EVERMORE

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Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, Maryland 20857

Submitted via the AHRQ website

Re: SEAD Submission Form for Interventions to Improve Care of Bereaved Persons Primary, Open Comment Period Until January 11, 2024

Dear Secretary Valdez and Health Resources & Services Administration Staff:

On behalf of millions of bereaved people in America, we submit this letter to commend all the advancements the Agency for Healthcare Research and Quality (AHRQ), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the esteemed members of the expert bereavement interventions panel has made. Your leadership is timely, as increases in bereavement exposure and decreases in life expectancy are significant public health threats that lack a coherent national response.

We submit these comments on behalf of Evermore, a national nonprofit dedicated to improving the lives of bereaved people. Evermore raises awareness of the consequences of bereavement on society, advocates for bereaved people, and advances sound research that drives policy and systems transformation, including within healthcare settings.

Bereavement's long-standing absence from public policy debates and national health priorities, along with its newfound urgency, requires sound leadership and an aggressive agenda to address the substantial challenges confronting our nation's grieving population. Today, America lacks a comprehensive, coordinated, and evidence-based bereavement care system that is protective and mitigates bereavement's harmful effects across time and place. As a result, bereavement has major spillover effects at every stage of the life course, especially in the first two decades of life (for children and youth) and in mid-life (when family formation, child-rearing, and employment peak).

However, bereavement as a public concern is in its nascent stages and thus offers an unparalleled opportunity to leverage existing public and private healthcare initiatives to go "upstream" by

delivering effective preventive services to stem the onset of chronic or debilitating health conditions associated with bereavement.

For example, in one 2020 register-based study examining the entire Norwegian population from 1986 to 2014, researchers found evidence of elevated alcohol-induced mortality among bereaved parents.[1] Based on this evidence, healthcare providers should invoke existing quality alcohol misuse screening tools for bereaved parents to stem the short- and long-term ramifications of alcohol misuse following the death of a child. According to the U.S. Preventive Services Task Force (USPSTF), unhealthy alcohol use screening among adults aged 18 presently receives a B rating.[2] Healthcare providers attending to newly bereaved parents can identify the patient's risk for developing alcohol misuse while also preventing the onset of addiction and reducing premature mortality. Evidence-based tools for grief and bereavement may be lacking, but alcohol misuse evidence-based resources are not.

AHRQ should not solely rely on emerging screening or treatment modalities for grief and bereavement, which will notably take time and resources to develop. As concurrent mortality crises unfold, AHRQ, SAMHSA, and fellow agencies should utilize existing evidence-based resources to reduce poor outcomes and symptomatology associated with today's bereavement experience. Optimization of existing and well-evidenced healthcare strategies to improve health outcomes can expedite the nation's response to millions of Americans currently experiencing bereavement distress without access to adequate, not to mention quality, sources of community or clinical care.

Further, opportunities to acknowledge and accelerate bereavement as a Social Determinant of Health (SDOH) are imperative as the field of health systems delivery advances value-based care models. The Centers for Medicare and Medicaid Services Community Health Integration and Principal Illness Navigation components of the 2024 Physician Fee Schedule[3] are clear indications that bereavement and all other SDOHs are increasingly supported by policy, codes, plans, etc.

I look forward to your continued leadership, and thank you for the opportunity to submit comments. If I can provide clarification or additional information, please do not hesitate to contact me.

Sincerely,

Joyal Mulheron
Executive Director

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[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7322283/

[2] https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions

[3] https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule