



Medicare For All & the HCH Community

May 2019

The **National Health Care for the Homeless Council (NHCHC)** is a network of federally qualified health centers, clinical providers, medical respite care programs, researchers, people with the lived experience of homelessness, and others who share the mission to prevent and end homelessness. Last year, 300 Health Care for the Homeless (HCH) programs provided over 1 million people experiencing homelessness with primary care, mental health and substance use disorder treatment, outreach, case management, and other needed services to improve health and increase stability.

“Medicare For All” as the best approach: We support universal access to a national health plan financed through a single entity and believe the existing Medicare program is the best vehicle to achieve that goal. To accomplish this, the current Medicare program must expand covered services and increase reimbursements to make a holistic system of care. This statement outlines how a single-payer, “Medicare-For-All” approach would benefit the HCH Community.

Medicare For All Would Help Prevent and End Homelessness

- **Promote economic stability:** An effective health care system provides a solid platform to support employment and a healthy workforce, which in turn enables stronger and more stable financial security for workers. A steady income is required in order to meet basic needs like housing, food, transportation, and other expenses.
- **Prevent poor health from causing poverty:** Poor health is a leading cause of homelessness. Too often, the enormous personal expense of treating an illness or injury leads to unemployment and bankruptcy, and then spirals into homelessness.
- **Address social determinants of health:** Social, economic, and environmental factors—such as the lack of housing—have a significant impact on health outcomes. A single system would allow for a greater focus on the underlying causes of illness, allow more proactive interventions to prevent greater illness, and ultimately reduce overall costs of care.

“UNIVERSAL ACCESS TO COMPREHENSIVE HEALTH CARE IS CRITICAL TO ATTAINING A STABLE LIFE. ECONOMIC STABILITY, MENTAL HEALTH, RECOVERY, STABLE HOUSING—ALL OF THESE THINGS ARE CONNECTED TO HAVING CONSISTENT ACCESS TO AFFORDABLE HEALTH CARE. FOR TOO LONG, ACCESS TO HEALTH CARE HAS BEEN RATIONED, WHICH HAS LEFT MANY OF OUR COMMUNITY MEMBERS BEHIND.”

– RACHEL SOLOTAROFF, PRESIDENT & CEO, CENTRAL CITY CONCERN, PORTLAND, OR

- **Facilitate common interest in good outcomes:** The current system relegates the sickest and poorest people into public programs, while the private system retains the healthiest people—creating separate and unequal systems based solely on employment status, health status, and income. If everyone is part of the same plan, there is a greater common interest and sense of solidarity in preventing negative outcomes like poor health and homelessness.

Medicare for All Would Benefit Non-Profit Community Employers

- **Better fulfill mission by focusing on staff development and training.** Having a national plan would relieve already under-resourced non-profit employers from the responsibility of finding and negotiating plans and contracts, planning and conducting open enrollment, responding to employee questions and problems, filling out forms to prove coverage, and mediating employee issues with health benefits. Resources currently directed to these tasks can be better spent supporting workforce development and training.
- **Facilitate pay raises, not coverage of insurance increases.** A single national plan would relieve employers from paying a significant portion of employee health benefits, often covering at least 80% of costs. Frequently increasing insurance rates currently means employers have to choose between offering pay raises and paying for the increase in the cost of benefits.

OUR CURRENT FRAGMENTED HEALTH PROGRAMS ARE TOO COSTLY, COVER TOO FEW, AND PLACE MOUNTING FINANCIAL BURDENS ON EMPLOYERS. IT'S WELL PAST TIME FOR A NATIONAL FINANCING SYSTEM THAT BRINGS EVERYONE IN AND LEAVES NOBODY OUT – PARTICULARLY THE MOST VULNERABLE AMONG US.

– KEVIN LINDAMOOD, PRESIDENT & CEO, BALTIMORE HEALTH CARE FOR THE HOMELESS, BALTIMORE, MD

Medicare for All Would Benefit Patients Experiencing Homelessness

- **Prioritize health, not the ability to pay:** Illness and injury are difficult enough when you are living on the street, but the stress caused by uncertainty over whether services are covered, whether providers will charge “out of network fees,” and the collective impact of premiums/deductibles/copays/other costs only contribute to delayed care and poorer health. People need to focus on improving their health, not have their health made worse by anxiety over mounting bills. This causes needless suffering.

“IT’S FRUSTRATING TRYING TO KEEP TRACK OF ALL THE PAPERWORK AND ALL THE RULES AND STILL KEEP UP WITH MY HEALTH. THEY MAKE IT REALLY HARD TO FIGURE OUT THE SYSTEM, BUT THEN THEY BLAME ME IF I DON’T GET IT RIGHT OR IF I GET SICK. IT’S LIKE THE SYSTEM IS FIXED AGAINST ME.”

