

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Health Reform, Budgets & the HCH Community: What You Need to KNOW, What You Need to DO

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BIG PICTURE

- High level of uncertainty; federal & state
- Recent health care debate (AHCA v. ACA) highlights deep divides
- Administration & House budgets: safety net cuts
- Conservative leadership in Congress, Trump Administration & in many states
- Changes in health care and housing policy will have direct implications for states & HCH projects



HEALTH REFORM: STATUS AS OF NOVEMBER

- Improving coverage & access to care
- Moving to value/quality-based care & payment reform
 - Includes risk/acuity adjustments
 - Recognizes social determinants of health
 - Incentivizes team-based care & data sharing across systems
- Strengthening Medicaid partnerships
 - Housing supports, medical respite, care coordination, etc.
- More fully integrating care

HEALTH REFORM: THE AMERICAN HEALTH CARE ACT & MEDICAID

- Repealed Medicaid expansion
- Moved to block grants/per capita caps
- Repealed essential health benefits
- Ended retroactive coverage & limit presumptive eligibility
- Created work requirement
- Required stronger documentation prior to enrollment & re-determination every 6 months

BLOCK GRANTS & CAPS: WHAT'S THE BIG DEAL?

CURRENT

- Costs shared between state and federal based on % split
- Spending rises with cost, need & enrollment
- Responsive to recessions, public health emergencies, new treatments, etc.
- Stable billing for providers & care for patients

PROPOSED

- Costs capped at federal level; shifts remainder to state
- Spending does not rise with changes
- Not responsive; funding is limited and does not rise to meet ongoing costs
- Not stable or predictable for states, providers or patients

ESSENTIAL HEALTH BENEFITS: WHAT'S THE BIG DEAL?

- 10 benefits include MH, SA & BH; maternity; hospitalization; emergency room; outpatient care; prescription drugs; rehabilitative services
- Repealing requirement opens door to previous “skinny” insurance plans that don’t cover what’s needed
- Particularly a problem for chronically ill, high-need people
- Repealing allows individual benefits to be political footballs at state level (e.g., birth control, HCV treatment, lack of parity between behavioral health & medical)

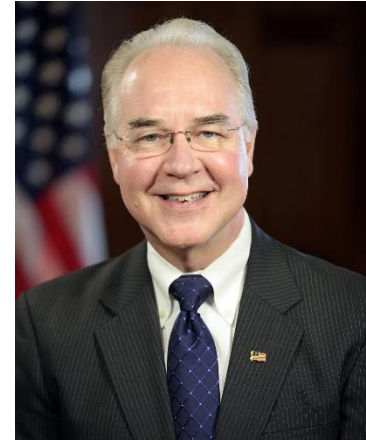
WORK REQUIREMENTS

- Four states already submitted requests to CMS to add work requirements: Indiana, Arizona, Kentucky, Pennsylvania
- Could apply to 22 million people; 11 million would be at risk of losing coverage
- Most Medicaid recipients already work
- Sets up administrative barriers and costs
- Is not related to health care goals
- Ironic: good health facilitates employment, not the other way around

HEALTH REFORM: HHS

“The expansion of Medicaid through the Affordable Care Act (ACA) to non-disabled, working-age adults without dependent children was a clear departure from the core, historical mission of the program.”

→ **Tom Price**, HHS Secretary & **Seema Verma**, CMS Administrator, Letter to Governors, March 17, 2017



HEALTH CARE: TRUMP ADMINISTRATION & HHS

- Conservative philosophy toward government role in health care
- HHS letter to Governors invites states to:
 - Implement work requirements, HSAs, premiums, out of pocket costs at all income levels
 - Waive presumptive eligibility & retroactive coverage
 - Waive non-emergency transportation
- Little support for current law
 - First Executive Order indicated lack of support for ACA
 - **Vehicles for change:** HHS regulations, state Medicaid waivers, lack of enforcement of laws & regulations

HHS BUDGET

- **\$15B proposed budget cuts** (and that's not the end of it)
- Low Income Home & Energy Assistance Program (LIHEAP)
- Community Services BG
- CDC/Public health programs
- NIH research
- Mental Health BG
- (\$500M increase for opioid addiction prevention & treatment)
- **More detail to come**



HEALTH CENTER BUDGET

- “Primary Care Cliff”: 70% health center \$ expires this year
- Current annual budget: \$5 billion
 - \$1.4 billion discretionary
 - \$3.6 billion mandatory (extended ACA funding needs re-auth)
- Funds base grants, new access points, service expansions
- Extending funding **critical** to maintaining HCH operations
- If extended, ongoing opportunities for growth

HEALTH CARE: IMPLICATIONS FOR STATES

- Pushes federal debate to state level
- Emphasis on “state flexibility”
- Federal cuts = state problems
- How to respond to decreased federal funding & leadership?
- Pressure to contain Medicaid \$
- Possible cooling effect on innovations for single adults



