



Post-Election Frequently Asked Questions for the HCH Community

November 23, 2016

The outcome of the recent election raises a number of questions for the future of health care and other issues central to the Health Care for the Homeless (HCH) mission to prevent and end homelessness. While our ultimate goals to ensure universal health care, affordable housing, livable incomes, and adequate supports for everyone have yet to be achieved, there has been good momentum in a number of areas important to our community. Key among these have been the expansions of Medicaid to more people, the growth of the health center program, and innovations in supportive housing financing, medical respite care, and criminal justice reform.

The National HCH Council will strongly advocate—together with local HCH projects, consumers, coalition members, and other allies—for these priorities (sign up for our [Mobilizer](#) to stay up to date on our advocacy):

- Protect the gains in health care coverage that have been made, and continue to expand coverage for all people
- Protect health center, housing, and other safety net programs
- Protect public health and risks to public health
- Respond to any immediate Executive Orders that directly affect populations we serve.

The incoming Administration has proposed policies that will likely result in many changes. It is not yet clear what will happen and much depends on details that have not yet been announced. This FAQ attempts to answer some key questions for the current landscape. There are many steps involved in changing public policy. Major changes cannot happen too quickly. While this is frequently frustrating, it also provides some protection against too much happening all at once. However, many issues being promoted through a new federal policy agenda are raising concerns and causing fear among service providers and consumers.

Overall, while the threats to HCH issues and safety net programs are real, we need more information before we determine whether there are immediate threats to basic needs like housing vouchers, food stamps, and health care.

For the community dedicated to ending homelessness and providing high-quality care, here is some information related to possible changes to come. We will update this FAQ as more information becomes available.

1. What can happen most immediately?

The President can issue Executive Orders at any time to direct his Administration to take specific actions without going through Congress. These documents cannot involve funding programs. Because

of this limitation, health and housing programs tend not to be impacted by Executive Orders. However, these Orders have been used recently to protect undocumented immigrants from deportation, to protect the right of transgender people to use bathroom facilities of their choice, and to establish paid sick leave for federal contractors, among others. If the new Administration rescinds any of these Executive Orders, these protections would be lost.

2. What does the election mean for the Affordable Care Act?

Most of the health care attention has been focused on repealing the Affordable Care Act, which actually is quite complicated and cannot happen easily. While Congress has voted to repeal the ACA over 60 times, there has never been a solid replacement plan for the ACA. Since 2014, 22 million people gained insurance through either Medicaid or the private insurance marketplace, and many millions more gained additional protections in the plans they already had. We will continue to advocate to protect and continue coverage for those who have it, and further push to expand coverage to those remaining uninsured (particularly in the 19 states who have yet to expand Medicaid). ***Congress will probably introduce legislation very quickly in 2017 (further outlined in question 8), but the changes outlined in this legislation will not begin until 2018 or 2019***—during which time there will be significant advocacy to alter or reverse these provisions (see below on “what you can do”).

Within the Trump Administration, the most immediate action is to name a Secretary to the Department of Health and Human Services, which oversees Medicaid, Medicare, health centers, the Ryan White program, behavioral health funding, and other health-related programs. The Secretary will then need to assemble a staff and determine an action agenda. It will take time for the new team to become familiar with the programs and current initiatives, and increasing numbers of staff vacancies (or internal opposition) will only further delay implementation of proposed plans to cut or change programs.

3. How will the election impact the ACA's Medicaid expansion?

This issue is one of the most significant for the HCH Community. The ACA gave states the ability to expand Medicaid to most very low-income adults, which was of great benefit to previously uninsured consumers, health center projects, and other homeless health care providers (although 19 states have not yet opted to implement this expansion).

The new Administration and Republicans in Congress have promised to end the expansion and replace Medicaid with either block grants to states or to pay states a fixed price per person. Both of these approaches require Congress to amend the law (or create a new one), would reduce federal funding for Medicaid, and put much more responsibility for designing and funding the program to the state level. States would likely respond to this change by shifting Medicaid beneficiaries into private plans, establishing work (or other) requirements to make it harder to qualify, charging premiums for most adults, using wait lists or capping enrollment, cutting provider payments, or eliminating/restricting benefits. Making such profound change is very complicated, as new rules, regulations, formulas for funding and many other provisions will have to be in place before it can be implemented—this takes time. Nothing of this magnitude will likely happen in 2017. [Learn more about the impact of Medicaid block grants and per capita caps [here](#) and [here](#).]

“Losing Medicaid would be a huge blow to our patients as they work towards stabilizing their lives.”
– HCH Physician in Baltimore

While it will take Congress time to actually repeal the expansion and create a new plan to replace it, an Administration that is hostile to Medicaid can also create havoc in the program. Trump appointees can fail to provide support to states for outreach and enrollment, refuse to enforce regulations overseeing

managed care and other provisions, change the ‘essential health benefits’ that govern minimum coverage requirements (and boost access to behavioral health care in particular), and generally not be a partner to ensure access to services and quality of care in the Medicaid program.

