October 8, 2021

To: Social Determinants of Health (SDOH) Caucus  
From: Katherine B. McGuire, Chief Advocacy Officer  
Re: Response to Request for Information

The American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States with more than 122,000 researchers, educators, clinicians, consultants and students as its members, submits these comments in response to the Social Determinants of Health Caucus – Request for Information (RFI). Our response speaks to all areas of the RFI and comes from a broad representation of psychologists across the discipline.

Background to APA’s Response to the RFI

APA welcomes the SDOH Caucus’ bipartisan focus on equity issues and thanks Congress for the work already advanced in this area. It is now clearer than ever that social determinants of health are key factors in determining population health. An individual’s socio-economic status, access to nutritional foods, access to reliable transportation, and housing status can substantially impact their health and well-being. When social, economic and environmental risk factors are left unaddressed health inequalities persist resulting in poor health outcomes.

In this response, we pay attention to the behavioral health concerns Congress should consider in oversight of current federal agency efforts addressing SDOH and in considering new authorizations or funding flexibilities to address SDOH. Specially, we call for a population health framework to strengthen the nation’s behavioral health care system beyond the current pandemic. A population health approach offers a more proactive way to address the mental health of individuals and communities because it recognizes that our mental health exists on a continuum and emphasizes that it is critical to meet people wherever they are on that continuum, not passively waiting for them to reach a crisis before we intervene. Our comments are organized as follows:

1. Area 1: Experience with SDOH challenges  
2. Area 2: Improving alignment  
3. Area 3: Best practices and opportunities  
4. Area 4: Transformative actions

Experience with SDOH Challenges

The effects of the pandemic will last for some time within communities that have been marginalized due to longstanding social and economic inequities in this country. Congress has a role to play in maintaining

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https://www.cdc.gov/pcd/issues/2020/20_0261.htm
a public policy and regulatory environment to address both current disparities attributable to SDOH and reduce the onset of future mental health issues for those who become infected with COVID-19.

**Address SDOH and promote equity for children and families.** Children and adolescents are among the most vulnerable populations as they are particularly affected by the stress of not only their own lives in their crucial developmental periods, but also the stressors affecting their families. For example, the behavioral health of youth is seen to be particularly susceptible to extreme stress and trauma when experiencing a crisis, such as currently being experienced by youth affected by the COVID-19 pandemic, where everything from economic stressors affecting caretakers to traumatic loss of loved ones is leading to an increase in the mental healthcare needs of our youth. Despite rising rates of anxiety, stress and suicidal ideation among our nation's youth, access to mental healthcare and services aimed at improving the wellbeing of children and adolescents has remained lacking. The proportion of mental health–related ED visits among children increased 66%, in mid- April 2019 to mid- April 2020. Nearly three in 10 parents reported that their child is “already experiencing harm” to their emotional or mental health because of social distancing and closures. 14% of children are approaching their limits, saying that if social isolation continues their mental health will suffer. Youth of color in particular have less access to mental health services, and worse outcomes when it comes to proper diagnosis and treatment for mental and behavioral health conditions, and behavioral health risks and challenges vary greatly between youth of various immigration statuses, sexual orientations or disabilities. Left untreated, students with behavioral and mental health issues are at higher risk of chronic absenteeism, dropping out of school, and resulting underemployment and financial instability, further contributing to inequity. Focusing mental health awareness and treatment efforts within schools is crucial. Across most communities, and especially those of lower socioeconomic status, schools are the only source of assessing and meeting physical and mental needs of children. Further, Native American children have traditionally reported the highest depression rates of any racial group, and the suicide death rate for those between the ages of 15 and 19 is more double that of their white peers. COVID has led to long-term impacts of learning loss and a widened educational achievement gap in students of color, as well as delayed and missed developmental milestones.

While the pandemic prompted government investments in mental health and substance use treatment, continued investment in youth services is necessary to reverse the trends of worsening mental health conditions in children and adolescents. Long-term investment in proper mental health infrastructure aimed at helping children is needed for meaningful change, such as the hiring of permanent school-based mental health providers, and training educators to identify worsening mental health warning signs and help youth before their problems escalate to a crisis is crucial.

