

2022 Federal Policy Priorities

For the HCH Community

Homelessness is the result of deliberate policy decisions. To end homelessness and realize the human right to housing and health care, the Council works with Congress and the Administration to advocate for policies that **achieve social, economic, and racial justice**. While we broadly advocate on many issues together with our national partners, below are the four primary areas of our focus in 2022. All of our work is directly informed by people with the lived experience of homelessness, as well as the HCH Community as a whole.



Improving the Health Care System: Guaranteeing comprehensive, affordable health coverage would lower costs, improve outcomes, and increase quality of life for everyone. *Examples of this include...*

- Advocating for a single-payer, **Medicare-for-All system**.
- Advocating to strengthen and **expand Medicaid**.



Mitigating the Impact of COVID-19: The COVID-19 pandemic exacerbates long-standing gaps in health care and housing and highlights racial inequities in access to basic needs, but also offers opportunities to improve the entire system. *Examples of this include...*

- Advocating for resources for **testing, treatment, and vaccines** for people experiencing homelessness and their service providers.
- Advocating for public health, housing, and health care **partnerships** that create permanent solutions to homelessness.



Increasing Access to Substance Use Treatment: Untreated behavioral health conditions perpetuate a deadly cycle of incarceration, poverty, poor health, and continued homelessness. *Examples of this include...*

- Advocating for **expanded access** to high-quality, low-barrier treatment services.
- Advocating for the **expansion of harm reduction programs** such as syringe services programs and overdose prevention sites.



Advancing Medical Respite Care: Medical respite care programs provide safe space for people experiencing homelessness who are too ill to recover from an illness or injury on the streets or in shelter, but who do not require hospital-level care. *Examples of this include...*

- Advocating for **policies** that increase financing options, expand current programs, and create new ones.
- Advocating for effective state and local **partnerships** that support the growth of effective medical respite programs.