

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

FEDERAL POLICY PRIORITIES

Talking Points

1. Provide Universal Health Insurance through a Single-Payer Financing Mechanism

***Co-sponsor and pass HR 676, the Expanded and Improved Medicare for All Act
Co-sponsor and enact S. 703, the American Health Security Act of 2009***

- **The need for comprehensive health care reform is clear:** Over 46 million Americans are uninsured; 22,000 deaths annually are attributed to lack of health care; and two-thirds of personal bankruptcies are caused by medical debt.
- **A publicly financed system promotes administrative simplicity and reduces cost:** A single payer financing mechanism expands the current Medicare program. Currently, about 30% of every private insurance dollar funds paperwork and overhead, compared to about 3% under Medicare.
- **Single-Payer guarantees choice:** Most private insurers restrict choice of health care providers and treatment. Under a national health care system, patients would have their choice of care from private providers.
- **Only when everyone has the same access to care will everyone's care be affordable, accessible, and adequate.**

2. Support the Growth of the Consolidated Health Center Program

***Appropriate \$2.9 Billion for the Health Center program in FY 2010
Co-sponsor and enact S. 486, the Access for All America Act***

- Health Centers deliver comprehensive medical care to underserved populations. Health Centers currently serve 18 million people annually, but **nearly 60 million Americans—both insured and uninsured—cannot access primary care due to a shortage of physicians and other providers.**
- To support this need for primary health care services, Congress and the Administration must **strengthen and expand community health centers** through the *Access for All America Act* (S. 486) and appropriate \$2.9 billion for health centers, including at least \$252 million for the HCH program in FY 2010.

3. Ensure Timely Access to Appropriate Health Care for People Who Are Homeless

Any health reform measure introduced or passed should include the following:

An end to the two-year waiting period between SSDI eligibility & Medicare enrollment

- Currently, people who qualify for SSDI must wait 24 months after disability determination to enroll in Medicare. This two-year waiting period **presents a significant barrier to health care for individuals who have already paid into benefits** through their earnings.
- Disability precipitates and prolongs homelessness. Delayed access to health services **prevents people with disabilities from achieving stability, improving their quality of life, and resuming productivity.**
- Those meeting the stringent eligibility criteria for SSDI are considered to have a significant disability and should have **immediate access to health coverage.**

A Federal funding mechanism for Medical Respite Care—acute and subacute medical care in residential settings for homeless people who are not ill enough to be in a hospital

- Medical respite care is a **cost-effective alternative to extended hospitalization or discharging sick or frail patients to emergency shelters or the street.** Research has demonstrated that medical respite care after hospital discharge reduces homeless patients' future hospitalizations by providing them a place to recuperate after hospital discharge.
- Medical respite care **offers homeless people a safe place to heal with medical supervision,** and often connects patients to supportive housing after they are medically stabilized.
- Medical respite care **should be a reimbursable service under all health insurance programs.** Medicaid does not recognize medical respite care as a reimbursable service, even though similar services for housed people are covered.
- Provide **targeted grants through the HRSA Health Center Program to expand services linked to medical respite care** and permanent supportive housing for vulnerable adults and the most fragile families.

4. Capitalize the National Housing Trust Fund

***Support President's proposal to provide \$1B to capitalize the National Housing Trust Fund
Identify additional dedicated sources of funding for the National Housing Trust Fund that will generate necessary revenue to produce or preserve 1.5 million homes over the next 10 years.***

- Nationwide, **9 million** extremely low income renter households **compete for 6.2 million affordable rental homes.**
- The National Housing Trust Fund would **produce, rehabilitate, and preserve 1.5 million units of housing over 10 years.** At least 75% of the funds for rental housing will benefit extremely low income households and all funds must benefit very low income households.