



A Look Back at SDOH Progress: 2017–2024

About NASDOH

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 the health and wellbeing of all Americans. To learn more, visit us at NASDOH.org.

Co-Founders

Dr. Karen DeSalvo
Governor Michael O. Leavitt

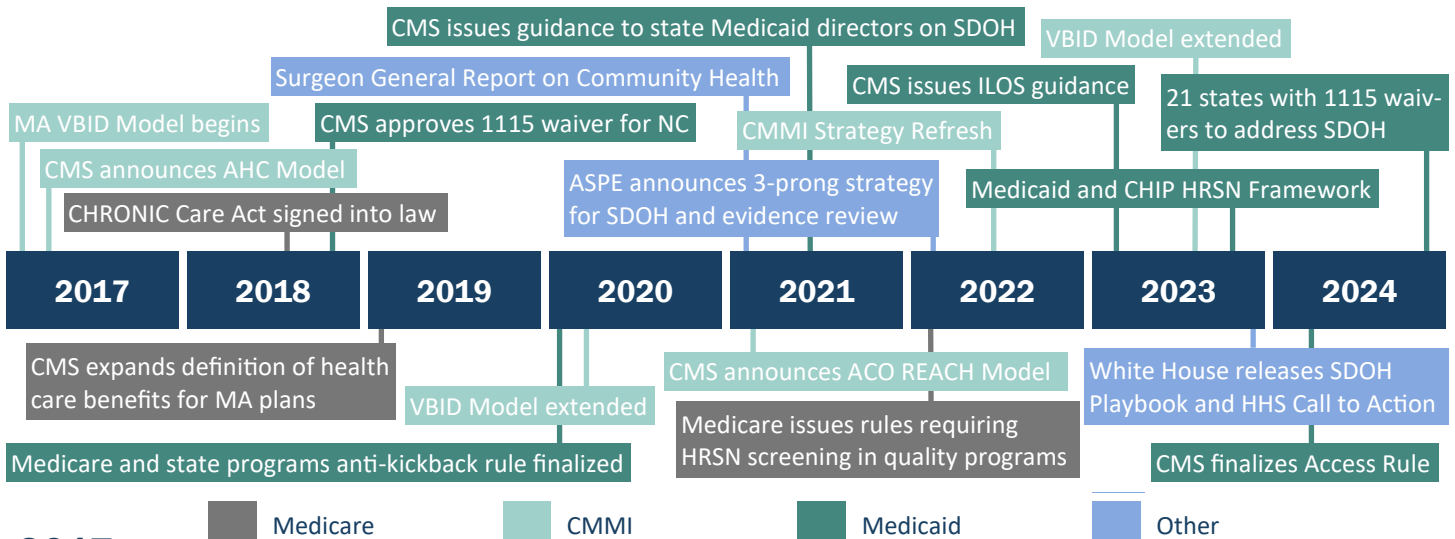
NASDOH’s Policy Impact

Across administrations of different parties and changes in control of Congress, NASDOH has worked with policymakers 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.

As we move into the 119th Congress and a new Presidential Administration, 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.

Federal SDOH Progress



2017

CMS announces the Accountable Health Communities (AHC) Model

CMMI announced the AHC Model to test whether connecting beneficiaries to community resources can improve health outcomes and reduce costs by addressing HRSNs. The five-year CMS demonstration program has ended, and the demonstration has led to additional private-sector models. **NASDOH** member Camden Coalition participated in the model, using the AHC HRSN Screening Tool to universally screen Medicare and Medicaid beneficiaries for five HRSNs—food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal violence.

Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model begins

The VBID Model allows Medicare Advantage Organizations (MAOs) to further target benefit design to enrollees based on chronic condition, socioeconomic characteristics and/or place of residence and/or incentivize the use of Part D prescription drug benefits through rewards and incentives. MAOs may also offer the Medicare hospice benefit to its enrollees as part of the VBID Model.

2018

1115 Waivers

CMS approved North Carolina’s Section 1115 waiver focused on addressing social needs for high-risk, high-cost beneficiaries through Health Opportunity Pilots. The pilots address housing instability, transportation insecurity, food insecurity, interpersonal violence, and toxic stress for a limited number of high-need enrollees. This was the first of several 1115 waivers addressing HRSNs. **NASDOH** member Unite Us’ technology platform is being used to make referrals to approved social care services, facilitate payment for those services, and collect data to inform the demo and future policymaking efforts.

CHRONIC Care Act signed into law

The CHRONIC Care Act of 2018 allowed MA plans – beginning in 2020 – to offer non-primarily health-related Special Supplemental Benefits for the Chronically Ill (SSBCI). These supplemental benefits include services such as non-medical transportation, home modifications, support for care at home, and pest control. **NASDOH** advocated for these supplemental benefits. To deliver these services, health plans are partnering with CBOs like **NASDOH** member US Aging.

2019

Definitions of health care benefits expanded for MA plans

CMS changed the definition of “primarily health-related” benefits for MA plans to include benefits such as adult day health services, home-based palliative care, therapeutic massage, support for caregivers of enrollees, and in-home support services to help enrollees with activities such as dressing, eating, and housework.

2020

VBID Model Extended

Medicare and State Healthcare Programs Anti-Kickback Final Rule

The Office of the Inspector General (OIG) finalized a rule to promote coordinated patient care and foster improved quality, better health outcomes, and improved efficiency. The final rule changes and adds new safe harbors of the federal Anti-Kickback Statute to protect certain value-based payment arrangements from sanctions. **NASDOH** commented on the proposed rule advocating for additional SDOH language in three of the proposed safe harbors.

