

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

July 15, 2009

The Honorable Christopher Dodd
448 Senate Russell Office Building
Washington, DC 20510

Dear Senator Dodd:

President Obama has outlined eight principles for comprehensive health reform. As Congress crafts health care reform proposals, four of these principles particularly impact individuals experiencing homelessness:

1. Ensuring affordable coverage for everyone,
2. Ending barriers to those with pre-existing conditions,
3. Protecting families from bankruptcy, and
4. Investing in prevention and wellness.

The National Health Care for the Homeless Council is a membership organization engaged in education and advocacy to improve health care for homeless persons and all Americans. We represent federally qualified health centers and other service provider organizations, clinicians and consumers throughout the country.

Individuals experiencing homelessness have the most complex medical issues, the highest rates of disabilities, and the least amount of financial resources. They are among the most frequent and expensive users of emergency room and inpatient hospital care, and have a number of other challenges that make them very different from the typical health care consumer. It is imperative that the final health care reform legislation meets the needs of people experiencing homelessness. Failing to do so will continue the current cycle of high-cost hospitalizations, unemployment, disability and homelessness.

Specifically, you should be aware of the following

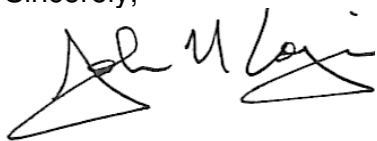
- Medicaid does not currently cover all low-income people. Approximately 70% of HCH clients are uninsured. **Expanding the current Medicaid system to include all low-income adults at or below 200% of the federal poverty level (and eliminating categorical requirements) would address urgent access needs of individuals experiencing homelessness.**
- **“Health coverage” must include behavioral health services.** As the scope of services to be covered is discussed, it is absolutely imperative that comprehensive behavioral health care be a central component, to including a full array of mental health and substance use services and a simplified reimbursement system for multidisciplinary care. Failure to include behavioral health services at parity with medical problems would contradict modern scientific understanding, harming

very many people, and would be particularly devastating to homeless people, who suffer from these disorders at disproportionate rates. Providing quality behavioral health services is a primary way to end homelessness and get people back on their feet, reunite families, and ensure maximum productivity.

- **For homeless people, “affordable” means \$0 out-of-pocket expenses.** It is not realistic to use tax credits, subsidies, or requirements to buy into complicated insurance exchanges for the lowest income groups. For individuals who have virtually no income, any out-of-pocket expenses (including premiums, co-pays and deductibles) constitute a significant barrier to seeking care. Cost barriers will leave homeless persons uninsured and inappropriately using emergency rooms to treat illnesses and disease at a far greater cost both to the system in general and to them personally.
- It is not rational to establish disability and then deny health services for 2 years. Individuals approved for Social Security Disability Insurance (SSDI) currently remain uninsured while waiting the required 2 years for Medicare to start providing the very health services needed to address their disability. These are benefits to which people are entitled by federal law. **The reform legislation provides the ideal opportunity to end the current 2-year waiting period and establish SSDI and Medicare eligibility concurrently.**
- People experiencing homelessness suffer from health problems at much higher rates than those in the general population. Nearly half of homeless individuals report chronic health conditions, including high blood pressure, diabetes, and cancer. People experiencing homelessness are 3-4 times more likely to die prematurely than their housed counterparts. Poor health leads to joblessness, which leads to homelessness. Health care costs lead to 62% of personal bankruptcies, and frequently to homelessness. Preventing chronic disease keeps people productive and prevents homelessness. **Any health care reform proposal must ensure a robust primary care system that focuses on access, prevention and wellness, eliminates financial barriers for the lowest income groups, and works to eliminate health disparities.**

Thank you for considering this information and the needs of homeless individuals when crafting health reform legislation. We would be interested in talking further with you about the particular needs of this population and how they can be included in the current proposals being drafted. Please contact Adrienne Breidenstine, MSW, Health Policy Organizer for the National Health Care for the Homeless Council, at 443-703-1337 or at abreidenstine@nhchc.org. Only when everyone has the same access to quality health care will everyone’s care be affordable, accessible, and adequate.

Sincerely,



John Lozier, MSSW
Executive Director

This letter is also endorsed by the following organizations:

- Give US Your Poor
- National Association for the Education of Homeless Children and Youth
- National Center for Family Homelessness
- National Coalition for the Homeless
- National Law Center on Homelessness and Poverty
- National Network for Youth
- National Policy and Advocacy Council on Homelessness
- Western Regional Advocacy Project