**Address the unique role of technology and barriers to using technology.** Many populations have unique issues. For example, older adults can use and benefit from technology. Some older adults may be unfamiliar with the technology and/or have functional or physical impairments that may require more training and support in the use of technology. The variation in tech platforms and uses across institutions is a barrier because consumers have to learn different systems and processes. Standardizing platforms as

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much as possible will reduce this barrier.  In addition, lack of access to technology, including broadband service, is a critical determinant during the COVID-19 pandemic affecting access to health care services. As a result, many individuals have not been able to take advantage of the increased use of telehealth to deliver care. Therefore, allowing for services to be delivered by audio-only phone has been a significant impact on access to care. It is important for policymakers to figure out how to make coverage of audio-only services permanent across payers and programs.

**Consider undocumented immigrants who have been especially affected by the COVID-19 pandemic.** The SDOH already experienced by undocumented immigrants have been compounded by the pandemic. For example, many immigrants have experienced chronic stress and trauma in addition to other SDOH, such as violence in countries of origin, malnourishment, and a history of limited health care access, resulting in compromised immune systems and increased risk of becoming sick with COVID-19 and associated severe complications. Many undocumented immigrants do not have primary care providers or access to health insurance. Additionally, many have been performing essential jobs during the pandemic but are not eligible to receive Coronavirus aid benefits. The “Public Charge” rule has also led many undocumented immigrants to pull their children out of social services out of fear of it affecting their chances of citizenship. Parents who were laid off from work had difficulty accessing resources such as unemployment benefits, resulting in housing and food insecurity in addition to increased anxiety. A recent report, developed by immigrant rights’ leaders from 23 organizations and leaders from several subdisciplines in psychology, described the traumatization experienced by immigrant communities due to the recent wave of anti-immigrant policies. That report underscored the need for federal policy that reverses the dehumanization of immigrants, and that dedicates significant resources to increasing community collaborations to better serve immigrant communities.

**Improving Alignment**

Major gaps in data exist on particularly Asian American and Pacific Islander and Native American communities, partially due to historical aggregation of unique groups into larger umbrella terms that fail to properly represent their diversity. Improved data collection and research on SDOH are two ways of improving alignment across federal agencies to address SDOH in policy and programs.

**Collect SDOH data to be consistent across all systems so that all providers, payers, and other stakeholders are collecting and reporting the same types of SDOH data.** One of the first steps towards improving alignment among federal programs such as Medicaid, CHIP, SNAP, WIC, etc. to

10 Page et al., 2020.
effectively address SDOH in a holistic way is measurement and documentation. Measuring SDOH has numerous barriers, including philosophical beliefs on the part of providers that it is not their place to be asking such questions, training barriers in not knowing how or what to ask patients, and practical barriers with challenges in identifying community-based interventions to address SDOH and ensuring patients receive these services once identified. Further, without establishing reimbursement mechanisms and incentives for measuring SDOH and intervening, provider behavior is unlikely to change. One method for implementing a standardized approach to measuring SDOH would be to collect data via a health risk assessment or screening tool, document it in the electronic health record, and map SDOH data onto existing IDC-10-CM Z codes for documenting conditions in the environments where people are born, live, learn, work, play and age. Current z code categories include problems related to education and literacy, employment and unemployment, housing and economic circumstances, social environment, upbringing, primary support group including family circumstances, psychosocial circumstances, and occupational exposure to risk factors. This is likely not an exhaustive list and SDOH data elements continue to be identified within the literature. These data could then be used to identify individuals’ social risk factors and unmet needs and trigger referrals to social services to address those needs. If all third-party payers (Medicare, Medicaid, private insurers, etc.) required the same data to be collected, it would greatly increase provider participation and ease documentation burdens that currently exist. However, without actively addressing the aforementioned barriers to implementation, any efforts are unlikely to be fully successful. These steps, along with greater interoperability across electronic health data systems, would contribute greatly toward helping to align health services with community-based services addressing patients' health and social needs.

**Fund and conduct additional research to identify targets for intervention and focus interventions more successfully.** Many scientific questions persist about how social structures and elements influence health, and about why they affect some people more than others. Additional research is essential to identify targets for intervention and to focus interventions more successfully. The National Institute on Minority Health and Health Disparities in its 2015-2017 scientific visioning exercise identified several areas in which additional research was needed.\(^\text{13}\) Two of these areas are embodiment and protective resilience. Embodiment refers to how exposure to social determinants gets under the skin to trigger specific health responses (e.g., epigenetic changes, hormonal changes). For example, the time between exposure and physiological response is unknown. Additional research on protective resilience would provide new insights about factors that protect against these health effects (e.g., social support). The Eunice Kennedy Shriver National Institute for Child Health and Human Development has dedicated part of its STRIVE webinar series to examining how social determinants research might advance NICHD’s mission. APA\(^\text{14}\) suggests that future legislation on social determinants include a substantial new authorization for research at the National Institutes of Health.

