Coalition to End
Social Isolation
& Loneliness

2021-
2022

POLICY PRIORITIES

ADDRESSING THE IMPACT OF SOCIAL ISOLATION &
LONELINESS FOR ALL AMERICANS

PREPARED BY
THE COALITION TO END SOCIAL ISOLATION
& LONELINESS

ABOUT THE COALITION TO END SOCIAL ISOLATION & LONELINESS

The Coalition to End Social Isolation and Loneliness (referred to hereinafter as 'the Coalition') is a nonprofit organization that brings together a diverse set of stakeholders including, but not limited to, consumer groups, community-based organizations, technology innovators, health and mental health care providers, patient advocates, public health organizations and health insurers to develop and advocate for federal policy solutions that address social isolation and loneliness in the U.S. The Coalition advocates a comprehensive policy agenda that focuses on public awareness, social services, health services, technology, public health and research, and is developing an expanded platform that distills key considerations for other policy domains—namely, Education, Infrastructure, and Finance.

In 2020, The Coalition to End Social Isolation and Loneliness has engaged in a variety of new areas in order to advance its mission; these areas include, but are not limited to, disseminating research findings, and leading public awareness events in Washington, DC as well as across the nation. Furthermore, the Coalition is currently finalizing the development of three new initiatives/entities: 1) a Scientific Advisory Council, which will act as a separate and independent entity dedicated to bridging the gap between innovators and researchers; 2) an international collaborative to share best practices globally; and, 3) an Innovation Accelerator, which will act as a compendium of member resources and services, as well as an incubator for strategic collaborations and partnerships among market innovators.

The mission of the Coalition to End Social Isolation and Loneliness is to engage diverse stakeholders, increase public awareness, promote innovative research, and advocate for policy change that combats the adverse consequences of social isolation and loneliness and advances approaches that improve social connectedness for all Americans.

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BACKGROUND: SOCIAL ISOLATION AND LONELINESS IN THE U.S.

Recent studies show that millions of Americans are socially isolated, lonely, or both, which negatively impacts quality of life and health outcomes. Social isolation occurs when an individual does not have adequate opportunities to interact with others, whereas loneliness is a subjective experience stemming from the perception of having too little contact or having dissatisfying social relationship quality.[1] Both are detrimental to one's health and well-being.

Research shows that social isolation can lead to a 29% increased risk of premature all-cause mortality and loneliness a 26% increase. The risk associated with either social isolation or loneliness exceeds the effects of physical inactivity, obesity, and air pollution. Further, the risk of lacking social connection is equivalent to smoking up to 15 cigarettes per day.[2] Other studies have found that social isolation and loneliness are strongly related to poor health and have been associated with a number of significant co-occurring conditions such as chronic lung disease, arthritis, impaired mobility, depressive symptoms, self-neglect, addiction, elder abuse and exploitation, among several other conditions.[3]

In addition to health outcomes, research indicates that those socially isolated and/or lonely experience lower workplace productivity and quality of work, as well as increased workplace absenteeism.[5] This effect is exacerbated for those working remotely, as well as those who are member to minority populations and those with lower income. Additionally, reports indicate that Medicare spends $6.7 billion annually as a result of individuals being socially isolated.[4]

The negative effects of social isolation and loneliness on health outcomes, social capital, and economic mobility, are expected to disproportionately impact those within underserved communities, as well as those member to minority populations more broadly. Approximately 61% of Americans reported feeling lonely prior to the COVID-19 pandemic (an increase from approximately 54% in 2018), with loneliness rates disproportionately impacting minority populations, as well as those with low household income, and those residing in rural areas.[5]

1.   UK Government. A connected society: a strategy for tackling loneliness. 2018

2.   Julianne Holt-Lunstad, et al. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. 2016.

3.   Andrew Steptoe, et. al. Social isolation, loneliness, and all-cause mortality in older men and women. 2013

4.   Linda Flowers, Jonathan Shaw, Monica Farid, et. al. Medicare Spends More on Socially Isolated Older Adults. AARP Public Policy Institute. November 2017.

