



March 24, 2020

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Dear National Governors Association Leadership:

As the COVID-19 epidemic continues to evolve, Governors must understand the risk of infection for individuals experiencing homelessness and take immediate action to reduce the spread of COVID-19 to a very vulnerable population that is often overlooked in an emergency. Acting urgently now will not only better respond to individual needs, but would also help protect public health more broadly.

The National Health Care for the Homeless Council is a membership organization representing Health Care for the Homeless (HCH) health centers and other organizations providing health care to people experiencing homelessness. Last year, 300 HCH programs across the country provided primary care, behavioral health, and support services to over 1 million patients who lack stable housing. **People experiencing homelessness are a high-risk population that needs to be identified as a priority group for COVID-19 response.** Many of these individuals are older, experience poor health, and have many underlying health conditions. These factors are compounded by the congregate settings where they receive services (soup kitchens, shelters, public transportation, health clinics, day centers, etc.) and the inability to follow public health guidance to stay home and wash hands—especially for those in encampments. These factors combined make homeless populations especially susceptible to COVID-19.

On behalf of the Health Care for the Homeless community, **Governors should take the following immediate policy actions:**

1. **Identify appropriate isolation/quarantine venues:** Shelters are frequently not equipped, trained, staffed, or physically able to provide isolation and quarantine spaces. Local response systems need to determine where people who are being tested for COVID-19 or have positive test results will be able to safely stay. This decision-making should happen *in collaboration with* health care and other homeless service providers. Shelters and health care providers should not be left alone with insufficient guidance on what to do with patients/clients who have been identified as needing isolation.

2. **Prevent loss of housing & health care services:** Prohibit evictions, encampment clearings, and other actions that destabilize the most tenuous living conditions and important service connections. Use the flexibilities in the Medicaid program to expand care, prevent loss of coverage, and eliminate out of pocket costs. Expand Medicaid to single adults in the 14 states that have not yet implemented this option, make telemedicine and outreach/street medicine a more flexible, billable service, and allow 90-day supplies of medications to be issued. Ensure continuity of care to the extent possible to prevent poor outcomes from disruptions in access to services (such as strokes, suicides, overdoses, heart attacks, etc.).
3. **Expand shelter capacity & deliver services to unsheltered populations:** Expand emergency shelter spaces, ensure those accommodations meet infection control standards, and take extra precautions with especially high-risk clients (such as elderly). Install hand-washing stations, rest rooms, and other hygiene/sanitation provisions at encampments, and ensure that outreach teams/mobile services are expanded so that very vulnerable and isolated people are able to receive public health messages as well as continue receiving needed services.
4. **Ensure providers have supplies & protective equipment:** Health care and other homeless services providers are a critical frontline workforce and must be prioritized to receive adequate levels of cleaning supplies and personnel protective equipment (PPE).
5. **Expand medical respite care programs:** Identify emergency funds to expand medical respite programs, which deliver health care and support services to individuals who need ongoing care but do not need to be hospitalized. These venues could be targeted to COVID-19-involved people who need isolation/quarantine, or these could be venues where vulnerable people who are not COVID-19-involved can continue treatment in a safe environment.

We recognize that some within your membership have already taken considerable action to prevent the spread of COVID-19 in the homeless population and we are grateful for these actions. However, in the interests of public health, it is imperative this population have a targeted, proactive response from lead policymakers and emergency planners in all communities.

Please help protect our neighbors without homes by sharing these policy recommendations with your membership. If you or members of your team would like to discuss these issues further, please contact Barbara DiPietro, PhD, Senior Director of Policy, at 443-703-1346 or [bdipietro@nhchc.org](mailto:bdipietro@nhchc.org).

Sincerely,



G. Robert Watts, MPH, MS, CPH  
Chief Executive Officer