

**HEALTH CARE FOR THE HOMELESS
STATEMENT ON THE FY 2019 BUDGET
MDH - Medical Care Programs Administration**

*House Appropriations Committee,
Subcommittee on Health and Human Resources*

*Senate Budget and Taxation Committee,
Subcommittee on Health and Human Services*



Health Care for the Homeless strongly supports the budget of the Maryland Department of Health, Medical Care Programs Administration, which provides access to comprehensive health care for nearly 1.4 million Marylanders – including the majority of HCH clients – through the Medicaid and Maryland Children Health Insurance Programs. We encourage additional investment in oral health for adults, supportive housing services, and the cure for Hepatitis C.

We applaud Maryland’s commitment and efforts to expand Medicaid coverage. The Affordable Care Act provided states the option to expand Medicaid eligibility in 2014 with the great majority of costs financed by the federal government. The expansion means that nearly all citizens in Maryland with incomes up to 138% of the federal poverty level (FPL) - \$16,753 for a single person, \$34,638 for a family of four - qualify for Medicaid. (Income eligibility levels are higher for pregnant women and for children.) This expansion is particularly beneficial to childless adults, who previously did not qualify for Medicaid in Maryland regardless of their income level.

Medicaid helps us improve health and end homelessness. Medicaid expansion greatly improves access to comprehensive health care for vulnerable Marylanders – including those experiencing homelessness. Prior to 2014, only 30% of our clients had comprehensive health insurance – even though nearly all had incomes below the federal poverty line. Today, approximately 90% of those we serve have insurance, which facilitates greater access to a broader range of care – including specialty services and opioid treatment – and has allowed us to serve more people who need our help. Moreover, organizations like HCH now have the capacity to be reimbursed for many more of the services it provides, which helps ensure financial stability and provides opportunities for expanded services and workforce.

Reductions to Medicaid would compromise recent gains and jeopardize the health and wellbeing of many low-income Marylanders. As a community safety net clinic, we are keenly aware of the existing dearth of providers willing to accept Medicaid coverage due to relatively low reimbursement rates. Such rates complicate our ability to connect recently insured individuals and families to providers – both specialists and community-based general practitioners – who can serve them. As a result, individuals and families with insurance continue to rely on emergency departments for care at higher cost and with poorer health outcomes, thus negating the intended cost savings. Access to health insurance improves health and reduces overall costs – but only with an adequate network of providers.

Dental health is closely connected to overall health – and to poverty – and HCH encourages DHMH to expand Medicaid coverage to include adult dental care. Oral disease has been associated with increased risk

of cardiovascular disease, stroke, poor diabetes control, and premature childbirth.¹ Studies have shown that 90% of tooth decay originates as sugar, which forms plaque. Restricted access to healthy food as a result of deep poverty combined with a lack of access to facilities to brush teeth put those experiencing homelessness at greater risk of developing this preventable yet severe condition that disproportionately affects racial and ethnic minority groups and low-income populations.² There is a great need for dental care among our patients: 60-90% of homeless adults have been found to have clinically significant dental concerns.³ Medicaid, however, does not include dental coverage, leading to a substantial lack of access to dental care – particularly for adults living in or near poverty. Maryland should establish a basic oral health program for adult Medicaid participants – and grow the program over time.

Housing is health care, and HCH encourages DHMH to explore creative ways to finance services in permanent supportive housing through Medicaid. Over the past decade, communities across the country have come to recognize the close connection between housing status and health status. The growth of the “housing first” model of permanent supportive housing is based on this recognition – that housing is therapeutic in itself. Lack of stable housing causes illness, exacerbates existing conditions, and complicates treatment. Indeed, homelessness is the equivalent of an additional diagnosis. Data from an HCH survey of 480 people in Baltimore City with firsthand experience of homelessness shows a strong connection between housing status and health status. Respondents were asked to rate the severity of their symptoms associated with common health problems (including asthma, hypertension, heart disease, diabetes, cancer, mental health, and substance abuse) when housed and homeless. Symptom severity reportedly decreased significantly when in stable housing. Moreover, respondents’ reported substantially lower frequency of emergency department usage when stably housed: 74% reported using EDs “rarely” or “very rarely” while housed – compared to 39% while homeless.ⁱ

Funding services in housing makes good fiscal sense as Medicaid-financed care management in supportive housing for high-risk homeless Medicaid beneficiaries could yield a significant return on investment from reduced hospitalizations and emergency department use.ⁱⁱ As an example, the Massachusetts Housing and Shelter Alliance found a dramatic decrease in emergency service usage (including ED visits, overnight hospital stays, ambulance rides, respite care, detox, and incarceration) in the first 12 months after clients accessed permanent supportive housing. It notes: “The significance of this decrease in public service usage is twofold: it indicates an improvement in tenants’ health and quality of life as a result of housing, and it also shows that [permanent supportive housing] results in major cost savings, allowing money that would be spent on expensive emergency care to be allocated in other ways (for housing, more comprehensive year-round care, etc.).”ⁱⁱⁱ

We applaud the Department’s leadership of the new Assistance in Community Integration Services (ACIS) pilot program and encourage the expansion of these efforts.

Hepatitis C is a costly and curable disease: With the evolution of new treatments, thousands of Marylanders – including hundreds of Health Care for the Homeless clients – are being completely cured of the disease. This life-saving and cost-saving intervention must be accessible to the most vulnerable Marylanders. Through a training partnership among the Center for Disease Control and Prevention, the Maryland Department of Health, and community health clinics, Health Care for the Homeless is able to administer the cure to Hepatitis

¹ Rautemaa, R., Lauhio, A., Cullinan, M. P. and Seymour, G. J. (2007), Oral infections and systemic disease—an emerging problem in medicine. *Clinical Microbiology and Infection*, 13: 1041–1047.

² Vargas, C. M, & Ronzio, C. R. (2006). Disparities in Early Childhood Caries. *BMC Oral Health* 2006, 6(Suppl 1):S3 doi:10.1186/1472-6831-6-S1-S3

³ Baggett, T. & Jenkins, D. (2013). Homelessness and health: Key themes from three decades of research (pp. 105-142) in K. Fitzpatrick (ed.) *Poverty and health: A crisis among America’s most vulnerable. Volume I: Risks and challenges*. Santa Barbara, CA: Praeger.

C in the primary care setting. Medicaid should take steps to improve access to the cure for Hepatitis C by broadening the criteria that currently limits access to treatment.

Health Care for the Homeless (HCH) appreciates its partnership with the Maryland Department of Health and its Medical Care Programs Administration leadership and staff. We are glad to see new staff positions allocated to better support programmatic growth, and we encourage full funding of its budget allocation. We also encourage new investment in oral health for adults, supportive housing services, and the cure for Hepatitis C.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for 10,000 Marylanders annually at sites in Baltimore City, and in Harford, and Baltimore Counties. For more information, visit www.hchmd.org.

ⁱ Preliminary findings of a 2013/14 study by Health Care for the Homeless.

ⁱⁱ Center for Health Care Strategies (June 2012). *Medicaid-Financed Services in Supportive Housing for High-Need Homeless Beneficiaries: The Business Case*. Available at: http://www.chcs.org/usr_doc/SH_Medicaid_Bz_Case_081712_final.pdf.

ⁱⁱⁱ Massachusetts Housing and Shelter Alliance (June 2013). "Permanent Supportive Housing: A Solution-Driven Model." Available at <http://www.mhsa.net/matriarch/documents/June%202013%20HHG%20report%20-%20FINAL%281%29.pdf>.