FACT SHEET

Health Insurance at HCH Programs, 2023

December 2024

Improving health depends on accessing health care services and engaging in appropriate treatment. People experiencing homelessness have **higher rates of chronic medical conditions, acute illnesses, and behavioral health issues** compared to their housed counterparts, which contributes to **poor health and earlier mortality**. This population also experiences **greater barriers to accessing care** because they tend not to have a consistent mailing address, often lack transportation, face **stigma and discrimination** when accessing care, and must prioritize meeting basic survival needs such as finding food, shelter, and safety on a daily basis. **Poor health is a leading cause of homelessness**, and the experience of homelessness creates new health problems while worsening current ones. Combined, these factors make it hard to regain housing stability.

One of the most common barriers to accessing health care is a lack of health insurance, which pays for services. Prior to the Affordable Care Act (ACA), people experiencing homelessness were uninsured at high rates because they were not generally eligible for public programs such as Medicaid or Medicare and could not afford private insurance. Health Care for the Homeless (HCH) programs, as part of the larger HRSA-funded health center program, are dedicated to providing comprehensive primary care, behavioral health, and support services to people who are homeless regardless of their insurance status or ability to pay. But absent reimbursements from insurance, these safety net providers are more limited in the care they can offer and in their ability to refer patients to a broader range of needed care, such as hospital and skilled nursing services, more intensive addiction and mental health treatment, and other specialty care.

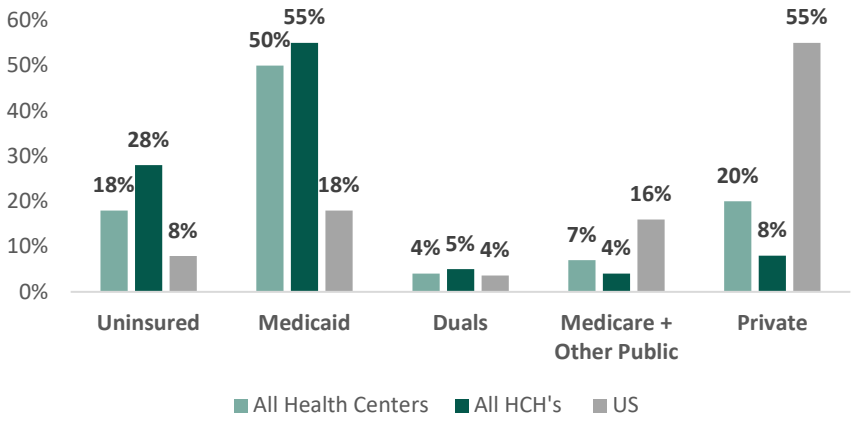
In 2023, there were 298 HCH programs in 4,455 locations that provided comprehensive primary care, substance use and mental health treatment, and supportive services to 985,226 patients. This fact sheet describes the health insurance mix of those patients and illustrates why the ACA's Medicaid expansion is critical to meeting the health care needs of an unhoused population.

Sources of Health Insurance

Figure 1 shows how health insurance status differs when comparing HCH programs to all health centers, as well as the U.S. general population.

At HCH programs, just over half of patients were enrolled in Medicaid (55%), while 5% were dually enrolled in both Medicare and Medicaid, an additional 4% were enrolled in Medicare (or another public program), and 8% had a private health insurance plan. Nearly 3 in 10

Figure 1: Health Insurance Sources, 2023



people (28%) were uninsured. **Overall, patients at HCH programs were 3.5 times more likely to be uninsured compared to the general public** (28% v. 8%) and show higher rates of being uninsured even compared to patients at all health centers (28% v. 18%).

Medicaid Expansion through the Affordable Care Act (ACA)

States that did not expand Medicaid continue to have high rates of uninsured patients. Effective in 2014, the ACA gave states the option to expand Medicaid eligibility to childless adults with income at or below 138% of the federal poverty level (FPL), as well as subsidized private insurance plans for those earning between 100% and 400% FPL.