5.   "Loneliness and the Workplace: 2020 U.S. Report" 2020. https://www.cigna.com/static/www-cigna-com/docs/about-us/newsroom/studies-and-reports/combatting-loneliness/cigna-2020-loneliness-factsheet.pdf

POLICY PRIORITIES IN THE IMMEDIATE AND POST-COVID-19 LANDSCAPE

The Coalition to End Social Isolation & Loneliness recommends the following priorities and targeted policy proposals be enacted immediately, which will improve efforts to address the impact of social isolation and loneliness facing the nation amidst the COVID-19 pandemic:

1. Maintain and improve access to mental and behavioral health services that mediate the mental health implications of social isolation and loneliness for vulnerable populations;

2. Improve the public health response to COVID-19 and widespread social isolation and loneliness;

3. Provide for additional targeted funding for programs and services under the Older Americans Act (OAA);

4. Enhance supports for our nation's education system to combat the effects of social isolation and loneliness for our now displaced students.

Please find more detailed information regarding each policy recommendation in the attached Appendix A.

The Coalition also recommends the following overarching policy priorities for Congress to consider in addressing the long-term impact of social isolation and loneliness facing all sociodemographic populations in the U.S., and globally.

1. Increase public awareness regarding social isolation and loneliness and its effect on health and wellbeing, including launching a national strategy to combat social isolation and loneliness, as well as an inter-departmental and agency National Coordinator of Social Isolation, and provide funding for a national public education campaign;

2. Enhance social services and supports to address social isolation and loneliness by enhancing and/or targeting existing vehicles through the Aging Network, ACF, HRSA, HUD, DOL, and DOE, as well as state-level agencies, and mobilize community-based organizations;

3. Advance health services and supports that address social isolation and loneliness by implementing social isolation and loneliness screenings within various health care programs, including social isolation and loneliness within clinical improvement and quality metrics, and streamlining data collection for social isolation and loneliness and advance innovative state and provider-level health care delivery innovations (among other priorities);

4. Leverage innovative solutions that foster connection and social integration;

5. Advance federal research to continue to develop the evidence base necessary to design effective programs and policies.

Please find more detailed information regarding each policy priority the attached Appendix B.

APPENDIX A

COVID- 19 PRIORITIES

IMMEDIATE POLICY PRIORITIES TO ADDRESS THE IMPACT OF SOCIAL ISOLATION AND LONELINESS DURING COVID- 19

COVID-19 PRIORITIES: MAINTAIN AND IMPROVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES

Any future legislative steps to address the COVID-19 crisis must increase access to mental and behavioral health services for all populations. As noted by the American Psychological Association (a member to the Coalition), the COVID-19 pandemic is an "epidemiological and psychological crisis" that presents increased risks of anxiety and depression among at-risk populations living in isolation.[1] The Coalition urges Congress to include the following recommendations.

1. *Improve access to mental & behavioral health care services provided through telehealth and other remote communication technology (RCT) for those socially isolated and/or lonely.* We support recommendations from other mental and behavioral health advocates for the temporary requirement that all health insurance providers and types cover telehealth services at parity with in-person care, for the duration of the national emergency. Furthermore, we request Congress to consider ways to further promote and enforce parity compliance between mental/behavioral health services provided through telehealth and other RCT with traditional medical care services provided through such platforms. We also advocate utilizing the following COVID-19 measures provided in the Consolidated Appropriations Act (H.R.133).
   o Leverage the additional funding for the FCC COVID-19 Telehealth program, which grants funding for qualified providers who need to upgrade their technology for telehealth.

2. *Ensure continued access to mental and behavioral health services provided through telehealth and other RCT following the COVID-19 crisis.* The temporary expansion of telehealth and RCT services presents an opportunity to improve access to critical mental and behavioral services for underserved and vulnerable populations, especially those socially isolated and/or lonely. We request that Congress consider extending current flexibilities in Medicare and Medicaid regarding coverage of telehealth and other RCT services to include those that screen and treat patients for mental and behavioral health issues related-to or resulting-from social isolation and loneliness.

   o Expand broadband access by leveraging the FCC Emergency Broadband Benefit Program, under which eligible households may receive a discount of up to $50 off the cost of internet service and a subsidy for low-cost devices such as computers and tablets for an individual who qualifies for a low-income or COVID-19 discount program offered by internet service providers.

3. *Expand the definition of "practitioner" under the Social Security Act (SSA) for the duration of the public health emergency to improve access to mental & behavioral health services*. As requested by other provider organizations and advocates, we request that Congress allow the Secretary of Health and Human Services (HHS) to expand the definition of "practitioner," as defined in section 1842(b)(18)(C) of the Social Security Act (SSA), to allow more mental and behavioral health providers to perform (and be reimbursed for) services through telehealth and other RCT for individuals socially isolated and/or lonely.

