



April 30, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
Russell Senate Office Building, 317
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
Hart Senate Office Building, 322
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S House of Representatives
Longworth House Office Building, 1236
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Rayburn House Office Building, 2421
Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

On behalf of the Coalition to End Social Isolation & Loneliness (the Coalition), we write to strongly urge Congress to address the burgeoning crisis of social isolation and loneliness in the United States as part of the next COVID-19 relief legislative package. The Coalition commends Congress for its extraordinary efforts to date to improve access to health care and social services to ameliorate the impact of the pandemic, as well as emergency financial relief for entities providing such services. However, more must be done to address the mental and behavioral health impacts of social isolation and loneliness Americans are experiencing as a direct result of COVID-19.

The Coalition to End Social Isolation & Loneliness brings together a diverse set of national organizations 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. With a comprehensive policy agenda that focuses on public awareness, social and health services, technology, public health and research, the Coalition works to combat the adverse health effects of social isolation and loneliness and advance social connectedness for all Americans. In response to COVID-19, the Coalition and its members have been leaders in providing evidence-based [resources](#) that assist individuals experiencing social isolation and loneliness.

A body of evidence indicates that anywhere from 25-45% of the total U.S. population experienced social isolation and/or loneliness prior to the current public health emergency.^{1,2,3} Research conducted at Brigham Young University shows that social isolation and loneliness are associated with a 29 percent and 26 percent increased risk of mortality, respectively, comparable to that of obesity and cigarette smoking.⁴

¹Kaiser Family Foundation. Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey. 2018. See: <http://files.kff.org/attachment/Report-Loneliness-and-Social-Isolation-in-the-United-States-the-United-Kingdom-and-Japan-An-International-Survey>

² National Academies of Sciences, Medicine, and Engineering. The Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults. 2020. See: <https://www.nap.edu/resource/25663/Social%20Isolation%20and%20Loneliness%20Report%20Highlights.pdf>

³ 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>

⁴ J. Holt-Lundstad, et. al. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. 2016.

In addition to negative health effects, it is estimated that Medicare spends \$6.7 billion every year as a result of individuals being socially isolated.⁵

The number of people experiencing negative mental health effects as a result of the pandemic is substantial. A recent Kaiser Family Foundation poll found that nearly half (45%) of adults in the U.S. reported that their mental health has been negatively impacted due to worries and stress over the virus.

Furthermore, while current physical distancing protocols are necessary to prevent the spread of COVID-19, these protocols exacerbate the risk of social isolation and loneliness and related mental health complications. The same Kaiser Family Foundation study found that “significantly higher shares of people who were sheltering in place (47%) reported negative mental health effects resulting from worry or stress related to coronavirus than among those not sheltering in place (37%).”⁶ As communities stay physically distant to slow the spread of the disease, Congress must help ensure access to behavioral health and social supports to mitigate these negative health effects.

Thus, the Coalition recommends the following priorities and targeted policy proposals be included in the next congressional COVID-19 relief package, which will improve efforts to address the impact of social isolation and loneliness facing the nation:

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.

We commend Congress for its ongoing efforts to address the evolving impact of the COVID-19 crisis. We urge lawmakers to consider the recommendations provided herein to address the immediate and long-term effects of social isolation and loneliness. Should you have any questions or would like to discuss these recommendations in further detail, please do not hesitate to contact me at (202) 420-8505 or andrew@healthsperien.com.

Sincerely,



Andrew MacPherson
Co-Director, Coalition to End Social Isolation & Loneliness

cc: The Honorable Charles Grassley
The Honorable Ron Wyden
The Honorable Lamar Alexander
The Honorable Patty Murray

The Honorable Richard Neal
The Honorable Kevin Brady
The Honorable Frank Pallone
The Honorable Greg Walden

⁵ AARP Public Policy Institute. Medicare Spends More on Socially Isolated Older Adults. 2017.

⁶ Kaiser Family Foundation. “The Implications of COVID-19 for Mental Health and Substance Use.” 2020. See: <https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

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.

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.⁷ The Coalition urges Congress to include the following recommendations.

- ❖ **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.
- ❖ **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. To ensure continued access to such services, we request that Congress consider extending current flexibilities in Medicare and Medicaid regarding coverage of telehealth and other RCT services, including those that screen and treat patients for mental and behavioral health issues related-to or resulting-from social isolation and loneliness.
- ❖ **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 “practitioners,” 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.
- ❖ **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.
- ❖ **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

⁷ 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>

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.⁸

- ❖ **Establish and fund a 9-8-8 National Mental Health and Suicide Prevention Hotline** and pass H.R. 4194 / S. 2661 to formally designate 9-8-8 as a hotline number.
- ❖ **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:
 - 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.
 - Aging Network—Authorize additional emergency funding to increase the overall service capacity of Older Americans Act (OAA)-funded Aging Network services and to provide additional workforce protections.

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

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:

- ❖ **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 mental 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.
- ❖ **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, within vulnerable and at-risk populations. This could include (but is not limited to):

⁸NASMHPD. 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

- 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.
 - 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.
 - Providing additional funds for HHS to enter into public-private partnerships that enhance and develop technology innovations which improve social connection.
- ❖ **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.**

3. Additional 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:

- ❖ **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];
- ❖ **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 improves 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.
- ❖ **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 transition existing programs to online/digital or telephonic platforms.
- ❖ **Additional funding to be authorized for 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, as well as additional funding to be authorized for the development of 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.

4. 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.⁹ 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).¹⁰ 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:

- ❖ **Establish a grant program incentive for state-level offices to develop and implement SEAD programs addressing the mental health challenges of social isolation and loneliness –** Core tenants of these programs should include:
 - Strategy, and training development based on recommendations of the National Commission on Social Emotional and Academic Development;
 - 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;
 - Virtual or web-based—student-accessible—applications between educators, custodial/non-custodial adults, and students;
 - Public-Private partnerships for rapid deployment of training (e.g. Beyond Differences) and technology solutions.

- ❖ **Incentivize state departments of education to incorporate social isolation and loneliness into a social emotional learning (SEL) curriculum.**

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

- ❖ **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.**

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⁹ 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>

¹⁰ 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