Figure 2 shows the significant disparities between health insurance coverage at HCH programs in states that chose to expand Medicaid coverage, and those in states that continue to refuse to do so. Expansion states see 62% of their patients covered by Medicaid with 21% uninsured—while those in non-expansion states see nearly the exact inverse—58% of patients uninsured with only 24% enrolled in Medicaid. Importantly, nationwide averages mask considerable variation among states (even among those that expanded). Table 1 at the end of this fact sheet provides state-by-state insurance mix data.

States that expanded Medicaid reduced the uninsured rate by more than half. Figure 3 shows the reduction in uninsured since the ACA's Medicaid expansion to single adults went into effect in 2014. States that expanded Medicaid saw a rapid reduction in the number of HCH patients without insurance, while states that did not expand Medicaid have experienced a much more modest decrease.

Figure 2: Insurance Sources at HCH Programs, Expansion v. Non-Expansion States, 2023

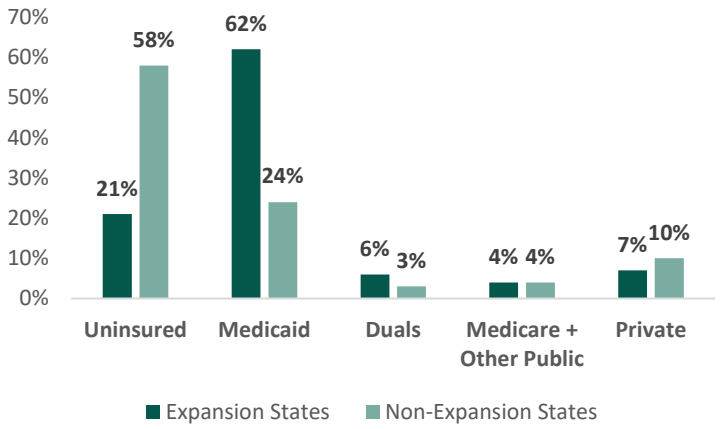
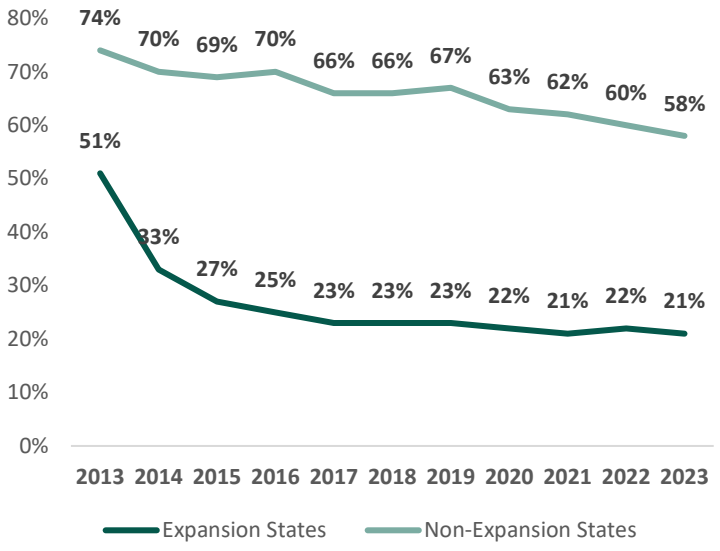


Figure 3: Percentage of Uninsured at HCH Programs, 2013-2023



State-by-State Variations

Sources of insurance for unhoused patients at HCH programs vary widely between states. As illustrated in Table 1 below, rates of insurance coverage can differ even among states that expanded Medicaid, with some expansion states still experiencing 30%-40% of patients uninsured.

Importantly, rates of uninsured do not always mean patients are *uninsurable*—just that they lacked coverage at the last visit from which data was gathered. Table 2 shows the health insurance mix across those 10 states that have yet to expand Medicaid to single adults under the ACA—with uninsured rates especially high (60%-70%). Implementing strong outreach and enrollment activities for insurance coverage is vital in all states to ensure all eligible patients are signed up.