4. *Increase social isolation and loneliness screenings in Medicare and Medicaid.* Specifically, Congress should incorporate a social isolation and loneliness assessment within the "Welcome to Medicare" visit and Health Risk Assessment requirements, as well as within Medicaid wellness visit requirements, and allow such screenings to be performed through RCT.

COVID-19 PRIORITIES: MAINTAIN AND IMPROVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES

5. *Expand access to, and funding for, peer support services for socially isolated and/or lonely individuals.* As requested by other prominent mental health advocates and organizations, we recommend that Congress provide extensive emergency funding for peer support providers, as well as funding to support and expand individual/group online peer support services. We also request that Congress establishes new funding streams for such services in the Medicare fee-for-service program to better enhance coverage of such services within traditional Medicare. Providing a more sustainable funding mechanism for peer support providers and online peer support models will improve the capacity of the U.S. health care system address the mental health impact of COVID-19. Research shows that peer support services, including virtual mutual aid groups, have a sizeable impact on health care utilization patterns and lead to significant decreases in avoidable institutional care and re- hospitalizations, as well as improve treatment adherence and social functioning, among other health indicators.[2]

6. *Provide additional emergency funding for relevant agencies and entities.* We commend Congress for efforts to strengthen the health care safety net amidst the COVID-19 crisis. This includes, but is not limited to, $455 million to the Substance Abuse and Mental Health Services Administration (SAMHSA), and $955 million to the Administration for Community Living (ACL), as well as extensive funding for State and local governments, health care relief funds, and small business support vehicles. However, more funds are needed to combat the mental health impact of social isolation and loneliness effecting all Americans. This includes the following requests:
    o *HRSA & SAMHSA*–Authorize additional grant funding and emergency relief funding for community mental and behavioral health organizations to sustain provision of care and services for vulnerable populations and to provide additional workforce protections.
    o *ACL*— Consistent with the Strengthening Social Connections Act, authorize additional emergency funding to increase the overall service capacity of the Aging Network through the Older Americans Act-funded programs provided by the Administration for Community Living (ACL) such as, congregate, and home-delivered nutrition services (Title III-C), supportive services (Title III-B), Native American nutrition services (Title VI), preventative services (Title III-D), caregiver services (Title III-E), and to provide additional workforce protections.

[1] APA. Psychological impact of COVID-19: Know the signs of anxiety, panic attacks, depression and suicide. 2020 See: https://www.apa.org/topics/covid-19/psychological-impact

[2]NASMHPD. Older Adults Peer Support: Finding a Source for Funding. 2017. See: https://www.nasmhpd.org/sites/default/files/TAC.Paper_.8.Older_Adults_Peer_Support- Finding_a_Funding_Source.pdf

COVID-19 PRIORITIES: IMPROVE THE PUBLIC HEALTH RESPONSE

As Congress looks to strengthen the health care workforce, it is imperative that lawmakers consider policies which improve the nation's public health response to the mental health impact of nationwide physical distancing protocols. We urge Congress to include the following recommendations in future legislation:

1. *Establish a public health response strategy.* Provide additional funding and authority to the CDC, in coordination with other relevant departments and agencies, to establish a centralized public health response strategy addressing the cognitive, mental, and physical health impact of the current COVID-19 crisis, as well as future disasters and extreme circumstances. Furthermore, direct specific funding to establish a national public awareness campaign that raises the visibility of the risks of social isolation and loneliness (as well as other mental health risks experienced during the COVID-19 PHE) and resources available for the general public;

2. *Increase funding to Implement a more robust public health response.* Provide additional funding and authority for the Secretary of HHS, in coordination with the CDC, to provide grants and/or enter into contracts with States, local governments, community-based organizations (CBOs), and/or other public/private entities for projects and demonstrations that address the immediate impact of COVID-19 on social isolation and loneliness, and related mental/behavioral health complications, prioritizing vulnerable and at-risk populations. This could include (but is not limited to):
   o Providing grants to invest in better service coordination and information flow between all federal agencies, local departments, and relevant CBOs addressing the impact of social isolation and loneliness and/or improving social connection among at-risk populations, such as older adults, and underserved populations;
   o Providing grant funds and operational/technical assistance to entities, such as CBOs, health care organizations (including health insurance providers), and/or public or private employers, to implement wellness programs aimed at improving social connection among at-risk populations;
   o Providing additional funds for HHS to enter into public-private partnerships that enhance and develop technology innovations which improve social connection.