**Best Practices and Opportunities**

Congress can explore the following approaches to address SDOH.

**The Department of Veterans Affairs Care for Patients with Complex Problems Program** uses innovated models of care that address Veterans with complex care needs such as medical comorbidities, cognitive impairment, mental health disorders, and/or behaviors that are distressing to care. Such programs indirectly address SDOH as these issues can often lead to limitations in house, access to care, and inefficient, ineffective, or inappropriate use of limited resources. Three innovative models of care for


14 [https://www.nichd.nih.gov/about/org/strive/engagement](https://www.nichd.nih.gov/about/org/strive/engagement)
this population include the Behavioral Recovery Outreach (BRO) Team;¹⁵ the Individualized Non-pharmacological Services Integrating Geriatric Health & Technology (INSIGHT) Program;¹⁶ and the Transitions Referral and Coordination (TRAC) team.¹⁷

**Integrated Care.** There are many individuals who, despite having consistent access to a primary care provider, never obtain mental or behavioral health treatment when they experience systems of a mental health crisis. This is attributable any one of many factors—lack of local providers, cost, social stigma, and burdensome barriers to coverage, to name a few. However, there are several innovative and evidence-based models of integrating primary and mental health care, such as the Primary Care Behavioral Health (PCBH) model, that have the potential to expand access to care, improve patient outcomes and satisfaction with care, and reduce overall treatment costs. While PCBH and other integrated care models promote these goals, there are challenges to the adoption of these models by health care practices. These include significant changes to providers’ physical offices, information technology systems, management procedures, clinical staffing and policies, health records and data tracking practices, and provider education and training.¹⁸ Given these challenges, as well as differences in patient population and the goals of the integration effort, there is no “one size fits all” approach to effective integrated primary care; instead, approaches to integration should be responsive to the specific needs and environment of the community. Congress should adopt a flexible approach to assisting practices that use an array of evidence-based forms of integrated care with transition costs and reject legislation, such as the Collaborate in an Orderly and Cohesive Manner Act (H.R. 5218), that distorts the market for these models by funding one model of integrated care over all others.

**Transformative**

Our response focuses on reforms to payment methods to help measure behavioral health care based on its outcomes, rather than utilization of services only.

**ICD-10-CM codes included in categories Z55-Z65 ("Z codes") identify non-medical factors that may influence a patient’s health status.** These Z codes identify persons with potential health hazards related to socioeconomic and psychosocial circumstances. The data collected from claims with reported SDOH codes is being used by CMS to analyze data and health trends. Documenting these codes does not bring increased reimbursement on a claims basis. To drive data collection and ultimately patient outcomes and policy CPT codes need to be in place to facilitate the routine screening and intervening for social determinants of health.

**The establishment of CPT codes provides a mechanism and incentive for providers to deliver SDOH screening and intervening for their patients.** Without the establishment of CPT codes it is unlikely providers will be motivated to provide these key services. As SDOH have a significant impact on health outcomes, addressing the impacts of SDOH is essential to the achievement of greater health equity. We ask CMS to establish G Codes that can be used by both physicians and qualified health care providers to capture the work involved in screening and intervening for SDOH. Although physicians can capture time involved with addressing SDOH under the Evaluation & Management Codes, this mechanism does not allow for evaluating healthcare utilization specific for SDOH. Therefore, new G codes are needed to capture the work involved in both the screening and intervening for SDOH that can be used by both physicians and qualified health care providers.

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Legislation

APA supports several bills introduced in the 117th Congress that would address SDOH.

- SDOH Accelerator Act (H.R. 2503), which provides $25 million in grants and technical assistance to help states and communities devise strategies to better leverage existing programs and authorities to improve the health and well-being of those participating in Medicaid.

- SDOH Data Analysis Act of 2021 (H.R. 4026 IH), which requires the Comptroller General of the United States to submit to Congress a report on actions taken by the Secretary of Health and Human Services to address social determinants of health.