Why Health Insurance Is Important

Health insurance is critical for both patients and health care providers. For vulnerable populations who have high health care needs—like people experiencing homelessness—health insurance is a life-saving benefit that bolsters access to care and helps prevent, resolve, and/or manage health conditions that may contribute to homelessness. For safety net health care providers like HCH programs, health insurance reimbursements pay for staff, medical equipment and supplies, and facilities.

Health insurance also pays for services provided across larger systems of care. Without insurance, it is nearly impossible for low-income people to pay for hospital and emergency department visits, prescription drugs, specialty care, intensive substance use and mental health care, and skilled nursing and long-term care. Most states employ managed care entities in their Medicaid programs to engage patients in care, coordinate services across all venues of care, and track health outcomes. Within the Medicaid program, many states have added targeted benefits such as medical respite care and tenancy supports in supportive housing, which extend the reach of traditional services to yield better outcomes and lower overall system costs. When people go without health insurance, care tends to be fragmented with no official coordinating entity and places larger cost burdens on states and local jurisdictions.

Key Findings

Key findings about health insurance at HCH programs in 2023 include:

1. Nationally, people experiencing homelessness are uninsured at much higher rates than the general population (28% v. 8%).
2. Medicaid is the primary health insurance program at HCH health centers, covering over half of unhoused patients (55%), while Medicare and private plans play a smaller role in coverage. However, there is wide variation across states in insurance sources among patients at HCH programs.
3. States that expanded Medicaid under the ACA saw a rapid reduction in uninsured unhoused people since 2014 (51% to 21%) and continue to have a substantially lower uninsured rate among patients who are homeless compared to states that did not expand Medicaid (21% v. 58%).
4. Comprehensive health insurance is critical to accessing care, maintaining good health, and integrating care across the entire health system.

While continued outreach and enrollment activities are vital to maximizing the number of unhoused people covered by health insurance, policymakers should continue to expand access to coverage and prevent barriers to enrollment such as complicated paperwork, work requirements, and other inefficient administrative bureaucracy.

Table 1. Health Insurance Coverage for Patients at HCH Programs in Medicaid Expansion States, 2023

States that Expanded Medicaid								
	# HCHs in 2023	Total # Patients	Uninsured	Medicaid	Medicare + Medicaid ("Duals")	Medicare/ Other Public	Private	% Point Change in Uninsured since 2013*
Total	**234**	**804,898**	**21%**	**62%**	**6%**	**4%**	**7%**	**-30%**
AK	2	2,737	14%	43%	11%	6%	26%	-37%
AR	1	492	33%	48%	2%	1%	16%	-58%
AZ	2	21,744	14%	61%	9%	4%	12%	-45%
CA	44	249,949	17%	69%	7%	4%	3%	-34%
CO	5	20,702	32%	54%	11%	1%	2%	-37%
CT	8	9,908	21%	62%	6%	4%	7%	-11%
DC	1	10,402	23%	56%	1%	18%	2%	0%
DE	2	479	29%	55%	5%	3%	9%	-23%
HI	1	1,397	15%	70%	8%	3%	3%	-11%
IA	4	7,136	23%	60%	5%	3%	9%	-31%
ID	2	4,197	31%	51%	6%	5%	7%	-55%
IL	8	18,399	27%	62%	2%	5%	4%	-32%
IN	6	7,651	27%	56%	6%	3%	7%	-49%
KY	8	33,386	23%	45%	4%	6%	22%	-58%
LA	6	36,693	12%	69%	2%	4%	14%	-28%
MA	7	22,986	11%	66%	13%	5%	6%	-11%
MD	2	11,129	43%	46%	7%	4%	1%	-28%
ME	2	5,824	26%	56%	6%	2%	11%	-36%
MI	15	28,690	13%	62%	8%	4%	12%	-34%
MN	2	7,708	22%	65%	5%	5%	3%	-3%
MO	3	7,749	43%	43%	4%	3%	7%	-30%
MT	4	3,639	23%	55%	10%	5%	7%	-43%
NC*	11	6,797	39%	32%	6%	6%	17%	-29%
ND	1	1,523	39%	51%	3%	3%	4%	-33%
NE	1	2,208	30%	53%	5%	3%	8%	-60%
NH	3	4,572	17%	50%	4%	10%	19%	-57%
NJ	7	18,255	34%	46%	3%	6%	12%	-28%
NM	6	16,052	34%	50%	4%	4%	8%	-45%
NV	3	4,405	32%	46%	4%	6%	12%	-42%
NY	20	81,764	26%	57%	5%	4%	8%	-7%
OH	8	20,253	27%	58%	7%	4%	5%	-48%
OK	2	3,267	27%	54%	3%	7%	9%	-63%
OR	12	31,825	12%	71%	8%	3%	6%	-47%
PA	6	15,799	37%	49%	5%	4%	4%	-7%
RI	2	1,750	13%	65%	6%	6%	10%	-64%
SD*	2	2,226	46%	22%	3%	2%	27%	-32%
UT	3	7,721	37%	49%	6%	4%	5%	-37%
VA	4	7,154	27%	53%	6%	5%	9%	-55%

