

# Health Care for the Homeless Mobilizer

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## Health Insurance Matters

*An increasing number of Americans are dying for a change*

The National Health Care for the Homeless Council long has recognized that *health care is a human right* and that everyone is entitled to quality health care services. With a record 47 million Americans lacking health insurance for an entire year, 22,000 deaths annually attributed to lack of health care<sup>1</sup>, and half of personal bankruptcies caused by medical debt, few now dispute the growing health care crisis in the United States. Among our homeless clients, at least 70% are uninsured and, consequently, remain three to four times more likely than their housed counterparts to die prematurely.

Recent polls conducted by the Kaiser Family Foundation and the New York Times show that health reform tops the list of domestic priorities for voters, trailing the war in Iraq on the overall list of concerns. Increases in the number of uninsured Americans and in overall health care cost serve as twin engines driving the issue back to the top of the national agenda. A recent report released by the Kaiser Family Foundation found that employer-sponsored health insurance premiums increased by an average of 6.1% in 2007 – far ahead of the 3.7% increase in employee wages and the inflation rate of 2.6%.<sup>2</sup> Little relief is in sight: Federal funding is limited; businesses are forced to pay higher rates, pass costs on to employees, slash benefits, or eliminate health care plans altogether; out-of-pocket costs for individuals are increasing; and a million more Americans each year fall into the growing ranks of the uninsured.

### **The Incrementalist Approach**

*Massachusetts Health Reform of 2006*

Some argue that universal coverage only will be achieved through incremental state-level reform. Many look toward Massachusetts as having paved the way for health care reform by enacting in April of 2006 the Massachusetts Health Reform Act. The act expanded eligibility for publicly funded health care programs (MassHealth plans) and created two new programs (Commonwealth Care and Commonwealth Choice) to provide affordable, comprehensive coverage for the 500,000 residents who were uninsured in 2005. The new programs, administered through a state Health Insurance Connector Authority, provide subsidized private coverage for adults, individuals, families, and small businesses.

One distinctive—and controversial—feature of the 2006 reform is the “individual mandate,” which uses state government authority to require uninsured residents to purchase health insurance. Individuals may be exempt from the mandate if they can prove an inability to afford insurance, and the Massachusetts Connector Board estimates that about 60,000 people could be exempt due to

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<sup>1</sup> The National Academics. *Institute of Medicine Report: Knowing What Works*, January 2008.

<sup>2</sup> The Henry J. Kaiser Family Foundation. *Kaiser Daily Health Policy Report*, September 2007.

affordability standards. Since passage of the reform, the state has covered only 216,000 previously uninsured people. The jury still is out on the plan's overall effectiveness. HCH providers report that the poorest people in the Commonwealth are now insured with remarkably comprehensive coverage, and that well over 70% of HCH clients are enrolled. It remains to be seen whether the exemption process adequately protects individuals who cannot afford insurance, and undocumented people are excluded from coverage. It is likely that the reform will lack long-term sustainability without adequate federal funding and within the context of continually rising costs and declining rates of private coverage.

### **Sensible “Single Payer” Reform**

Others, in contrast to the incrementalist approach, argue that real health care reform only can be achieved through a complete overhaul of the current system. The United States National Health Insurance Act (H.R. 676) was introduced by Representative John Conyers (D-MI) four years ago and was supported by a record 88 cosponsors last year. This bill would eliminate the current for-profit system by implementing a publicly funded and privately administered system through a “single payer” financing mechanism. The measure would expand the cost-effective and administratively efficient Medicare program to all people through a modest payroll tax. All medically necessary care would be covered, including prescription drugs, vision services, dental care, and mental health and addiction treatment.

The National Council calls upon *Mobilizer* readers to honor the *human right to health care* and join the movement for single payer reform. An increasing number of supporters realize that H.R. 676 remains the most promising legislative vehicle to ensure that all Americans receive the quality, affordable, and accessible health care they need and rightly deserve.

#### **ACTION:**

- **Read the National Council’s 2007 policy statement on universal health care** at <http://www.nhchc.org/Advocacy/PolicyPapers/UniversalHealthCareHomelessness2007.pdf>
- **Endorse H.R. 676:** Support for universal health care reform continues to grow as more and more organizations express their support for single payer. Several HCH projects have endorsed H.R. 676 in recent weeks. Work with the leadership of your organization to secure its formal endorsement. Visit Physicians for a National Health Program to register your endorsement online at <http://www.pnhp.org/resolution/>.
- **Call, write, or visit those who represent you:** The National Council and others continue to secure cosponsors for H.R. 676. Call, write, or visit your Representative to explain the need for universal health care reform through a single payer financing mechanism. Find out who represents you at [www.house.gov](http://www.house.gov) or call the Capitol Switchboard at 202-224-3121.
- **Contact your Senators:** Unfortunately, H.R. 676 never has been introduced in the Senate, and advocates continue to seek a lead sponsor for a companion bill. Find your Senator at [www.senate.gov](http://www.senate.gov) or call the Capitol Switchboard.

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