STATE PROVISIONS TO LOOK FOR

- More frequent re-determinations
- Higher levels of documentation
- Time limits on benefits
- Work requirements
- Drug-testing
- Premiums & co-pays
- Reducing eligibility
- Reducing/cutting benefits
- Health savings accounts



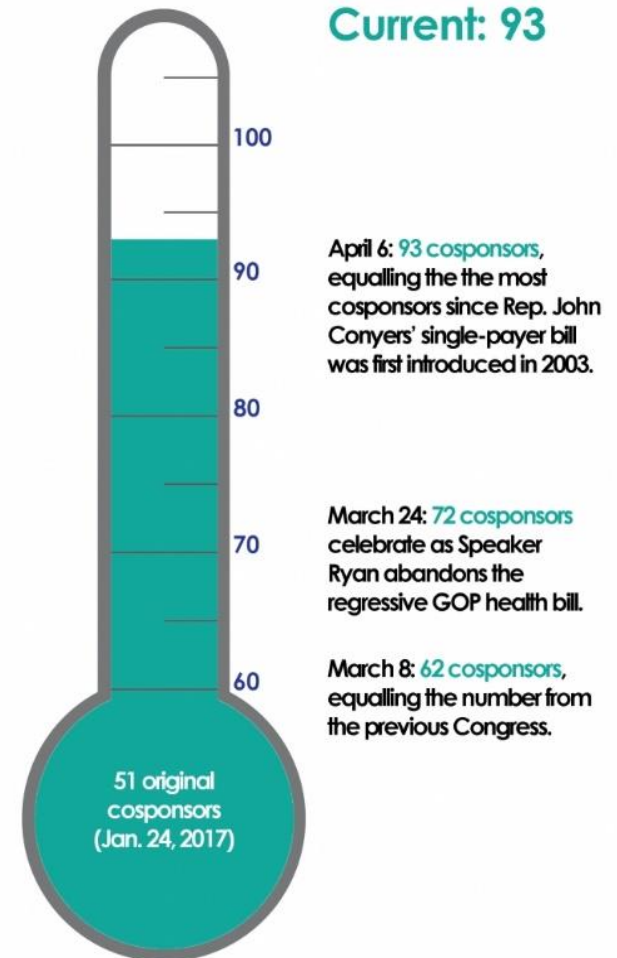
WHAT TO SAY TO PATIENTS

- We will continue to provide you health services, no matter what.
- This is a safe space. We don't provide your information to immigration or law enforcement (absent a warrant).
- No major changes to Medicaid have yet happened at the federal level & nothing can happen too quickly—it will take years to implement anything even if it does happen.
- There are many people fighting to protect your care, to include us.
- Want to express your view directly? Call **202-224-3121**.

A WORD ON SINGLE PAYER

- 60% say government should be responsible for ensuring health care for all (Pew Research)
- Congress: H.R. 676
 - **Ask your member to sign on**
 - <http://www.pnhp.org/hr676cosponsors>
- **Upcoming:** Sanders bill in the Senate
- Spotlight on California
 - Healthy CA Act, SB 562

H.R. 676 COSPONSORS



HOUSING: CURRENT STATUS

- Prior Administration:
 - Homelessness & health/housing combo as priority areas (national strategy & specific goals)
 - Prioritize most vulnerable (coordinated entry, definitions of homelessness)
 - Shift toward Medicaid-funded services where possible
- Current Administration:
 - Leadership experienced in health care, but not housing
 - Secretary Carson brings conservative view of publicly funded assistance
 - Proposed eliminating U.S. Interagency Council on Homelessness



HUD BUDGET

- 2018 request of \$40.7B is 13% lower than 2016 & 15% lower than 2017 levels
- Eliminates Community Development BG, Choice Neighborhoods & HOME Investment Partnerships (mostly flexible funding to localities for development): *\$4B loss to low-income areas*
- Anticipated reductions to public housing, Housing Choice vouchers



MEANWHILE...IN OTHER NEWS

- Changes to immigration policy: access & workforce
- Unclear meaning & impact of “sanctuary city” proposals to cut funding
- Cuts to federal education & workforce training budgets
- Cuts to Planned Parenthood & comprehensive women’s health care
- Increases to military budget & possible escalating international conflict
- Troublesome conversation about “deserving” & “undeserving” poor
- Next up: budget & tax reform

NATIONAL HCH COUNCIL CONFERENCE & POLICY SYMPOSIUM

- **Conference:** June 22-24, 2017: <https://www.nhchc.org/hch2017/>
- **Pre-Conference Institute:** Wednesday, June 21, 2017 in Washington, DC
<https://nhchc.confex.com/nhchc/2017/webprogram/Session1619.html>