States that Expanded Medicaid								
	# HCHs in 2023	Total # Patients	Uninsured	Medicaid	Medicare + Medicaid ("Duals")	Medicare/ Other Public	Private	% Point Change in Uninsured since 2013*
VT	1	1,727	23%	57%	11%	4%	5%	11%
WA	7	64,603	14%	68%	4%	6%	7%	-30%
WV	1	9,704	84%	14%	0%	0%	1%	-14%
* SD expanded on July 1, 2023. NC expanded on December 1, 2023. Not all states expanded Medicaid on January 1, 2014 so the comparison to 2013 data is only a general benchmark of progress.								

Table 2. Health Insurance Coverage for Patients at HCH Programs in Medicaid Non-Expansion States, 2023

States that Did Not Expand Medicaid								
	# HCH Programs in 2023	Total # Patients	Uninsured	Medicaid	Medicare + Medicaid ("Duals")	Medicare/ Other Public	Private	% Point Change in Uninsured since 2013
Total	**58**	**165,627**	**58%**	**24%**	**3%**	**4%**	**10%**	**-21%**
AL	4	4,617	71%	14%	3%	3%	9%	-9%
FL	16	50,464	52%	32%	3%	3%	11%	-22%
GA	5	24,215	61%	24%	3%	3%	9%	-35%
KS	3	2,599	62%	20%	5%	4%	10%	-20%
MS	2	8,960	44%	28%	5%	7%	16%	-13%
SC	4	6,364	62%	15%	5%	6%	13%	-3%
TN	7	18,048	53%	23%	5%	10%	10%	-30%
TX	12	47,736	69%	18%	2%	4%	8%	-17%
WI*	3	1,726	18%	62%	8%	2%	11%	-62%
WY	2	898	61%	11%	5%	5%	18%	-28%
* Wisconsin Medicaid only covers single adults up to 100% FPL but is not formally an expansion state.								

NOTES

Puerto Rico: there are five HCH programs in PR, but as a U.S. territory, it receives a Medicaid block grant and is not included in the above analysis. In 2023, these five programs saw 4,997 patients: 56% Medicaid, 3% duals, 8% Medicare/OP, 6% private, 28% uninsured. Since 2013, the percentage of uninsured decreased by 4% points.

Data source: HRSA Uniform Data System (UDS) for Calendar Year 2023, Tables 3 and 4. Some totals may not add to 100% due to rounding.

Service notes: HCH programs differ in the level of internal resources for outreach and enrollment, as well as the demographics of patients seen. Likewise, all communities are different in terms of the type and/or capacity of other health care providers in the area who provide care to people experiencing homelessness. Finally, the data that informed this analysis defines a visit as "documented, face-to-face contact between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services." This definition may overlook other types of patient interactions that are not captured in this analysis.