3. *Enhance federal funds and efforts to establish a streamlined system to collect and aggregate data measuring social isolation and loneliness among various federal safety net systems and programs, such as electronic health records systems or the BRFSS;*

4. *Expand compassionate care visits in nursing facilities.* Update current rules, regulations, and guidelines authorizing compassionate care visitation in cases where a resident suffers from significant changes in mental or psychosocial wellbeing as a result of isolation or other factors.

COVID-19 PRIORITIES: FUNDING FOR PROGRAMS AND SERVICES PROVIDED THROUGH THE OLDER AMERICANS ACT (OAA)

The Aging Network authorized by the Older Americans Act and administered by the Administration on Aging (AoA) under the Administration for Community Living (ACL) provides a broad range of supports and services which empower older adults to live independently in their communities. We support additional funding for aging services during the pandemic as requested by organizations such as the National Association of Area Agencies on Aging (n4a). We would specifically like to call your attention to the need for increased funding for programs and services addressing social isolation and loneliness, as enacted under H.R. 4334 – the Supporting Older Americans Act of 2020, PL: 116 – 131. The Coalition also urges Congress to include the following recommendations in any future legislation:

1. *An additional $12 million under Title IV*, to be directed through the ACL's National Resource Center for Engaging Older Adults, for projects that address negative health effects associated with social isolation among older individuals, as well as multigenerational projects that reduce social isolation and improve participant social connectedness, as established under PL: 116-131 [42 USC 3032(a)(18) and 3032f(a), respectively];

2. *Additional Title III B funding* for states to implement supportive services that promote or support social connectedness and reduce negative health effects associated with social isolation, as established under Public Law: 116-131 [42 USC 3030d(a)(25)]. We support requests made from n4a and other organizations for Congress to improve funding for the Aging Network to purchase and disseminate technology that may improve social connection among low- income older adults. We also request such funds to provide for technology and telecommunications trainings that improve the technological capacities of older adults and, thus, to improve social connection;

3. *Additional Title III D funding* for evidence-based disease prevention and health promotion services to provide AAAs the resources necessary to address risks of social isolation and loneliness among older adults and to support advance care planning, as well as to assist AAAs in the development of online/digital or telephonic platforms as an option for their existing programs;

4. *Additional funding for other OAA provisions* including: the development of the Assistant Secretary's report, as outlined under Section 126 of PL: 116-131, addressing the negative health effects associated with social isolation and the impact of current OAA programs addressing social isolation; and, developing a long-term plan, as outlined under Section 115 of PL: 116-131, for supporting State and local efforts involving education about prevention of, detection of,   and response to negative health effects associated with social isolation.

COVID-19 PRIORITIES: ENHANCE SUPPORTS FOR OUR NATION'S EDUCATION SYSTEM TO COMBAT THE EFFECTS OF SOCIAL ISOLATION AND LONELINESS FOR OUR NOW DISPLACED STUDENTS

Social isolation and loneliness impacts Americans of all ages. Recent studies indicate that prior to the COVID-19 pandemic Generation Z (adults ages 18-22) was the loneliest generation and claims to be in worse health than older generations.[1] Furthermore, results from Kaiser Family Foundation's recent Health Tracking Poll indicates that adults ages 18 to 64 are more likely than older adults to worry about the negative impact of COVID-19 on their mental health (49% vs. 31%, respectively).[2]Concurrent with other solutions identified herein, the Coalition is providing the following recommendations to better support the U.S. Education system in addressing students of all ages impacted by social isolation and loneliness during the national emergency:

1. Establish a grant program incentive for state-level offices to develop and implement Social Emotional Adolescent Development (SEAD) programs addressing the mental health challenges of social isolation and loneliness – Core tenants of these programs should include:
    o Strategy, and training development based on recommendations of the National Commission on Social Emotional and Academic Development;
    o Social Risk Assessments to be administered by school nurses, social workers, or trained educators and administrators that address, among other metrics, mental health risks of social isolation and loneliness;
    o Virtual or web-based—student-accessible—applications between educators, custodial/non-custodial adults, and students;
    o Public-Private partnerships for rapid deployment of training (e.g. Beyond Differences) and evidence-based solutions, including but not limited to technology solutions.

2. Incentivize state departments of education to develop social emotional incorporate social isolation and loneliness into a social emotional learning (SEL) curriculum and/or K-12 health education curriculum, emphasizing the evidence of the adverse health effects of social isolation and loneliness;

3. Increase mental health service access for students via telehealth for school- and university-based clinics;

4. Allow the Secretary of HHS to temporarily waive HIPAA restrictions to enable schools and universities the ability to coordinate care and data with health care personnel regarding at-risk students experiencing social isolation and/or loneliness;

5. Develop school programs to foster social connectivity and develop critical social skills and resiliency related to social isolation and loneliness.

[1] CIGNA U.S. Loneliness Index: Survey of 20,000 Americans Surveying Behaviors Driving Loneliness in the United States. 2018. See: https://www.cigna.com/assets/docs/newsroom/loneliness-survey-2018-full-report.pdf
[2] KFF. The Implications of COVID-19 for Mental Health and Substance Use. 2020. See: https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and- substance-use-issue-brief/#endnote_link_460419-4

APPENDIX B

LONG-TERM PRIORITIES

OVERARCHING PRIORITIES TO ADDRESS THE LONG-TERM IMPACT OF SOCIAL ISOLATION AND LONELINESS AMONG ALL AMERICANS

THE OPPORTUNITY

Convening allied stakeholders from a diverse set of perspectives and expertise to advance and advocate for legislative and regulatory policy solutions that address social isolation and loneliness will ensure greater social connection for at risk populations. This is crucial because in addition to yielding positive health outcomes, studies show the importance of social connectedness in improving all aspects of community growth.

As such, the Coalition to End Social Isolation and Loneliness recommends the following policy options to address the challenge of social isolation and loneliness in America:

GOAL #1: INCREASE PUBLIC AWARENESS REGARDING SOCIAL ISOLATION AND LONELINESS AND ITS EFFECT ON HEALTH AND WELLBEING.

We must increase awareness and understanding of social isolation and loneliness as well as highlight solutions to address the problem. Increasing public awareness will have a force multiplying effect on our other policy goals, such as improving access to and uptake of relevant services and supports and promoting research.

To raise the visibility for the problem of social isolation and loneliness policy makers should:

1. Develop a national strategy to combat social isolation and loneliness among all populations;

2. Institute an Inter-Departmental and Agency National Coordinator of Social Isolation and Loneliness to lead and coordinate administrative efforts, identify, and leverage current federal and state resources, and make recommendations to cabinet officials and the White House to reduce stigma and encourage social connection;

3. Provide funding for a national public education campaign and provider-focused education initiatives; and

4. Advocate for funding for the ACL National Coordinating Center on Social Isolation and Loneliness to evaluate technological innovations to address social isolation and loneliness, assess the evidence base to support program and technology solutions; and develop a methodology for ranking and building the evidence on those solutions.

GOAL #2: ENHANCE SOCIAL SERVICES AND SUPPORTS TO ADDRESS SOCIAL ISOLATION AND LONELINESS.

Although solutions to address social isolation and loneliness will vary, they should leverage existing social services and supports. This is particularly timely with recent added flexibilities in Medicare Advantage, Medicaid and the individual marketplace. Stakeholders are beginning to identify and promote community-based programs and interventions that are fostering social connectedness.[1] To promote non-medical interventions that address social isolation and loneliness, policymakers should:

Promote Policies Addressing Social Isolation and Loneliness in Older Americans

- Capitalize on the Aging Network's existing role in reducing social isolation among older adults and caregivers:
    - Improve funding for the Older Americans Act supportive services, evidence-based disease prevention programs, multigenerational services, resource centers, and other state/local programs, that look to address the impact of social isolation and loneliness on mental and physical health and/or look to improve social connectedness;
    - Invest in new authorities added to the Older Americans Act in the 2020 reauthorization, including federal leadership, research, and demonstration opportunities in combating the negative health effects of social isolation, increasing social engagement for older adults.

