



October 4, 2023

Congressman Jason Smith
Chairman
House Committee on Ways and Means
1139 Longworth House Office Building
Washington, D.C. 20515

RE: U.S House of Representatives Ways and Means Committee Request for Information (RFI) on Improving Access to Health Care in Rural and Underserved Areas

Dear Chairman Smith:

On behalf of the Coalition to End Social Isolation & Loneliness (the Coalition) we appreciate the opportunity to comment on the U.S. House of Representatives Committee on Ways and Means's (the Committee) request for information (RFI) on improving access to health care in rural and underserved areas. Established in 2018, the Coalition brings together a diverse set of national organizations including consumer groups, technology innovators, health care providers, patient advocates, and health plans to develop and advocate for federal policy solutions to address the issues of social isolation and loneliness in the United States. With a [comprehensive policy agenda](#) that focuses on public awareness, social and health services, technology, and research, the Coalition works to combat the adverse health effects of social isolation and loneliness and advance approaches that improve social connectedness for all Americans.

We commend the Committee's efforts to explore and act upon how geographic barriers and consolidation may be driving facility closures and workforce shortages. We support efforts that will help Americans lead more socially connected, healthier lives by meeting people directly in the communities they live, work, and play. The Coalition is particularly interested in providing information and recommendations related to:

1. expanding Medicare and Medicaid benefits;
2. transportation;
3. mental and behavioral health;
4. food and nutrition security;
5. employment; and
6. enhancing broadband infrastructure and connectivity

Background and Prevalence

While loneliness and social isolation may co-occur and are often used interchangeably, these constructs are distinct. Researchers define social isolation as "objectively having few social relationships, social roles, group memberships, and infrequent social interaction",¹ while loneliness is often described as a subjective feeling of isolation, not belonging, or lacking companionship.² Evidence shows that social isolation and loneliness take a toll on individuals, leading to poorer health outcomes, higher rates of mortality, and higher healthcare costs. It is estimated that Medicare spends close to \$7 billion annually as

¹ Badcock, J.C., Holt-Lunstad, J., Garcia, E., Bombaci, P., & Lim, M.H. (2022). Position statement: addressing social isolation and loneliness and the power of human connection. Global Initiative on Loneliness and Connection (GILC). <https://www.gilc.global/general-6>

² H. T.A. Khan. Social isolation, loneliness and their relationships with depressive symptoms: A population-based study. PLOS Medicine. 2017



a result of individuals being socially isolated.³ For individuals living in rural America, rurality exacerbates these social isolation and loneliness challenges by presenting additional barriers such as geographical distance, limited transportation options, and reduced access to community services.⁴

In addition, research shows that social isolation can lead to a 29 percent increased risk of mortality and loneliness a 26 percent increase, comparable to that of obesity and cigarette smoking.⁵ For older adults, social isolation and loneliness increase the risk of dementia and stroke by 50 percent and 32 percent, respectively. Not to mention, the risk of mental health disorders increases by 26 percent for older adults.⁶ Furthermore, social isolation has been associated with significant co-occurring conditions such as chronic lung disease, heart disease, arthritis, mobility limitations, depressive symptoms, self-neglect, elder abuse, and exploitation.⁷

Effective policy solutions are needed to mitigate the deleterious effects of social isolation and loneliness and promote a more socially connected country. In response to the Committee's RFI, we are pleased to provide the following recommendations and comments to support improving access to health care in rural and underserved areas.

The Disproportionate Impact of Social Isolation and Loneliness on Rural Areas

Rural areas often bear a disproportionate burden of social isolation and loneliness, stemming from a combination of geographical, demographic, and economic factors. The sparse population density in rural regions means that individuals have fewer opportunities for social interaction and may live farther apart from friends and family. Limited access to public transportation and healthcare services exacerbates this isolation, making it challenging for residents to easily seek care when needed. Moreover, rural areas often have older populations, and seniors⁸ are more susceptible to loneliness due to factors like retirement, loss of social networks, and health issues.⁹ Additionally, economic challenges prevalent in many rural communities, such as job scarcity and lower incomes, can lead to stress and depression, further increasing the risk of social isolation.¹⁰ Addressing these disparities in social isolation is essential to improve the well-being and mental health of rural residents. As such, the Coalition suggests that the federal government invest in policies that expand access to social and nutrition services and supports to address social isolation and loneliness. It is widely known that investing in social and nutrition services and

³ Colleen Walsh. Young adults hardest hit by loneliness during pandemic. 2021.