The new Administration itself has authority over issuing regulations and approving state Medicaid waivers (which happens when states want to try something new in the Medicaid program). Some state waivers currently at HHS ask for permission to use Medicaid to fund supportive housing services, and other waivers ask to put work requirements and premium payments on Medicaid recipients. Changing philosophies toward Medicaid might mean that some waivers likely to be approved/denied under the current Administration, will not be approved under the new Administration. It is unclear at this time when these decisions would be made, but this is an area of significant concern.

4. What does the election mean for health care reform initiatives?

Many states have been making significant changes to the way their health care system is organized and financed with the understanding that most people will have insurance, to include Medicaid. These changes could include how health care providers are reimbursed, new types of services covered, and the partnerships established to share responsibility of care across a broader spectrum of providers. If there are significant changes to health coverage eligibility—or barriers to maintaining coverage—the goals to reduce costs and improve quality of care may be compromised. States that have invested millions of dollars and done a lot of work to make improvements are unlikely to be happy to have that work rolled back, so this is an advocacy opportunity at the state level to push back on federal changes.

5. What does the election mean for health center funding?

Historically, health centers have broad bipartisan support as a significant part of the health care safety net. Over the past 20 years, funding for health centers has grown under both Republican and Democratic leadership alike. Regardless of the outcome of the election, the current level of health center funding was set to expire on September 30, 2017 (known as the “[primary care cliff](#)”), and Congressional action is required to extend this funding further. The National Association of Community Health Centers (NACHC) has [great research on the effectiveness of health centers](#) on quality, access and cost-effectiveness, and will lead the advocacy on this issue. More information on this issue will be forthcoming.

6. What does the election mean for housing funding, to include Section 8 and public housing?

Funding for housing is determined by the budget appropriations process (more below). For FY17 (the current year), HUD needs approximately \$1 billion more than FY16 spending levels to maintain program levels and renew existing housing assistance contracts (this would be true regardless the outcome of the election). Currently funding is being kept at the FY16 levels through March 2017 under a continuing resolution (CR), though some increases had previously been proposed for Section 8, homeless assistance grants, public housing, and other housing programs. Learn more about the dangers of the continuing resolution and its impact on housing [here](#).

The most immediate action for the incoming Administration will be naming a Secretary of Housing and Urban Development (HUD) who will oversee the federal programs that fund housing and enforce Federal Fair Housing laws. A new Administration philosophy toward affordable housing, combined with the Republican-led House and Senate, could lead to the dismantling of fair housing regulations, rolling back recent HUD rules around criminal records and crime-free ordinances, and big changes or elimination of the National Housing Trust Fund. Learn more about the potential changes in housing programs from our partners at the National Low Income Housing Coalition [here](#).

7. What does the election mean for supportive housing, medical respite care, and services?

The current Administration put a priority on supportive housing for people who are homeless, and has encouraged states to [use the flexibilities in Medicaid to fund additional services](#) to help people gain and maintain housing, which numerous states have done to great success. Likewise, [more medical respite programs](#) are starting up each year, increasingly funded using flexible Medicaid dollars and agreements with managed care entities. The new Administration is not likely to see Medicaid in the same way, and may not allow states to use Medicaid dollars for supportive services in these types of programs (or deny federal funding—putting a burden on states). If the new Administration implements Medicaid block grants or caps the amount per enrollee, states will not likely have enough funds to pay for basic care, let alone for “extras” like case management, housing assistance, or outreach. Such changes would seriously jeopardize the services that currently support people in housing and medical respite care, as well as limit the much-needed expansions of these programs.

8. What is the timeline for any potential changes to really impact access to services at the local level?

There is potential for funding cuts starting mid-2017. Before Obama’s term ends, Congress will decide on what to do with the Fiscal Year 2017 appropriations budget. The current budget proposals include increases for housing and health center funding (see above). If Congress passes this budget, it will continue funding through September 2017. Alternatively, Congress may pass a continuing resolution (a temporary, stop-gap, continuation of current spending levels) through February or March of 2017. Then, the next Congress will take up the issue and may propose spending cuts across the board for the remainder of Fiscal Year 2017. If this happens, funding to local communities could happen in late 2017, but many things could happen to delay or offset this action so it’s unclear at this point when communities would feel an impact of any funding cuts.