– ART RIOS, SR., CHAIR, NATIONAL CONSUMER ADVISORY BOARD, PORTLAND, OR

- **Focus on access to care, not logistics of coverage:** People experiencing homelessness and extreme poverty are not in a position to consult multiple providers to compare prices, research provider quality outcomes, negotiate billing claims with insurance companies, appeal denials, and navigate provider networks. Not only are the logistics of navigating health benefits burdensome, but it means patients delay or avoid care because of the confusion or stigma.
- **Increase choice of providers:** When all providers are part of the same plan, patients no longer have to choose between the providers they want and the providers that are approved by an insurance company. They also can avoid having to travel great distances to access “in-network” care, don’t have to delay care while waiting to get enrolled in a specific plan in order to see the most appropriate (or preferred) provider, and have greater control and autonomy over their own care.
- **Facilitate greater trust in health care:** When income and insurance type no longer influence the location, amount, and quality of care they receive, patients who are already vulnerable to feeling stigmatized and unwelcome will have greater trust that their provider—and the health care system generally—is focused on their health. Patients will then better engage in their own care.

Medicare for All Would Benefit Clinical Providers

- **Liberate clinical decision-making:** A single national plan with consistent and comprehensive covered services would allow providers to create care plans based on their clinical judgment—not the dictates of insurance plans with constantly changing referral networks, drug formularies, eligible services, and participating community partners (e.g., hospitals, pharmacies, labs, etc.). When treating patients who are homeless, it is vital to have greater clinical flexibility to create more effective care plans.
- **Prioritize quality and patient care, not paperwork:** Universal health coverage would eliminate countless hours spent determining eligibility, (re)establishing benefits, deciphering insurance details, submitting paperwork to justify reimbursement, and appealing denials of services. This leaves more time to talk with patients about their health and focus on preventive care, which is critical when treating a population that is highly mobile and may not be able to return for treatment.
- **Improve access to health information:** A single electronic health record would give providers faster, more comprehensive health information, yielding higher quality of care and fewer medical errors. It is currently difficult to access patient records, coordinate care, and have full information to make appropriate medical decisions because data

“I HAVE NO TIME TO FOCUS ON PREVENTIVE CARE BECAUSE I’M ALWAYS SPENDING TIME FIXING PROBLEMS CAUSED BY A FRAGMENTED SYSTEM. I CAN’T GET MY PATIENTS THE CARE THEY NEED BECAUSE THEY AREN’T ELIGIBLE.”

– PIA VALVASORI, PHD, NURSE PRACTITIONER, HEALTH CARE CENTER FOR THE HOMELESS, ORLANDO, FL

systems are so fragmented. This is especially true when patients have long medical histories and have accessed many different systems of care.

- **Redirect administrative costs to clinical care:** A single national plan would negate the need for every provider to employ teams of insurance eligibility specialists and billing staff. These resources can be redirected to additional clinical and support staff who focus on providing health care.

Medicare for All Would Benefit Everyone and is the Right Thing to Do

- **Create level playing field and rectify health disparities:** A single national plan means access to care and covered services don't depend on an individual's type of insurance, state of residency, employment status, family status, or health history. It would also remove the stigma behind having the "wrong" type of insurance (if any insurance at all). Health care disparities are easier to identify and address when the system does not separate the wealthiest and healthiest people from the sickest and poorest. This establishes a more level playing field for health and well-being.

WHEN EVERYONE IN OUR COUNTRY CAN BE TREATED OR SCREENED FOR PREVENTABLE COMMUNICABLE DISEASE, OUR OVERALL HEALTH WILL IMPROVE AS A NATION.

– ANNIE NICOL, FAMILY NURSE PRACTITIONER & PHYSICIANS ASSISTANT, DIRECTOR OF HOMELESS SERVICES, PETALUMA HEALTH CENTER, PETALUMA, CA
- **Allow focus on public health and create greater system responsiveness:** A universal plan that unifies health information allows for greater monitoring of public health threats, better evaluations of data and outcomes, as well as heightened national security efforts.
- **Represent fundamental American values:** Providing needed health care to everyone through a single system provides society the stable platform needed to better ensure success and prosperity. Equity, fairness, freedom, dignity, respect, inclusiveness, efficiency, and opportunity are all American values that are reflected in this approach to health care.
- **Reduce incarceration and make communities safer:** A universal benefit that facilitates more timely access to community-based behavioral health care would avert criminal activity and lower involvement with the criminal justice system. Increased community safety and a more humane response to mental illness and substance use will also reduce the costs related to courts, police, and detention.
- **Recognize all people deserve health care:** A universal plan fundamentally changes the current health care system away from one that encourages a "deserving" v. "undeserving" attitude toward care to one that honors health care as a human right.