<https://news.harvard.edu/gazette/story/2021/02/young-adults-teens-loneliness-mental-health-coronavirus-covid-pandemic/>

⁴ University of Minnesota Rural Health Research Center. [Key Informant Perspectives on Rural Social Isolation and Loneliness](#).

⁵ Emily Barone/Elijah Wolfson for TIME; SourcePRO. 2020

⁶ Kathryn Parkman, Elderly Loneliness Statistics, CONSUMER AFF. (Jun. 17, 2021), <https://www.consumeraffairs.com/health/elderly-lonelinessstatistics.html>

⁷ Julianne Holt-Lunstead, et al. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. 2016.

⁸ Smith, A. S., & Trevelyan, E. (2019). The older adult population in rural America: 2012-2016. United States Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2019/acs/acs-41.pdf>

⁹ Wolov, J., & Hartman, C. Loneliness During Retirement: When The Years Aren't So Golden. Roots of Loneliness. <https://www.rootsofaloneliness.com/retirement-loneliness>

¹⁰ Probst JC, Laditka SB, Moore CG, Harun N, Powell MP, Baxley EG. (2006). Rural-urban differences in depression prevalence: implications for family medicine. *Fam Med*, 38(9):653-60. <https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2006/October/Janice653.pdf>



supports not only substantially improves population health outcomes, but also lowers spending on more expensive traditional medical services.¹¹

Expanding Medicare and Medicaid Benefits

To address social isolation and loneliness, Congress should expand the current definition of “chronic condition” under Special Supplemental Benefits for the Chronically Ill (SSBCI) and propose changes to the Medicare Advantage (MA) rebate formula as a means of incentivizing adoption of supplemental benefits that address social isolation and loneliness; ensure MA plans continue to have access to adequate rebate dollars to craft meaningful supplemental benefits that address social isolation and loneliness; and expand the behavioral health benefit under Medicare fee-for-service to include reimbursement pathways for proven interventions addressing social isolation and loneliness.

Congress should direct the Centers for Medicare and Medicaid Services (CMS) to extend coverage and reimbursement pathways for screening,¹² counseling, and referral services for health-related social needs and social drivers to include social isolation, loneliness, and social connection. This can be achieved by developing appropriate CPT and HCPCS codes which help providers identify and implement treatment plans for individuals at risk for social isolation and loneliness. The infrastructure exists to diagnose and document social isolation, social withdrawal, and social exclusion through ICD-10 and SNOMED codes. However, the healthcare services and procedures described by CPT and HCPCS codes are especially critical in alleviating social isolation and loneliness, through referrals to community-based organizations and social services, among other services. The federal government should also support social prescribing practice in medical institutions including hospitals, long-term care facilities, and community health centers to refer patients to community-based resources such as legal guidance, financial support, housing assistance, food security, time in nature, arts and culture, and volunteer opportunities.

Transportation

To address the transportation challenges faced by rural communities which impact access to care and exacerbate rates of social isolation and loneliness, the Coalition urges the Committee to adopt legislation and support policies aimed at improving and expanding access to non-emergency medical transportation and non-medical transportation programs. Examples include establishing grants and opportunities for braided funding or tax incentives for state and local governments, community-based organizations, and private sector partners to receive financial incentives to support transportation related partnerships that promote social interventions and foster social connection.

Mental and Behavioral Health

Many rural areas are considered healthcare deserts where the population-to-provider ratio for mental health care can reach 30,000 to one¹³. Given this, we urge the Committee to consider covering and reimbursing a wider range of mental and behavioral health services in the Medicare program as a necessary step to improving access to care in rural America. Specifically, utilizing peer support specialists and other alternative providers, and leveraging telehealth and remote communication technologies to connect rural residents to broader mental and behavioral health workforce can improve access to needed care and services as a result of the workforce challenges that exist. Coupled with this, is the fact that individuals living in rural areas are less likely to seek professional help for psychological distress

¹¹ Kenneth Davis, *To Lower the Cost of Health Care, Invest in Social Services*, HEALTH AFF. (Jul. 14, 2015), <https://www.healthaffairs.org/doi/10.1377/hblog20150714.049322/full/>.