As indicated above, legislation to repeal the Affordable Care Act likely will be introduced in 2017, but don’t expect major changes until 2019. Immediate repeal of the entire ACA requires 60 votes in the Senate, which is unlikely because Republicans don’t have 60 votes. Alternatively, Congress may repeal parts of the ACA through [Budget Reconciliation](#), which only requires a simple majority so would be easier to pass. Budget Reconciliation can only apply to spending measures, so would likely be aimed at defunding tax credits and subsidies for private plans and repealing the Medicaid expansion. Whether through Reconciliation or through the regular budget process, changes would not likely take effect for a year or two because it will take time to create new programs and implement the changes. It also would be politically difficult if 22 million people lost coverage and it would be seriously disruptive to the entire health care industry. As an example, Congress [previously tried to repeal the ACA](#) in 2016 but major changes would not have happened until 2018. The National HCH Council—together with many, many other advocates—will be fighting hard to protect Medicaid expansion and any other changes that would impact low-income people.

9. What are other issues for the HCH Community?

As with housing and health center funding, we are concerned about funding for mental health and substance abuse, HIV care, reproductive care (and proposed bans on funding Planned Parenthood), family and children’s services, homeless services, and other needed supports for low-income people.

From a human and civil rights perspective, there is broad concern about the tone of the campaign, assaults (both verbal and physical) targeting people of color, immigrants, religious minorities, women,

the LGBTQ community, and other groups, and a general approach to governing that does not feel inclusive of all Americans.

From a policy perspective, we have many additional concerns beyond those detailed above. These include:

- *Universal Health Care:* Single payer financing of health care would remove much of the injustice of the current system. The expected upheavals will provide opportunities to press for this primary goal of the National HCH Council, [Physicians for a National Health Plan](#), [Healthcare-Now!](#), and other advocates.
- *Immigration:* Hostility toward immigrants, increasing deportations, and threatening to cut funding to “sanctuary cities” will be especially detrimental to our ability to meet the health care needs of vulnerable clients who lack documentation. The possible repeal of Presidential Executive Orders aimed at immigrant youth ([like DACA and DAPA](#)) also raise very real concerns.
- *Livable wages:* The efforts to raise the federal minimum wage above \$7.25 an hour will likely not have much support in the new Congress and Administration
- *Criminal justice reform:* Federal initiatives to bolster police training and accountability, as well as enforce consent decrees in communities where violations of civil rights have been found will likely no longer have the same support or funding.
- *Disability:* During the campaign, Trump did say disability like SSI and SSDI programs would be preserved, and changes to the program need to be approved through Congress. However, a general philosophy against safety net programs raises concerns.
- *Food stamps:* SNAP benefits will likely decrease across the board, but it seems unlikely the program will go away. Funding for this program is reauthorized every 5 years through the Farm Bill. While the current appropriations budget proposes cuts to this program, there has been no comment about this program during the Trump campaign. For more information on potential cuts to food stamps, see [this analysis](#).

10. Where can I get more information?

There is a tremendous amount of information being published on the implications of a Trump Administration on every issue. It is important to get information from credible sources. A couple that we recommend:

- An [analysis of Trump’s health care reform proposals](#) as they impact insurance coverage, out-of-pocket costs, and the federal deficit.
- A [further analysis of the election on the ACA](#) from an industry expert.

11. What can I do?

As healers and advocates for Justice, we are trained to find common goals and communicate effectively, especially under duress.

- *Communicate well:* Use your trauma-informed, motivational interviewing skills to de-escalate tensions and facilitate discussions at your family dinner table, with your neighbors, clients, and colleagues, and with your public officials.
- *Get involved/create networks of solidarity:* Sign up for [the Council’s Mobilizer](#). Politics is local so get involved in your community to push for better health care, more affordable/supportive housing, higher incomes, and other positive changes. Link together with vulnerable communities,

ask how you can be an ally, make organizational statements, and support those under threat of deportation or attack (great examples in this [New York Times op-ed](#)).

- *Show off your project:* Invite your new local, state and federal representatives to tour your project and discuss needed solutions.
- *Tell your Medicaid stories and use your data!:* Our advocacy strategy will depend on telling Congress and the new Administration—and your Governors and state legislatures—how important Medicaid is for our clients. That includes core medical services as well as the flexible supportive services that are integral to maintaining stability. Combine good data with personal stories to help advocate more strongly. Please email Regina Reed, the Council’s Health Policy Organizer, at rreed@nhchc.org with your personal story or that of your clients. **What does Medicaid mean for YOU?**
- *Anticipate health care needs:* Rising fears and anxieties among HCH consumers may lead to changing health care status. Hypertension and other chronic diseases, as well as mental health and substance use are all known to be impacted under stressful conditions. HCH projects might plan for increases in some service areas, even if temporary.
- *Take care of yourself:* It’s a stressful time—remember that **self-care is important!** The National HCH Council has a number of resources, to include several *Healing Hands* focused on “[Renewal and Resiliency in Our Work](#)”, “[The Presence of Spirituality in Healing](#)”, and “[Compassion Fatigue: The High Cost of Caring](#).” We also have podcasts on [Mindful Breathing](#) and [Guided Meditation](#). Finally, [The Coldspring Center](#) is offering their online [Thrive: Self-care Training](#) for free through December 31st. You can sign up at help@coldspringcenter.org.

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