

COVID-19 & the HCH Community: Further Illustrating the Benefits of “Medicare-for-All”

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The National Health Care for the Homeless Council supports a national health plan, such as Medicare-for-All, as the best way to [improve health and achieve health care justice](#). Unfortunately, the COVID-19 pandemic has only further illustrated the fragmentation, disparities, and limitations inherent in our current system. There is a great need for policy makers to take immediate action to implement a Medicare-for-All approach to financing health care in the U.S. **This issue brief is intended to illustrate how the U.S. response to COVID-19 would be different under a single-payer financing process from the perspective of front-line homeless health care providers.** We urge policy makers to move forward in building a more equitable system that better responds to emergencies.

How would Medicare-for-All improve our response to a pandemic?

➤ Better access to higher quality, more coordinated care

Patients experiencing homelessness often go without care or experience delays in care within the current system, and the pandemic has only exacerbated those existing problems with access to care. Providers and patients alike are navigating a myriad of burdensome insurance plan requirements and varying state-level idiosyncrasies on telehealth. At the same time, patients frequently experience medication changes and limited choices of providers with no clinical rationale, but simply because it is perceived to be a short-term, cost-saving measure. The effects of these administrative processes and fluctuating services means more time spent on paperwork and less time providing and coordinating care, which compromises health outcomes. A Medicare for All approach would allow patients to access care without confusion or concerns over shifting insurance status, changing medication formularies, and limits on provider networks, while providers can better focus on delivering quality care.

With COVID-19, we are working to reach clients in different ways, such as via telemedicine. It is hard to keep track of what service each insurer will cover and what regulations are changing. All these work hours could be better used to provide support to our clients.

Tyler Gray, MD Health Care for the Homeless, Baltimore, MD

➤ Improved public health surveillance and infectious disease prevention

Medicare-for-All would allow government systems to better plan and implement a community-wide infectious disease response using more broadly available health information and a more equitable allocation of resources to respond to outbreaks.

Such a system would allow providers to better understand trends in community health issues (via a single health record) and conduct better contact tracing to mitigate the spread of the disease. Existing health data are currently spread across thousands of uncoordinated and fragmented private health plans, making it difficult to analyze the spectrum of the disease on different populations and forecast future spread. Responding to outbreaks in particularly vulnerable populations, such as people experiencing homelessness, is especially difficult because health information is spread across multiple systems (or data is not recorded completely). More consolidated data systems would negate the need for administrative staff to continually create new IT platforms that can “talk” to other systems and negotiate data-sharing agreements. Instead, these resources can be repurposed toward targeted public health activities.

➤ **Greater efficiency and stability in the entire health care system for everyone**

People experiencing homelessness have difficulty following standard public health guidance and are a high-risk group. Yet homeless health care providers must still fight to [make sure local governments and public health authorities prioritize basic needs](#) during a pandemic for their patients such as food access, testing, isolation and quarantine space, protective housing, and more. These issues are exacerbated by budget shortfalls in public systems caused by drastically reduced tax revenue. Hospitals, health centers, and other health care providers are facing closure and bankruptcy, especially those that are in rural areas, because of the reliance on patient revenue from profitable elective procedures that cannot be performed during a pandemic. Further, it is a cruel irony that states are cutting health care budgets and programs such as Medicaid just when people most need the additional support. A national Medicare-for-All system would create a more stable and efficient health care system and prevent the significant fluctuations in state and provider budgets that drive reductions in care at pivotal times. It would allow everyone—to include people experiencing homelessness—to receive the treatment and services they need before, during, and after a pandemic regardless of state and local financial stressors.

➤ **More equitable access to needed care that also combats racial disparities**

Black, Indigenous, and people of color (BIPOC) have been consistently denied equal access and rights in health care. African Americans specifically face significant challenges accessing health care, are disproportionately affected by gaps in Medicaid eligibility, and are [over-represented in the homeless population](#). Beyond race, disparities also exist across the U.S. based on geography, income, and insurance status. The COVID-19 pandemic, along with other national emergencies, has focused long-

COVID-19 is revealing more health disparities in the homeless population I treat. I hope this pandemic can move us toward a more equitable system that recognizes health care as a human right.

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overdue attention on addressing these inequities, but this will be difficult to achieve in the current system given perverse financial incentives for denying care to some while providing unneeded care to others. Racism is traumatic and can create new or exacerbate existing health conditions such as depression, anxiety, hypertension, diabetes, substance use, and heart disease. Racial disparities related to risk for COVID-19, and access to testing and treatment only compound that stress. Implementing a universal health care system is a step towards health care justice and would reduce existing racial disparities that result from health coverage and cost of care depending on whether/where you work, where you live, how much you earn, or your demographics.

➤ **Greater focus on prevention of poor health, poverty, and homelessness**

One of the biggest advantages of a Medicare-for-All system is its focus on disease prevention and lower upfront investments to prevent expensive, poor health outcomes later. This is especially important in the event of an infectious disease pandemic where a higher baseline health status in the population helps ward off the worst effects of the virus. Another advantage comes from the continuity of affordable coverage in the event of job loss and the elimination of concerns over affordability of care. Offering better health care will have broad positive effects on society and help break the cycle of poverty, homelessness, disability, and illness among our most vulnerable. Finally, a system that prioritizes prevention also invests in the broader community supports needed to ensure good health, such as housing, education, and other social determinants of health. A Medicare-for-All system would have allowed the U.S. to better respond to the COVID-19 pandemic, as well as better address the problems currently undermining efforts to identify, track, and treat the disease. Adopting such a system is not only the right thing to do, but the very health of our communities depends upon it.

Stress levels are high for people living on the streets. Many have pre-existing conditions and don't have access to good primary care, largely because Medicaid didn't expand in Florida. It is clear why we need universal care--it'll help end the vicious cycle of stress, poverty, and disease.

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