¹² The Committee on Finance should consider including screenings for social isolation and loneliness in the “Welcome to Medicare” appointment.

¹³ Simpson, Elizabeth. (2020). Addressing Four OSW Pillars in Smaller and Rural Communities, Officer Safety and Wellness Group meeting summary (Washington, DC: Office of Community Oriented Policing Services)

compared to their urban counterparts.¹⁴ Research suggests that rural residents are more likely to seek help from providers such as peer support workers with rural life experience thus improving utilization rates of hospitals and physician services.¹⁵

Food and Nutrition Security

Like social connection, adequate nutrition and access to healthy, affordable food are also key to an individual's health and well-being; however, living in a rural community increases one's risk of experiencing food insecurity, as well as social isolation and loneliness. Many rural areas lack food retailers and are considered food deserts – areas with limited supplies of fresh,¹⁶ affordable foods – that make it challenging to access affordable food. Additional barriers that make reliable access to food difficult or impossible for individuals and families in rural areas include lack of transportation, jobs that pay low wages, underemployment, among other factors. Rural communities make up 63 percent of all U.S. counties, but 87 percent of counties with the highest food insecurity rates.¹⁷

As greater awareness of the negative health effects of food insecurity and social isolation has emerged recently, it is important to note that for some of our nation's most vulnerable populations, including children and older adults, the impacts can be profound. Studies have linked food insecurity in children to a range of negative outcomes, from obesity to poor school attendance, with the highest percentages of children at risk for insecurity.¹⁸ Older adults in rural geographic areas have unique challenges maintaining community connections and accessing nutrition and/or other social and healthcare services as is, which are further compounded by physical limitations, transportation constraints, inadequate financial resources, and/or other obstacles to accessing resources needed for healthy living and aging.¹⁹ Due to these challenges in accessing food, social services, and connection for rural populations, it is critical to ensure that proven community-based nutrition programs and interventions that promote social connection and improve food security, such as school and summer meals for children, and Meals on Wheels and congregate dining for older adults, are strengthened and fully funded.

Employment

Since research indicates that young adults (79 percent of adults 18 to 24) are twice as likely to be than seniors (41 percent of adults 66+),²⁰ additional approaches to consider addressing workforce challenges include expanding access to higher education and vocational opportunities. Access to education and vocational programs will provide young adults, a population that reports extreme rates of loneliness, with the skills and experience they need to enter and establish careers in high-demand job fields. Another

¹⁴ Cheesmond N, Davies K, Inder KJ. (2020). The role of the peer support worker in increasing rural mental health help-seeking. *Aust J Rural Health*. 2020 Apr;28(2):203-208. doi: 10.1111/ajr.12603.

¹⁵ *Id*

¹⁶ The Rural Health Information Hub. (2022). Rural Hunger and Access to Healthy Food. RHIhbu. <https://www.ruralhealthinfo.org/topics/food-and-hunger>.

¹⁷ Hake, M., Englehard, E., & Dewey, A. Map The Meal Gap 2022. Feeding America. <https://www.feedingamerica.org/sites/default/files/2022-08/Map%20the%20Meal%20Gap%202022%20Report.pdf>

¹⁸ Hardebeck, A. (2021). 4 Facts You Should Know About Hunger in Rural America. Feeding America Action. <https://feedingamericaaction.org/blog/rural-hunger/>

¹⁹ Henning-Smith, C., Tuttle, M., Tanem, J., Jantzi, K., Kelly, E., & Florence, L. C. (2022). Social Isolation and Safety Issues among Rural Older Adults Living Alone: Perspectives of Meals on Wheels Programs, *Journal of Aging & Social Policy*, DOI: 10.1080/08959420.2022.2081025

²⁰ Cigna. The Loneliness Epidemic Persists: A Post-Pandemic Look at the State of Loneliness among U.S. Adults. <https://newsroom.thecignagroup.com/loneliness-epidemic-persists-post-pandemic-look>.



related approach includes increasing the amount of federal grants available to students pursuing a career in the mental or behavioral health workforce to use towards tuition and related expenses.

