

June 10, 2010

## **NCH Public Policy Recommendations** **Universal Health Care**

### **RECOMMENDATIONS**

*U.S. Representatives and Senators* – Introduce or co-sponsor legislation to implement a universal health care system using a single-payer model.

### **ISSUE STATUS**

On March 23, 2010 President Obama signed federal health care reform legislation into law that is anticipated to extend health care insurance to 32 million Americans who are currently uninsured by 2019. The new bill will extend health care coverage to people experiencing homelessness and provide consumer protections for those who can afford insurance.

The bill increases coverage and access to health care to people experiencing homelessness through an expansion of Medicaid to 133% of the Federal Poverty Level without any categorical restriction. It will also increase funding by \$11 billion to the Consolidated Health Center Program (including Health Care for the Homeless Projects) which offer health care safety net services to people in need. Finally by banning the practice of discriminating against people with pre-existing conditions the bill guarantees that individuals may not be dropped or denied coverage due to their medical history.

NCH congratulates Congress and President Obama for the passage of this historic bill and looks forward to working on the implementation of the bill and to increase the access of homeless people to health care. Ultimately, we favor a universal health care system organized on a single-payer model.

### **WHY THIS MATTERS**

- Current housing and economic crises and the health care crisis are closely linked.
- Poverty, lack of affordable housing, and the lack of comprehensive health insurance are among the underlying structural causes of homelessness.
- Lack of stable housing is a very significant determinant of health.
- The vast majority of homeless persons lack health insurance.
- Homelessness creates obstacles to Medicaid enrollment, even for those who are likely to be eligible.
- Out-of-pocket expenses and fragmented systems of care deter people – particularly those who are poor and uninsured – from seeking early intervention and preventive services.
- A person experiencing homelessness is more than twice as likely to have had five or more previous treatment episodes as their housed counterparts.
- Poor health is exacerbated by restricted access to appropriate health care. The acute and chronic medical conditions of people without stable housing are exacerbated by limited access to health services.

- Untreated addictions and mental illnesses present serious barriers to employment and permanent housing, perpetuating an ever-worsening cycle of poor physical health, hospitalization, social dysfunction, incarceration, poverty, and homelessness. These are tragic outcomes for homeless persons and their families; burdens on healthcare, social service, and corrections systems; and costs to taxpayers.
- Uninsurance and underinsurance increase costs for every American. Out-of-pocket expenses deter people—particularly those who are poor and uninsured—from seeking early intervention and preventive services.

## **BACKGROUND**

The current housing and economic crisis and the health care crisis are closely linked. Poverty, lack of affordable housing, and lack of comprehensive health insurance are among the underlying structural causes of homelessness. For those struggling to pay for housing and other basic needs, the onset of a serious illness or disability can easily result in homelessness following the depletion of financial resources. Indeed, 50 percent of all bankruptcy filings are attributed in part to medical expenses and it is estimated that lack of health insurance causes 22,000 unnecessary deaths a year in the U.S.

Lack of stable housing is a very significant determinant of health. Homelessness causes medical problems, greatly exacerbates existing illness, and seriously complicates treatment. People without homes are exposed to the elements, violence, communicable diseases in overcrowded living situations, and the debilitating effects of malnutrition and chronic stress. Persons experiencing homelessness are 3 to 4 times more likely to die than their housed counterparts.

Homelessness also presents serious barriers to the treatment of health conditions; indeed, stable, sanitary housing is central to effective health care. People experiencing homelessness are impoverished, uninsured or underinsured, and often alone. Lack of documentation, lack of transportation, and difficulty adhering to treatment regimens prevent many homeless individuals from succeeding in mainstream health care, including in the public health care safety net systems established for persons without insurance. Due to monetary constraints and limited understanding of homelessness, many mainstream health service providers are unable to offer the full range of care necessary to address the complex needs of people experiencing homelessness. People experiencing homelessness present complex challenges for which most mainstream providers are ill equipped or untrained.

Universal health care implemented through a single-payer model is the only way to guarantee that everyone has access to quality affordable health care. The single-payer model of universal health care ensures the right to health care by guaranteeing insurance- universally and continuously- for all medically necessary services, to all Americans. The single-payer model is the most efficient way to ensure this right for all.

*For further information on the public policy recommendations of the National Coalition for the Homeless, contact the NCH public policy staff at [info@nationalhomeless.org](mailto:info@nationalhomeless.org) or 202.462.4822, or visit [www.nationalhomeless.org](http://www.nationalhomeless.org).*