STATE OF AFFAIRS:

A Health Policy Update

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HOUSING IN THE U.S.

- FMR for 1-BR: $931/month
- Wage needed to afford 1-BR: $17.90/hr
- Only 1 in 4 low-income people who qualify for housing assistance are able to receive it
- 8.3 million households pay more than ½ their income toward rent
- 28% of low-income renters couldn’t pay full rent in last 3 months
- 3.7 million evictions in 2017

Great resource on state-level housing costs:
National Low Income Housing Coalition report:
*Out of Reach: The High Cost of Housing*
HOMELESSNESS IN THE U.S.

• 553,742 on any given night (2017)
  → 1/3 staying on the street

• 1.4 million over the course of the year using HUD-funded shelters (2016)

• 1.4 million homeless patients served at health centers (2017)

• All numbers are undercounts; numerous definitions of homeless
## HUD Funding

<table>
<thead>
<tr>
<th>Program</th>
<th>FY18 Funding</th>
<th>People Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>McKinney Homeless Grants (CoC + ESG)</td>
<td>$2.5 billion</td>
<td>~900,000</td>
</tr>
<tr>
<td>Section 8 Rental Assistance</td>
<td>$33.5 billion</td>
<td>~5 million</td>
</tr>
<tr>
<td>Public Housing</td>
<td>$7.3 billion</td>
<td>~2 million</td>
</tr>
</tbody>
</table>

HUD priorities + local decision-making = wide range of program design and outcomes
HUD PROPOSED POLICIES

• Increase rent 30% \( \rightarrow \) 35% as percentage of income
• Increase minimum rent: $50 \( \rightarrow \) $150/month (712K households)
• Add work requirements
• Eliminate income deductions
• Add time limits
• Allow unlimited ability for HUD to raise rents further

➢ These policies require Congressional approval
HEALTH & HEALTH REFORM

STATE-LEVEL EFFORTS

- Reducing costs
- Improving health care outcomes & quality
- Changing payment methods to align with quality & “value”
- Holding providers accountable for results
- Emphasizing data

HOMELESS POPULATIONS

- High rates of chronic illness, behavioral health conditions, communicable disease, acute illness & injuries
- Add in: Trauma, social isolation, stigma, distrust of systems, numerous barriers to care, high costs, frequent service use
HEALTH INSURANCE COVERAGE

Uninsured: 23% All Health Centers, 34% All HCHs, 9% U.S.
Medicaid: 49% All Health Centers, 51% All HCHs
Dual Eligibles: 4% All Health Centers, 4% All HCHs, 3% U.S.
Medicare + Other Public: 16% All Health Centers, 7% All HCHs, 4% U.S.
Private: 18% All Health Centers, 6% All HCHs, 56% U.S.
HEALTH INSURANCE AMONG HCH PROGRAMS, 2017

- Uninsured: 66% (Expansion States), 23% (Non-Expansion States)
- Medicaid: 62% (Expansion States), 20% (Non-Expansion States)
- Dual Eligibles: 5% (Expansion States), 2% (Non-Expansion States)
- Medicare + Other Public: 4% (Expansion States), 5% (Non-Expansion States)
- Private: 5% (Expansion States), 7% (Non-Expansion States)
“CMS will support state efforts to test incentives that make participation in work or other community engagement a requirement for continued Medicaid eligibility…”

→ Align with SNAP or TANF rules

→ Protections for those with disabilities, those who are medically frail, those with SUD in treatment

→ No federal Medicaid funding for supports to meet work requirements
REducing Poverty Through Work

April 2018 EO: Reducing Poverty in America by Promoting Opportunity and Economic Mobility requires 8 Cabinet Secretaries:

➢ To conduct comprehensive review of all benefits and services & assess ability to impose work requirement

➢ Assess all public benefits that go to “non-qualified aliens”
MEDICAID RESTRICTIONS

Work Requirements

• AR, AZ, IN, KS, KY, ME, MS, NC, NH, OH, UT, WI

Eligibility & Enrollment Restrictions

• AR, AZ, IA, IN, KS, KY, MA, ME, MI, MT, NH, NM, TX, UT, WI

Benefit Restrictions/ Copays/ Healthy Behaviors

AZ, FL, IA, IN, KY, MA, ME, MI, NM, TX, UT, WI

Note: CMS rejected lifetime limits on Medicaid and partial expansions (to 100% FPL)
2/3 of overdoses are from opioids

Rx opioids cost U.S. economy ~$80 billion each year

Alcohol: 66M people, $250 billion/year
Other drugs: 27M people, $193 billion/year
OPIOIDS: OUR 5 AREAS OF EXPERTISE

- Overdose Response
- Harm Reduction Approaches
- Full Range of Treatment
- Workforce
- Housing
OPIOIDS: CONGRESS

Comprehensive Addiction and Recovery Act (CARA, July 2016)
→ Expanded prescriber rights & access to naloxone, and authorized state grants

21st Century Cures Act (December 2016)
→ Most recent funding: $1 billion in HHS grant funding, September 2018

HRSA Funding (September 2018)
→ ~$400 million distributed to health centers to expand access to integrated substance use disorder and mental health services.

• SUPPORT for Patients and Communities Act (Current)
  → Expansion of MAT prescriber rights & loan repayment funds
  → Best practices for recovery housing facilities & re-entry policies
  → Report & TA re: using Medicaid for housing supports for homeless populations
  → Pilot program to provide temporary housing for people in recovery (<2 years) via CDBG
  → Continues Cures Act funding
## HCHs Take Lead in Opioid Treatment in Health Centers

<table>
<thead>
<tr>
<th></th>
<th>All Health Centers</th>
<th>HCH Programs</th>
<th>HCH % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>27,174,372</td>
<td>1,008,648</td>
<td>4%</td>
</tr>
<tr>
<td>Total visits</td>
<td>110,420,028</td>
<td>5,503,693</td>
<td>5%</td>
</tr>
<tr>
<td>Number physicians with a MAT waiver</td>
<td>2,973</td>
<td>1,100</td>
<td>37%</td>
</tr>
<tr>
<td>Number patients receiving MAT</td>
<td>64,597</td>
<td>24,400</td>
<td>38%</td>
</tr>
</tbody>
</table>
IMMIGRATION & “PUBLIC CHARGE”

• Proposed Rule Change: Open for public comment

• Adds non-cash benefits (SNAP, Medicaid, Medicare Part D, housing, etc.) to existing reasons to deny entry/application for citizenship

• Applies to individual but not U.S. citizen household members

• Considers whether individual is “likely” to use benefits

Comments on proposed rule due end-November. Look for more information.
CRIMINALIZATION OF HOMELESSNESS

- Sharp increase in number of homeless encampments nationwide
- Increasing # communities have added criminal penalties for sleeping, sitting, or other activities in public spaces
- **New federal court ruling:**people cannot be punished for sleeping outside in the absence of adequate alternatives. *(Martin v. Boise)*
MEDICAL RESPITE IN THIS CONTEXT

- Creating community from isolation & vulnerability
- Establishing safety & trust
- Engaging in care
- Giving space for reflection & healing
- Providing support & bearing witness
MEDICAL RESpite CHALLENGES

1. Claiming our legitimacy as part of the continuum of care & growing to meet need
2. Establishing tangible outcomes & measurable value
3. Asserting our bigger value in terms of humanity, dignity & the right thing to do
4. Educating policymakers about the need for housing & gaps in the system
5. Finding **JOY** in our work
QUESTIONS & DISCUSSION

What are the issues in your community that have the greatest impact on medical respite care?

Where do you see opportunities to educate policymakers about the solutions needed in your community?