

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

June 6, 2017

The Honorable Orrin Hatch, Chairman
The Honorable Ron Wyden, Ranking Member
U.S Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

The National Health Care for the Homeless Council (NHCHC) is a membership organization representing federally qualified health centers (FQHCs) (and other providers) that target health services to people experiencing homelessness. As health care providers caring for a vulnerable population that experiences poor health and high health care system utilization, we are concerned to see budget reductions proposed for the Department of Health and Human Services (HHS). We believe these cuts will especially impact people experiencing homelessness as well as the providers who care for them. We hope Secretary Price can articulate how his agency will be able to fulfill its mission under such austerity.

The ACA's Medicaid expansion was a significant benefit for the Health Care for the Homeless (HCH) community, as many people who are homeless did not previously qualify for Medicaid or other insurance coverage. States that chose to expand Medicaid have seen significant increases in the rate of insured patients, which not only facilitates more affordable, comprehensive care for patients, but also stabilizes operations for the community-based HCH projects who care for them. Due to the increase in Medicaid funding under the ACA we've seen considerable gains for individuals, providers, and local communities as costs for public services decrease and quality of care increases. Failing to continue to fund the Medicaid program will exacerbate the current cycle of homelessness with accompanying high-cost hospitalizations, unemployment, and disability. This issue is obviously at the heart of the larger health reform discussions currently underway in both houses of Congress.

The HHS budget is much more than Medicaid however. Many of the other programs supported by HHS are vital to our work to support people living in extreme poverty. As providers, we rely on these programs to fill the gaps in what Medicaid cannot provide. This is especially true of providers in states that did not expand Medicaid, and they rely almost exclusively on many of the federal programs targeted for cuts in this budget. Hence, we are interested in a broad range of the HHS budget and hope that the proposed reductions can be reconsidered in light of the detrimental impact they will have for millions of Americans who depend on them for survival.

During the HHS budget hearings, we request the following questions be posed to Secretary Price for discussion:

1. **Medicaid:** The Affordable Care Act (ACA)'s expansion of Medicaid to single adults has saved lives, prevented and ended homelessness, and vastly improved access to more comprehensive health care for millions of Americans. Under the current HHS budget proposal, states will lose \$610 billion in Medicaid funding over 10 years. *How does the Secretary envision that states will be able to provide health care services for the most vulnerable given the reduction of federal support for Medicaid?*
2. **Health Resources and Services Administration:** As health centers, we are relieved to see support for our work reflected in the proposed budget. However, there are other program areas within HRSA identified for reduction (or elimination) that are vital for us to maintain operations—most specifically around the health workforce. Training in primary care medicine, oral health training, area health education centers, nursing workforce development, and public health and preventive medicine programs are five programs that provide critical training to enable a higher skilled workforce. Quality of care depends on appropriate training. *Without funding these training programs, how will HHS ensure a high-quality and fully trained workforce to deliver care to underserved populations?*
3. **Substance Abuse and Mental Health Services Administration:** The proposed budget has significant reductions to the Community Mental Health Services Block Grant and to Programs of Regional and National Significance, as well as flat funding for the Substance Abuse Prevention and Treatment Block Grant. *Given the two-fold crisis-level problems with both mental health and addiction in the United States, how does the Secretary rectify these reductions with the priority status that HHS has put on both these issues? How do local communities make gains in these areas when the funding that supports help for vulnerable people is cut?*
4. **Administration for Children and Families:** The proposed budget eliminates the Low Income Home Energy Assistance Program (LIHEAP) and the Community Services Block Grant (CDBG), yet both these programs provide vital assistance to vulnerable people. With these funds, communities do a wide range of projects, including preventing people from becoming homeless. *How does the Secretary envision people receive help with high energy bills, food delivery, and other basic needs without these programs in place?*

Thank you for considering any or all of these questions for Secretary Price during the HHS budget hearings. If you would like to talk further about how health care is critical for the needs of people who are homeless, please contact Regina Reed, MPH, Health Policy Organizer, at rreed@nhchc.org or at 443-703-1337.

Sincerely,



G. Robert Watts
Chief Executive Officer