- Leverage Medicare and Medicare Advantage benefits to ensure health care reimbursement for social services and supports to address social isolation and loneliness through the following:
    - Expand the current definition of "chronic condition" under Special Supplemental Benefits for the Chronically Ill (SSBCI) and propose changes to the MA rebate formula as a means of incentivizing adoption of supplemental benefits that address social isolation and loneliness.
        - Expand through statutory reform;
        - Ask CMS to expand the list of qualifying chronic conditions under the Medicare Managed Care Manual Chapter 16b section 20.1.2.
    - Expand the behavioral health benefit under Medicare fee-for-service to include reimbursement pathways for interventions addressing social isolation and loneliness.

- Support policies to provide PACE programs with more flexibility to expand their model of care outside of its current limitations, assuming parity with existing managed care regulatory structures.

[1] Caruso, Robin. "CareMore's Togetherness Program Addresses a Symptom of Living With Chronic Illness: Loneliness." American Journal of Managed Care. 15 August 2018. https://www.ajmc.com/journals/evidence-based-oncology/2018/august-2018/caremores-togetherness-program-addresses-a-symptom-of-living-with-chronic-illness-loneliness

GOAL #2: ENHANCE SOCIAL SERVICES AND SUPPORTS TO ADDRESS SOCIAL ISOLATION AND LONELINESS.

Goal #2 priorities continued

Improve Federal Assistance & Infrastructural Capacities for All Americans

- Identify federal programs and interventions that can reduce social isolation and loneliness:
    - Improve and mobilize assistance programs with front-line opportunity to intervene (e.g., TANF, SNAP, home visit programs, etc);
    - Establish comprehensive case management and service delivery pilots that address all social determinants of health (SDOH), including social isolation and loneliness; and,
    - Establish broad population-based Medicaid "health homes" that address all SDOH including social isolation and loneliness.

- Support policies like the Social Determinants of Health Act, that would establish grant systems and braided funding for states and local governments to implement social interventions and opportunities more comprehensively for social connection;

- Enhance environmental infrastructure in both urban and rural regions to promote social connectedness, consistent with the National Urban League's Lewis Latimer Report:
    - Expand scope of existing FCC initiatives across other agencies of jurisdiction to improve broadband connectivity in rural and underserved regions;
    - Coordinate design standards optimal for minimizing social isolation and loneliness within urban development projects and planning initiatives.

- Support policies that encourage further "rebalancing" of Medicaid long-term services and supports (LTSS) towards home- and community-based services (HCBS) and support the development of programs with sustainable financing to assist functionally limited isolated individuals with meeting daily needs by adapting their surroundings and enhancing their mobility within communities;

- Address access to non-emergency transportation, including transportation for non-medical services – a key social determinant of health & well- being - to provide opportunities for social interaction and quality of life;

- Establish federal incentives and initiatives to address social isolation and loneliness in the Public workplace environment;

- Address and establish solutions to enhance civic engagement among all populations and age groups;

- Support the collaborative improvement methodology to address social isolation and loneliness in the workplace environment;

- Expand the Social Impact Partnerships to Pay for Results Act (SIPPRA) to include funding specifically for proven social services and supports that remedy social isolation and loneliness;

- Utilize schools or public libraries as a center for community where community members across generations can engage in social connectivity and access social and emotional learning; and

- Engage with stakeholders on existing programs within Corporation for National and Community Service (e.g. Americorps, Americorps Senior) to provide volunteer services to Americans affected by social isolation and loneliness.

GOAL #3: ADVANCE HEALTH SERVICES AND SUPPORTS THAT ADDRESS SOCIAL ISOLATION AND LONELINESS.

Social isolation and loneliness take a toll on physical and psychosocial health, leading to poorer health outcomes, higher rates of mortality, and higher health care costs. Social isolation and loneliness have emerged as an important determinant of health, and health care payers, providers and policymakers are considering whether and how to screen and treat loneliness as a medical condition.

To provide better health services and supports, policymakers should:

- Advocate for health education and training programs to provide education on integrating care related to social isolation and loneliness into clinical practice and as part of discharge planning, care coordination, and transitional care planning with community organizations;

- Incorporate a social isolation and loneliness assessment into the "Welcome to Medicare" and Annual Wellness visits, within Medicaid wellness visits, as well as encourage such assessments at emergency department visits, and hospitalizations to better identify at-risk individuals;

- Enhance federal funds and efforts to establish a streamlined system to collect and aggregate data measuring social isolation and loneliness among various federal safety net systems and programs;

- Expand innovative state initiatives and waivers addressing SDOH, including social isolation and loneliness, through 1115 and 1332 authorities:
  - o Expand the use of individual market health-contingent wellness programs to include "standards" addressing SDOH, including social isolation and loneliness.