- CARING for Social Determinants Act of 2021 (H.R. 3894), which requires the Centers for Medicare & Medicaid Services to regularly update guidance to help states address social determinants of health under Medicaid and the Children's Health Insurance Program (CHIP).

- Supporting Medicaid in the U.S. Territories Act (H.R. 4406), which provides five years of Medicaid funding for Puerto Rico and eight years of funding for other U.S. territories.

- Immigrant Mental Health Act (H.R. 2480), which expands access to trauma-informed mental health care for immigrants and educates Customs and Border Protection agents working with immigrants.

- Pursuing Equity in Mental Health Act (H.R. 1475), which authorizes programs to support research, increase cultural and language appropriate providers, reduce stigma, and develop provider training.

- Mental Health Services for Students Act of 2021 (H.R. 721), which provides authority for the Project AWARE (Advancing Wellness and Resiliency in Education) State Educational Agency Grant Program that is administered by the Substance Abuse and Mental Health Services Administration. The program supports school-based mental health services, including screening, treatment, and outreach programs.

- Ensuring Telemental Health Expansion Act of 2021 (H.R. 341), which makes permanent several telehealth flexibilities that were initially authorized during the public health emergency relating to COVID-19, particularly with respect to Medicare coverage of telehealth services. The bill also permanently allows beneficiaries to receive Medicare telehealth services at any site, regardless of type or location, and grants the CMS general authority to waive any other requirements as it deems appropriate.

- Telehealth Coverage and Payment Parity Act (H.R. 4480), which permanently removes certain restrictions on Medicare coverage of telehealth services, allowing patients to receive telehealth services from their own homes.

- Telemental Health Care Access Act (H.R. 4058), which would remove certain Medicare coverage restrictions for behavioral health services delivered via telehealth.

- Permanency for Audio-Only Telehealth Act (H.R. 3447), which would continue to allow Medicare to cover mental and behavioral health services furnished via audio-only telehealth.
APA Resources

Psychologists are deeply engaged in research, training, and interventions, and advocacy to advance racial justice and equity. Although some of these materials are geared towards the discipline of psychology, federal agencies may find psychology-informed concepts and approaches to achieve racial justice and equity useful.

- Bias, Discrimination, and Equity Resources. Information, resources, and support for behavioral and social scientists, advocates, activists, and community serving practitioners addressing health and race disparities during and post- OVID-19. [https://www.apa.org/topics/covid-19/equity-resources](https://www.apa.org/topics/covid-19/equity-resources)
- Highlighting the value of using psychological science to combat racism and inequities in the scientific workforce. APA identifies several factors causing disparities in the scientific workforce and offers evidence-based solutions in response to a request for information from the National Institutes of Health. [https://www.apaservices.org/advocacy/news/value-science-combat-racism](https://www.apaservices.org/advocacy/news/value-science-combat-racism)
- APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017. These guidelines provide psychologists with a framework from which to consider evolving parameters for the provision of multiculturally competent services. [https://www.apa.org/about/policy/multicultural-guidelines.pdf](https://www.apa.org/about/policy/multicultural-guidelines.pdf)
- APA Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization. (2019). These guidelines provide concrete actions that psychologists can take when working with Low-Income and Economically Marginalized (LIEM) individuals and deepens the conversation surrounding how to provide appropriate care for people in different economic positions. [https://www.apa.org/about/policy/guidelines-low-income.pdf](https://www.apa.org/about/policy/guidelines-low-income.pdf)
- APA Resolution on Harnessing Psychology to Combat Racism: Adopting a Uniform Definition and Understanding. (February 2021). This official statement of APA policy presents the psychological science-based research imperative to end racism. [https://www.apa.org/about/policy/resolution-combat-racism.pdf](https://www.apa.org/about/policy/resolution-combat-racism.pdf)
- APA Equity, Diversity, and Inclusion Framework, 2021. The EDI framework defines and conceptualizes equity, diversity, and inclusion for APA. It provides an intentional and systemic approach to infusing EDI into the Association’s work and articulates APA’s vision to successfully integrate EDI across the organization and the discipline. [https://www.apa.org/about/apa/equity-diversity-inclusion](https://www.apa.org/about/apa/equity-diversity-inclusion)

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