Enhancing Broadband Infrastructure and Connectivity

Telehealth and remote communication technologies play a pivotal role in alleviating social isolation and loneliness in rural areas by bridging geographical gaps and expanding access to essential healthcare and social connections. In remote regions, where healthcare facilities and specialists are often scarce, telehealth enables individuals to consult medical professionals without the need for time-consuming and costly travel.²¹ Furthermore, remote communication tools facilitate regular interactions with friends, family, and support networks, mitigating feelings of loneliness. These technologies not only hold the promise to enhance access to critical healthcare services but may also serve as a lifeline for maintaining social connections, ultimately fostering a sense of belonging and well-being among rural residents, making them invaluable tools in combating the unique challenges of isolation in rural communities.

Continued innovation in affordable access to and uses of telehealth, remote services, assistive devices, and other consumer solutions holds great potential for addressing social isolation and loneliness. An analysis of over 60,000 individuals aged 50 or older found a significant association between internet use and decreased loneliness.²² In addition, among older adults, more frequent internet use is associated with reduced depression levels in individuals both cross-sectionally and longitudinally.²³ Despite these promising statistics, we recognize the need for robust research related to internet use, especially among teens and younger adults.

In our policy priorities, the Coalition advocates for fostering public-private and cross-agency partnerships to develop a plan to provide equity in access to effective technologies to individuals who are at high risk for social isolation, through family-centered and multi-generational approaches.²⁴ In order to leverage the role of telehealth and other remote communication technologies in rural areas, the Coalition urges the federal government to enhance broadband infrastructure and connectivity for underserved rural individuals by requiring the FCC to coordinate with the Administration for Children and Families (ACF), the Administration for Community Living (ACL), CMS, the U.S. Department of Agriculture (USDA), the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Transportation (DOT), and other relevant agency partners to create a cross-agency plan to maximize joint use of broadband and technology affordability programs with braided funding and coordinated enrollment.

Evidence suggests that enhancing digital health literacy and telehealth equity is critical in order to increase access to care, improve health outcomes, and reduce health disparities, thus serving as a mitigating factor against loneliness and isolation, yet only 58 percent of Americans use health technology in some means to advance their health;²⁵ therefore, a fundamental issue becomes how to provide the necessary digital skills through specialized and highly targeted digital learning. The Coalition recommends that the federal government direct the Department of Health and Human Services to consider evaluation strategies which examine technologies, digital tools, and usages and determine if they promote and facilitate social connection or exacerbate social isolation and loneliness.

²¹ Rural Health information Hub. (Jul, 1, 2021). Telehealth Use in Rural Healthcare.

<https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2006/October/Janice653.pdf>

²² Silva P, Delerue Matos A, & Martinez-Pecino R. (2022). Can the internet reduce the loneliness of 50+ living alone?, *Information, Communication & Society*, 25:1, 17-33, DOI: 10.1080/1369118X.2020.1760917

²³ Cotten SR, Ford G, Ford S, Hale TM. Internet use and depression among retired older adults in the United States: a longitudinal analysis. *J Gerontol B Psychol Sci Soc Sci*. 2014 Sep;69(5):763-71. doi: 10.1093/geronb/gbu018.

²⁴ [CESIL 2023-2024 Policy Priorities](#)

²⁵ Papa. Digital health Literacy: The Next Big SDoH. <https://www.papa.com/resources/blog/digital-health-literacy-the-next-big-sdoh>



Social connection can act as a protective factor against social isolation and loneliness by providing emotional support, practical assistance, a sense of purpose and belonging, and opportunities for engagement and participation. When people have strong social connections, they are more likely to feel valued, understood, and included in their communities. Given this, it is essential to ensure individuals, especially those in rural and underserved areas, have access to digital literacy supports and resources.

Conclusion

The Coalition supports the House Committee on Ways and Means' commitment to improve access to health care in rural and underserved areas. While we recognize that there are barriers to addressing how geographic barriers and consolidation may be driving facility closures and workforce shortages, the federal government in collaboration and coordination with state and local entities can play a major part in advancing solutions that enhance access to care in rural and underserved areas. Please consider the Coalition a resource on this important topic. For questions about our response, please contact Daneen Sekoni, Senior Policy Advisor, at dsekoni@healthsperien.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Am', is positioned above the typed name.

Andrew MacPherson
Founder and Board Chair
Coalition to End Social Isolation and Loneliness