To address social determinants of health (SDOH), a comprehensive approach is needed, according to an AMA Council on Medical Services report adopted at the November 2020 AMA Special Meeting.

Health plans can have an impact. Medicare Advantage plans now have greater flexibility to cover nonclinical services to address beneficiary needs in housing, food and transportation. Some states have creatively used Medicaid funds to do the same.

“Addressing social determinants of health requires an all-hands-on-deck approach that is not limited to stakeholders within the health care system,” said AMA Board Member David H. Aizuss, MD. “By addressing social determinants of health in their benefit designs and coverage, health plans can be part of the effort to improve patient health outcomes.”

SDOH are defined in the report as economic stability, neighborhood, access to transportation, education and life opportunities, access to food, quality and safety of housing, community/social support, and access to health care.

To address SDOH as part of health insurance coverage, and ensure patients have access to the nonmedical, yet critical, health services they need, the AMA House of Delegates adopted new policy to:

- Encourage new and continued partnerships among all levels of government, the private sector, philanthropic organizations, and community- and faith-based organizations to address nonmedical, yet critical, health needs and the underlying social determinants of health.
- Support continued efforts by public and private health plans to address social determinants of health in health insurance benefit designs.
- Encourage public and private health plans to examine implicit bias and the role of racism and social determinants of health, including through such mechanisms as professional
development and other training.

Support mechanisms, including the establishment of incentives, to improve the acquisition of data related to social determinants of health, while minimizing burdens on patients and physicians.

Support research to determine how best to integrate and finance non-medical services as part of health insurance benefit design, and the impact of covering non-medical benefits on health care and societal costs.

Encourage coverage pilots to test the impacts of addressing certain non-medical, yet critical health needs, for which sufficient data and evidence are not available, on health outcomes and health care costs.