2021

CMS issues guidance to state Medicaid directors on SDOH

CMS sent a letter to state health officials to describe opportunities under Medicaid and CHIP to better address SDOH and support states with designing programs, benefits, and services to more effectively improve population health, reduce disability, and lower overall health care costs in the programs by addressing SDOH. **NASDOH** advocated for this guidance in a 2019 [letter](#) to CMS Administrator Seema Verma.

CMS Announces ACO REACH Model

The model requires all participating ACOs to have a robust plan describing how they will meet the needs of people with Traditional Medicare in underserved communities and make measurable changes to address health disparities. Additionally, the model uses an innovative payment approach to better support care delivery and coordination for people in underserved communities.

Surgeon General's Report on Community Health and Economic Prosperity

The Surgeon General released a report highlighting the U.S. health disadvantage and the importance of strengthening communities and improving the health of residents. It also offers recommendations for how businesses can address the U.S. health disadvantage by engaging with and investing in communities while creating value, lowering business costs, and improving the health of employees and other stakeholders. In 2018, **NASDOH** [responded](#) to the Surgeon General's Call to Action on Community Health and Prosperity, providing an overview of multi-sector alliance efforts to achieve similar goals, including several examples of successful local efforts on the part of NASDOH members. Doug Jutte, former CEO of **NASDOH** member organization Build Healthy Places Network, served as one of three Senior Scientific Editors for the report. NASDOH Co-Founder Mike Leavitt authored an afterword to the report on NASDOH's work and the impact of COVID-19 on social and economic health stressors.

2022

ASPE announces 3-prong strategy for SDOH and evidence review

The three goals of the HHS strategic approach to SDOH are (1) Build a robust and interconnected data infrastructure to support care coordination and evidence-based policymaking; (2) Improve access to and affordability of equitably delivered health care services, and support partnerships between health care and human services providers, as well as build connections with community partners to address social needs; and (3) Adopt whole-of-government approaches, support public-private partnerships, and leverage community engagement to address SDOH and enhance population health and wellbeing.

CMMI Strategy Refresh

CMMI released a strategy refresh that articulated a vision for a health system that achieves equitable outcomes through high quality, affordable, person-centered care. The strategy is organized around five strategic objectives which are intended to guide models and priorities. The second priority is to: Embed health equity in every aspect of CMMI models and increase focus on underserved populations. The refresh requires that all new models will require participants to collect and report demographic data of their beneficiaries and, as appropriate, data on social needs and SDOH.

Medicare issues rules requiring HRSN screening in quality programs

CMS added screening-related measures to several quality programs in the CY 2023 Medicare payment rules, including the Merit-based Incentive Payment System (MIPS) measure set for hospitals. **NASDOH** advocated for the inclusion of the new Screening for Social Drivers of Health measure, which will assess screening across the five domains that were the focus of the AHC model.

2023

VBID Model Extended

CMS issues ILOS Guidance to State Medicaid Directors

CMS released a letter to state Medicaid directors to provide additional guidance about how in-lieu-of-services (ILOSs) can be used by states and managed care plans to address Medicaid enrollee's HRSNs. CMS indicated that these ILOS need to be medically appropriate and cost effective, but not necessarily cost neutral. The data that states will report to CMS under their new guidelines will help the federal government and states understand the impact of these interventions. **NASDOH** called for this guidance in a 2019 letter to then-Administrator Seema Verma, and sent a [letter](#) to CMS thanking the agency for providing this guidance.

Medicaid and CHIP HRSN Framework Released

CMS guidance *Coverage of Health-Related Social Needs Services in Medicaid and CHIP* outlines coverage pathways for evidence-based HRSN interventions. The guidance discusses a number of Medicaid authorities that can be used to address HRSNs such as state plan authorities, section 1915 waivers, managed care ILOS, and section 1115 demonstrations.

White House releases SDOH Playbook

The White House released the *U.S. Playbook to Address Social Determinants of Health* in tandem with the *Medicaid and CHIP HRSN Framework*. These resources were aimed at helping federal agencies, states, local, and tribal governments to better coordinate health care, public health, and social services. The SDOH Playbook outlines strategic actions addressing both SDOH and HRSNs at both community and federal levels grouped into three pillars:

- Pillar 1: Expand Data Gathering and Sharing
- Pillar 2: Support Flexible Funding for Social Needs
- Pillar 3: Support Backbone Organizations

This Playbook exemplifies the national leadership on SDOH that **NASDOH** called for in its letter to the incoming Biden Administration by implementing many of the policies **NASDOH** has long advocated for.

HHS Call to Action to Address HRSNs

HHS released a Call to Action as a complement to the White House Playbook. The Call to Action calls on "individuals working in health care, social services, public and environmental health, government, and health information technology to partner and work together across silos to address HRSNs through community partnerships to improve the health and well-being of every American." In a [letter](#) responding to the SDOH Playbook and the HHS Call to Action, **NASDOH** voiced support for the recommendations and action items in the Playbook, including those related to supporting backbone organizations, emphasizing the importance of supporting the social service sector, and calling for multi-sector efforts to improve care coordination, health, and wellbeing.

2024

21 states with approved 1115 waivers to address SDOH

CMS finalizes the Medicaid Access Rule

CMS finalized the "Ensuring Access to Medicaid Services Final Rule," which created opportunities for states to promote active beneficiary engagement in their Medicaid programs with the goal of improving holistic access to care. **NASDOH** [commented](#) on the proposed version of the Access Rule in strong support of language that would require the Medicaid Advisory Committee (MAC) to include beneficiaries, caretakers, community-based organizations, and other organizations. **NASDOH's** comments emphasized that having diverse representation of users of a program, including people with lived experience, can support program improvements that improve the health of Medicaid enrollees. **NASDOH** also provided feedback on ways to improve the ability of beneficiaries to participate in MAC's work, such as financial losses incurred to participate.