

Medicaid Expansion Would Help Tennessee's Homeless

The new health reform law expands the Medicaid program to provide healthcare for millions of uninsured individuals. The Supreme Court ruled in June that states can choose whether to accept the Medicaid expansion. If Tennessee chooses to expand its Medicaid program, thousands of uninsured people experiencing homelessness in Tennessee would gain access to desperately needed healthcare that they otherwise could not afford.

- There are approximately 10,500 homeless individuals living in Tennessee. If Tennessee reflects national averages, 6.300 of the individuals experiencing homelessness in Tennessee lack health insurance. Because the new health care law allows states to expand their Medicaid programs to cover individuals with incomes up to 138 percent of the federal poverty level, nearly all of these individuals would be eligible for Medicaid if Tennessee chooses to expand the program.
- The need for health insurance among Tennessee's homeless population is great. People experiencing homelessness are more likely to have disabilities, injuries, or serious medical conditions like high blood pressure, cancer, pneumonia, or tuberculosis. Nearly half of all homeless people have some history of mental illness.
- Because they often do not have health insurance, many people experiencing homelessness rely on emergency rooms for treatment. In urban hospitals, uninsured homeless patients may account for as much as 30 percent of emergency room cases.⁵ Emergency room care is a costly and inefficient way to provide basic health care. Hospitals pass on much of the cost of providing care to uninsured patients to patients with insurance, which raises insurance premiums for everyone.
- The health reform law requires state Medicaid programs to provide enrollees with many essential health services, including prescription drugs, substance abuse treatment, preventive care, and chronic disease management. If Tennessee chooses not to expand its Medicaid program, thousands of adults experiencing homelessness will remain unable to access these much-needed and cost-effective services.
- Most importantly, expanding Medicaid will save lives. Currently, the average life expectancy for homeless people is between 42 and 52 years, compared to 78 years for the general population. Expanding Medicaid will provide individuals experiencing homelessness with access to life-saving health care, helping to eliminate this disparity.

⁶ Health Fact Sheet, National Coalition for the Homeless (July 2009), available at http://www.nationalhomeless.org/factsheets/health.html.



¹ The 2009 Annual Homeless Assessment Report to Congress, U.S. Department of Housing and Urban Development (June 2010) at 151, App. C-2, available at http://www.hudhre.info/documents/5thHomelessAssessmentReport.pdf.

² Statistic calculated based on numbers presented in the American Journal of Public Health and the 2009 Annual Homeless Assessment Report to Congress. See id.; Travis P. Baggett, James J. O'Connell, Daniel E. Singer, and Nancy A. Rigotti, The Unmet Health Care Needs of Homeless Adults, AMERICAN JOURNAL OF PUBLIC HEALTH (July 2010) at 1328, Table 1, available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882397/pdf/1326.pdf.

³ O'Connell, J.J. Premature Mortality in Homeless Populations: A Review of the Literature, National Health Care for the Homeless Council, Inc. (2005), at 8.

⁴ Travis P. Baggett, James J. O'Connell, Daniel E. Singer, and Nancy A. Rigotti, The Unmet Health Care Needs of Homeless Adults, AMERICAN JOURNAL OF PUBLIC HEALTH (July 2010) at 1328, Table 1, available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882397/pdf/1326.pdf.

⁵ D'Amore J, Hung O, Chiang W, Goldfrank L, The epidemiology of the homeless population and its impact on an urban emergency department, ACADEMY OF EMERGING MEDICINE (2001), at 1051–1055.