Pressing on with Health Reform In Turbulent Times: Medicaid, Homelessness and Charting a Path Forward

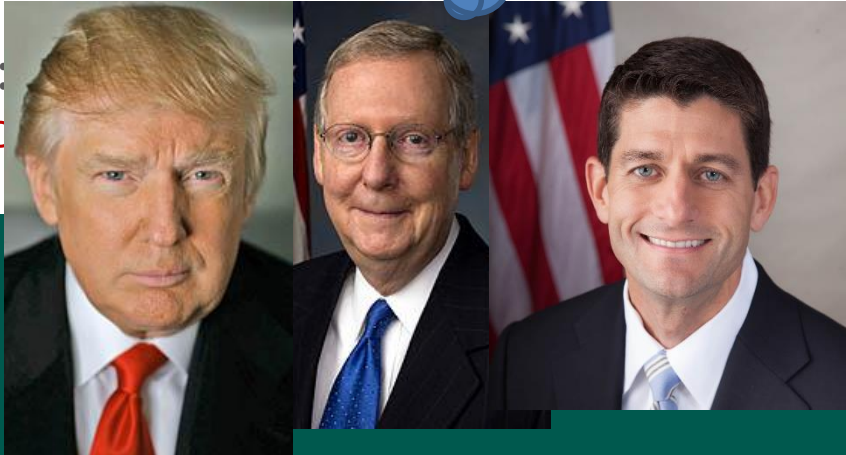
WHAT'S NEXT

- **March:** Trump releases discretionary budget for FY18
- **April 10-21:** Congressional Recess
- **April 28:** FY17 Budget Deadline/temporary bill for FY17 ends
- **May:** Trump reveals remainder of FY18 budget
- **September 30th:** Health Center Fund Expires (primary care cliff)
- **October 1st:** FY18 Budget Deadline/FY18 Begins

WHAT'S NEXT

- **March:** Trump releases directive
- **April 10-21:** Congressional session
- **April 28:** FY17 Budget released
govt shutdown
- **May:** Trump reveals remaining priorities
- **September 30th:** Health Centered Act Expires (primary care cliff)
- **October 1st:** Fiscal Year begins
govt shutdown

To Do List:
Tax Overhaul
Reduce Regulations
Build Mexican Border Wall
End Sanctuary Cities
Fix International Trade
Avoid Govt Shutdown



in agreement or

OUR ADVOCACY FOCUS

- **Protect the progress made under the ACA and push for Medicaid Expansion in 19 states yet to expand**
- **Protect appropriations/budgetary measures for housing and homeless programs (HUD, HHS, USICH)**
- **Build support for single-payer (HR 676)**

WHAT WE'RE DOING

- Medicaid Stories
 - Distributing to members of Congress
 - Featured stories on the Mobilizer
- Engaging with Congress
 - Sending letters on Medicaid and health reform changes
 - Meeting with staff/members on health reform, budget appropriations, and single payer
 - Participating with coalition groups on letters and meetings
- Monthly Mobilizer Action Alert Newsletter
 - sign up: <https://www.nhchc.org/mobilizersignup/>

ACTION ITEMS FOR YOU

- ✓ Schedule a site visit
- ✓ Write a letter
- ✓ Meet with your Congressperson
- ✓ Share your Medicaid Story
- ✓ Attend a Town Hall
- ✓ Attend a March
- ✓ Make a phone call
- ✓ Tweet at your lawmaker

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- ✓ Tweet at your lawmaker
- ✓ **SIGN UP FOR THE MOBILIZER**
- ✓ **Save (202) 224-3121 ON YOUR CELL**

ACTION ITEM: SCHEDULE A SITE VISIT

- **Mark your Calendars for Recess**
 - July 3-7, All August, Nov 20-24, Dec 18-29
- **Call (202) 224-3121**
 - Ask for your member and then for the scheduler to arrange a visit
- **Email an invitation letter and follow-up regularly**
 - Ask for the schedulers email address
- **Be prepared to discuss the impact of ACA and need for more housing and health care resources**
 - Use the National HCH Council materials
- **Don't forget to tweet us a photo!**



ACTION ITEM: WRITE A LETTER

Examples and templates on our resource page

- **To your Governor** on the importance of protecting Medicaid
- **To your Congressperson** on the importance of protecting Medicaid, Health Centers, and Housing dollars.
- **To your local paper** write an op-ed to bring light to the challenges those without homes face in your community



The Honorable Lamar Alexander
United States Senate
455 Dirksen Office Building
Washington, DC 20510
February 16th, 2017

Dear Senator Alexander:

On behalf of the National Health Care for the Homeless (HCH) community, which represents 300 federally qualified health centers serving nearly 1 million patients experiencing homelessness (as well as other types of homeless health care providers), I write to you with strong concern about the block grants and per capita caps being proposed to the Medicaid program. The access to comprehensive care coupled with the flexible support services already possible under the current Medicaid program have benefited many of our patients as well as the states that have implemented these options. As health care providers, Medicaid has vastly improved the quality of health care services we provide to very vulnerable people and stabilized the funding for our programs.