- Incorporate social isolation assessment and quality measurement into models the Center for Medicare and Medicaid Innovation is considering;

- Establish quality measures set within the value-based payment programs specific to targeting social isolation, loneliness and related behavioral health, specifically:
  - o Process measures that improve screening of social isolation and loneliness and increase utilization of care management to address social isolation and loneliness.
  - o Quality Measures and supports for data systems and integrations that encourages integrated care coordination between providers and social service networks.
  - o Work with stakeholders and measure stewards (CMS, NQF, NCQA, etc.) to establish outcome measures that evaluate reported changes and SI&L outcomes.

- Implement a Medicare Condition of Participation requiring long-term care facilities to adopt and implement policies and capabilities to prevent the social isolation of facility residents.

GOAL #4: LEVERAGE INNOVATIVE TECHNOLOGY SOLUTIONS THAT FOSTER CONNECTION AND SOCIAL INTEGRATION.

Technology has tremendous potential to connect individuals with people, services, and programs. Continued innovation in uses of telehealth, social media, app-based services, assistive devices and other consumer-facing technologies holds great potential for addressing social isolation and loneliness. However, technology also has the potential to increase an individual's sense of isolation, particularly among teens and younger adults.

To realize the potential of technology we must first identify and eliminate regulatory and interoperability barriers. To leverage innovative technology solutions, policymakers should:

- Expand Medicare reimbursement for telehealth and remote communication technology services that screen and treat patients for social isolation and loneliness by advocating for the Administration and Congress to:
    - o Extend all emergency telehealth waivers through 2021, including audio-only mental and behavioral services;
    - o Pass the Protecting Access to Post-COVID–19 Telehealth Act, which permanently lifts Medicare's originating and geographic site restrictions; extends telehealth reimbursement for 90 days beyond the end of the PHE; allows HHS to expand telehealth in Medicare during all future emergencies and disasters; and requires a study on the use of telehealth during the PHE, including its costs, uptake rates, measurable health outcomes and racial and geographic disparities.
- Explore the use of assistive technology (e.g., artificial intelligence, remote communication technology, etc.) to enhance people's ability to meaningfully engage in family and community activities address social isolation;
    - o Advocate for grant funding and use of health benefits such as Flexible Spending Accounts, Health Savings Accounts and MA supplemental benefits to pay for individuals to acquire broadband access and technology devices for connection.
- Leverage information technology, such as electronic health records (EHRs), clinical decision support tools and health information exchange capabilities, to better capture and share data relevant to social isolation and loneliness (including with community-based services and supports);
- Foster public private partnerships with the Department of Education, Federal Communications Commission, and other relevant agencies to develop a plan to provide needed technologies to individuals who are high-risk of being socially isolated. An example includes developing a federal prize competition to foster creative technology solutions that promote social connection.

GOAL #5: ADVANCE RESEARCH TO CONTINUE TO DEVELOP THE EVIDENCE BASE NECESSARY TO DESIGN EFFECTIVE PROGRAMS AND POLICIES.

The Coalition's policy goals and strategies are informed by a robust evidence-base about the effects of social isolation and loneliness and interventions that promote social connection.

To promote research activities and dissemination, policymakers should:

- Promote federal grants for research, demonstration, and evaluation of interventions to address social isolation and loneliness (e.g., how technology and other solutions can be used to effectively reduced isolation);

- Request a GAO report to study the impact of social isolation and government efforts currently underway to address it;

- Provide further resources for the National Institutes of Health, National Institute on Aging, the Administration for Community Living, the Agency for Health Care Research and Quality, the Health Resources and Services Agency, the National Institute of Mental Health, and the Centers for Disease Control and Prevention to address social isolation and loneliness;

- Develop new and leverage existing funding opportunities for the purpose of establishing more research on effective social interventions and potentially effective innovations.
  - More specifically, utilize funding for the ACL Center for Research and Evaluation
  - Work with organizations representing researchers to create a summary of the knowledge base and the current gaps in research.

- Leveraging existing Department of Education funding opportunities for providing research on preventative interventions for school aged kids, and the effects of social and emotional learning;

- Advocate for stakeholders across public and private sectors to support, develop, and test different educational and training approaches related to the health and medical impacts of social isolation and loneliness to determine the most effective ways to enhance competencies.