



September 12, 2024

The Honorable Dan Sullivan
United States Senate
302 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Catherine Cortez Masto
United States Senate
520 Hart Senate Office Building
Washington, D.C. 20510

Dear Senators Sullivan and Cortez Masto,

Aligning for Health thanks you for introducing the *Utilizing National Data, Effectively Reforming Standards and Tools, to Address Negative Determinates of Health (UNDERSTAND) Act*, which would improve the collection of data related to the social determinants of health for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries.

[Aligning for Health](#) is an advocacy organization that brings together a broad coalition of members focused on improving health and wellbeing through interventions related to better aligning health and social needs. As a coalition, we work to develop and promote actionable, bipartisan policies that create opportunities – and remove challenges – for states and local governments, health care organizations, and non-health care organizations to work together to develop cross-sector, coordinated solutions to address both health and social needs.

We agree that encouraging providers to screen for and identify non-health factors contributing to wellbeing will enable more holistic and well-informed care. Moreover, we strongly effort to provide education and tools to providers so screening can be performed in a culturally and linguistically appropriate manner and so that providers have the tools needed to share resources and make referrals, as appropriate. Finally, the collection of such data at the federal level will help to illuminate health care disparities in the Medicaid and CHIP population, providing actionable data to policymakers to better target resources and support.

We look forward to working with you to advance this important bipartisan legislation.

Sincerely,

A handwritten signature in blue ink that reads "Ashley Gray". The signature is written in a cursive, flowing style.

Ashley Gray
Executive Director, Aligning for Health

September 18, 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 Senator Sullivan and Senator Cortez Masto,

The Mental Health Liaison Group (MHLG) – a coalition of national organizations representing consumers, family members, mental health and substance use treatment providers, advocates, and payers committed to strengthening access to mental health care and substance use treatment – is writing to express support of the UNDERSTAND Act, your critical legislation that creates a system to track how social determinants affect healthcare outcomes in America.

Social factors have a substantial impact on the efficacy of behavioral health and medical/surgical services for people with mental health and addiction disorders. Social determinants of health such as housing, education, employment, and other socioeconomic conditions affect overall health and life expectancy. Specifically, poverty has a statistical link to poor health and mental health outcomes. Poverty is linked to homelessness, exposure to violence, food insecurity, social isolation, and discrimination contributing to toxic stress and the development of behavioral health disorders.

Approximately 20-25% of the homeless population suffers from severe mental illness.¹ Further, in a study of newly homeless individuals in New York City, 6% had diabetes, 17% had hypertension, 17% had asthma, 35% had major depression, and 53% had a substance use disorder indicating chronic disease is more common in newly homeless than the general population.² A study conducted in Boston, Massachusetts found the mortality rate was 9 times higher for men who are homeless and 10 times higher for women who are homeless compared to the general population,² underscoring the role steady housing plays throughout the life course.

¹ American Public Health Association. November 18, 2014. “Support for Social Determinants of Behavioral Health and Pathways for Integrated and Better Public Health”. Retrieved from <https://www.apha.org/policies-and-advocacy/public-health-policystatements/policy-database/2015/01/28/14/58/support-for-social-determinants-of-behavioral-health>

² Office of Disease Prevention and Health Promotion. (n.d.) “Quality of Housing”. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/quality-of-housing>

A Trinity University study conducted in San Antonio, Texas found the rate of clinically significant eating disorder pathology increases as the level of food insecurity increases, regardless of gender or ethnicity. Specifically, 17% of the most food insecure children met clinical diagnostic criteria for binge eating disorder.³ This study is being expanded and replicated in other geographic areas with comparable results.

These studies only reveal a small part of the harmful health effects of homelessness, poverty, and additional social determinants in need of further studies to make a definitive conclusion about their effects on health.

The UNDERSTAND Act gathers data on social determinants of health by requiring Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) providers to use ICD-10 Z-codes to track trends between social determinants and various health issues. These codes will be used by any provider who is administering care to Medicare and Medicaid beneficiaries. The findings will influence future policy making in regard to health, poverty, quality of life, and health care access in economically disadvantaged communities.

Thank you for your leadership on this important legislation. We stand shoulder to shoulder with you in the efforts to better understand the impact of social determinants upon health care outcomes through the UNDERSTAND Act. We look forward to a continued partnership on this vital legislation.

Sincerely,

American Art Therapy Association
American Association for Psychoanalysis in Clinical Social Work
American Association of Psychiatric Pharmacists
American Association on Health and Disability
American Counseling Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Psychoanalytic Association

³ Becker, CB; Middlemass, K; Taylor, B; Johnson, C; Gomez, F. (September 2017). Food insecurity and eating disorder pathology. *Int J Eat Disord*; 50(9): 1031-1040. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28626944>

Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Bazelon Center for Mental Health Law
Centerstone
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Crisis Text Line
Depression and Bipolar Support Alliance
Education Development Center
Fountain House
Global Alliance for Behavioral Health and Social Justice
Huntington's Disease Society of America
International OCD Foundation
International Society for Psychiatric Mental Health Nurses
The Jewish Federations of North America
The Kennedy Forum
Legal Action Center
Mental Health America
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Association of State Mental Health Program Directors
National Board for Certified Counselors
National Council for Mental Wellbeing
National Eating Disorders Association
National Federation of Families for Children's Mental Health
National Health Care for the Homeless Council
National League for Nursing
National Register of Health Service Psychologists
National Women's Shelter Network
NHMH - No Health Without Mental Health
Policy Center for Maternal Mental Health
SMART Recovery
The Trevor Project
Treatment Communities of America



September 13, 2024

The Honorable Dan Sullivan
302 Hart Senate Office Building
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The Honorable Catherine Cortez-Masto
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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 and provide resources on conducting screenings in a culturally sensitive manner, which are both critical to ensuring patients are comfortable with sharing personal information related to HRSNs.

Finally, NASDOH appreciates the bill sponsors included a requirement for CMS to provide guidance encouraging State Medicaid agencies to make available or share links to directories of local resources. We encourage the bill sponsors to consider how guidance can also promote connecting patients to local resources to address 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

September 18, 2024

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Crisis Text Line
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Education Development Center
Fountain House
Global Alliance for Behavioral Health and Social Justice
Huntington's Disease Society of America
International OCD Foundation
International Society for Psychiatric Mental Health Nurses
The Jewish Federations of North America
The Kennedy Forum
Legal Action Center
Mental Health America
National Alliance on Mental Illness
National Alliance to Advance Adolescent Health
National Alliance to End Homelessness
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NHMH - No Health Without Mental Health
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Schizophrenia and Psychosis Action Alliance

School Based Health Alliance
SMART Recovery
The Trevor Project
Treatment Communities of America