrowly defined services to individual beneficiaries, when in fact those beneficiaries actually have multiple needs that might be served through multiple federal funding streams. Collaborations across relevant stakeholders in the community increase the potential for identifying the full range of needs of individuals and hold the potential for moving toward more integrated approaches. In conversations NASDOH has had with representatives of Federal agencies, we have observed a clear willingness to help stakeholders understand when pooling funding is possible, provide additional guidance, and to work to remove roadblocks that exist today. In continuation of our work to address upstream drivers of health and support funding for existing programs that address upstream drivers, like CDC's SDOH Accelerator Plans program, **NASDOH issued an RFI on braiding and blending funds**. Braiding and blending of funding can help states, localities, and private and non-profit organizations pool funding to support activities to address HRSNs and SDOH. While these arrangements can be challenging to initiate, they are important in driving towards equity, especially for individuals with complex social needs who may be eligible for a variety of federal programs. Through the RFI, NASDOH requested comments and examples from stakeholders on how the federal government can remove barriers to and support stakeholders in pooling funding for activities to address HRSNs and SDOH.

SIGNIFICANT FEDERAL SDOH POLICY ACTIVITY IN 2024

Over the course of 2024, NASDOH was encouraged to see a number of federal policy developments and achievements related to SDOH, the result of strong advocacy and increasing federal prioritization of social needs, social determinants of health, and health equity. Significant policy developments included:

- The Health Resources and Services Administration (HRSA) launched a year-long Enhancing Maternal Health Initiative. The initiative focused on improving maternal health outcomes and reducing disparities through expanded partnership, grant, and community-based intervention opportunities.
- CMS hosted its second annual “Health Equity Conference” with panelists and participants from across government agencies and the public and private sectors. During the two-day conference, participants gained insights and a better understanding of research, best practices, and initiatives that are reducing disparities in CMS programs and increasing equity for underserved communities.
- CMS approved several new Medicaid section 1115 waivers to states, including to Illinois, Kentucky, Oregon, Utah, and Vermont. CMS also approved several new Medicaid section 1115 waivers to states which include specific components related to screening for and addressing social needs, including waivers to Illinois, Kentucky, Oregon, Utah, and Vermont.
- CMS released the “Resource of Health Equity-related Data Definitions, Standards, and Stratification Practices” guidance, which serves as a resource for community-based organizations, health care providers, states, and other stakeholders who wish to align their practices with CMS’ Framework for Health Equity released in 2022.
- HHS hosted a “Food is Medicine” Summit that brought stakeholders together to discuss the connection between food and health. As part of the Summit, HHS released five Food is Medicine principles that are expected to guide the agency’s food-related health work. HHS also announced new private-public partnerships to implement nutrition-based research and interventions in different sectors to relate food and medicine in policy and practice.
- CMS launched the Accountability Care Organization (ACO) Primary Care Flex Model, aimed at improving patient-centered and team-based care for medical and social needs, prioritizing health equity, and reducing health disparities through flexible Medicare payment design within the Shared Savings Program.
- This year several bills were introduced to address SDOH, including the *Delivering for Rural Seniors Act* from Senators Mike Braun (R-AZ) and Mark Kelly (D-AZ), which would pilot home deliveries within the Commodity Supplemental Food Program (CSFP) also known as the “senior food box.” The legislation aims to close the gap between the CSFP program and seniors who live in rural areas, have disabilities, are without transportation, and often do not receive home deliveries from CSFP. Representative Marc Molinaro (R-NY) introduced a similar version of this bill in the House which was co-sponsored by 16 Democrats and 13 Republicans.

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. After launching in 2018, NASDOH sent a letter to then CMS Administrator Seema Verma and HHS Secretary Alex Azar thanking them for their leadership in highlighting the critical role that social determinants play in health and outlined recommendations to CMS that could accelerate the work of states and providers under Medicaid, such as clarifying Medicaid state guidance, developing template language, establishing learning collaboratives, and supporting enhanced flexibility to build best practices on addressing social determinants of health.

Similarly, NASDOH sent a letter to the new Biden Administration in early 2021 highlighting the importance of addressing SDOH to advance the health of all Americans and help address key racial, ethnic, gender, and geographic disparities in health outcomes. We called for the Biden Administration to make SDOH a new national priority and set for a bold leadership agenda on SDOH. Our eight policy recommendations to the Biden Agenda were supported by specific actions the new administration could take related to each.

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. Beginning this summer, NASDOH began to consider our policy priorities for next year and beyond, and we will make those policy recommendations public in early 2025. As new leadership enters the legislative and executive branches, 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 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.

Co-Founders

Dr. Karen DeSalvo
Governor Michael O. Leavitt

STEERING COMMITTEE



GENERAL MEMBERS



STRATEGIC PARTNERS