Block grants and per capita caps will jeopardize the progress we have made to improve health, lower costs, and end homelessness. As you approach legislation that changes the health care system, we strongly urge you to protect the traditional expansion of Medicaid and expand its coverage to the 3 million people living below poverty in the 19 states that have yet to expand. In the body of the email is a personal story from one of our providers to demonstrate the value of the Medicaid program in Tennessee.

Attached to this letter is more information on why Medicaid is critical to health reform goals and to people experiencing homelessness, as well as recommendations for the principles that should be part of a reformed health care system. If you would like more information about how health care and Medicaid are vital for people experiencing homelessness, please contact Regma Reed, MPH, our health care organizer, at reed@nhcc.org or at 443-703-1337.

Sincerely,

Darlene Jenkins, DrPH
Interim Executive Director

National Health Care for the Homeless Council | P.O. Box 60427 | Nashville, TN 37206-0427 | (615) 226-2292 | www.nhcc.org

ACTION ITEM: MEET WITH YOUR CONGRESSPERSON

- **When you're in DC for the National Conference**
 - Put in your information on our **Hill Visit Page**
 - Let us know if you're already scheduled!
- **When your member is home for break**
 - Find local office information on their webpage and call to schedule a visit
 - Recess: July 3-7, All August, Nov 20-24, Dec 18-29
- **Join Regina via skype/phone on Capitol Hill**
 - Let us know you're interested and we'll set it up!

See more on how to conduct a great meeting on our resource guide

SHARE A MEDICAID STORY

- Submit a story on our webpage
- Share within your letters/op-eds
- Send directly to your lawmakers

"Growing up on the West Side of Chicago, I was trying to deal with addiction in my family. Combined with some of the tougher aspects of my neighborhood, it was difficult to try and help my brothers and sisters growing up. Eventually, I even fell into substance abuse and addiction. This led to my becoming homeless. During this time, I was run over by a large flatbed truck, crushing my pelvis. My health issues and addictions kept me in a space where I was stuck. Medicaid helped pay for services to help me heal. The organization that I worked with, Heartland Alliance, used Medicaid to help me with physical therapy, medicine, doctor visits. Eventually I was able to retain my health, kick my addictions and maintain sobriety, and continue to succeed and escape homelessness. **For years now, I've been sober, happy, and grateful for where I've come from—a lot of that is because of Medicaid.** Without my health, I wouldn't be able to maintain stable housing, see my doctor, or continue my healthy lifestyle."

– Keith Belton
Chicago, IL

ACTION ITEM: ATTEND A TOWN HALL MEETING AND A MARCH

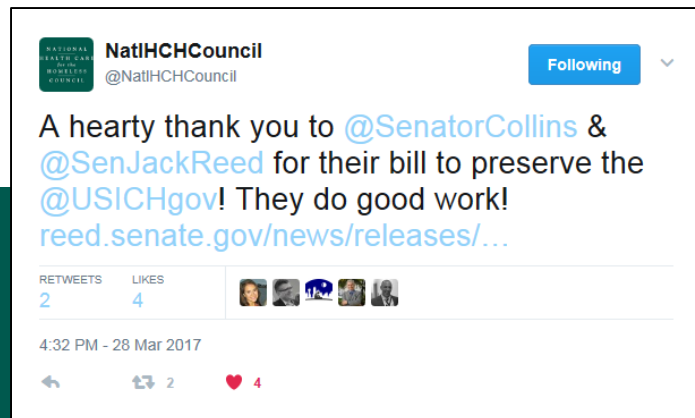
- Find a town hall meeting near you at townhallproject.com
→ Ask how they plan to protect Medicaid
- This weekend! Find a March for Science near you at marchforscience.com
→ “Science says housing is health care!”

ACTION ITEM: CALL AND TWEET!

Call the Capitol Switchboard and ask
for your congressperson
(202) 224-3121

"Hello my name is ____ and I live in _____ and Medicaid is important to me because _____. I would like to leave a message for Senator _____. Medicaid Expansion is a vital program for people who are homelessness. Changing Medicaid to Per Capita Caps or Block Grants would only cut services & not give us the care we need. Please let the Senator know I am worried about these changes and ask him/her to support the Medicaid program. Thank you for your time."

**Find your congressperson
on twitter and connect with
them on the issues →**



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CONTACT INFO

- Barbara DiPietro, Sr. Director of Policy
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 @BarbaraDiPietro

- Regina Reed, Health Policy Organizer
- rreed@nhchc.org

 @ReginaGraceReed