WHEREAS, More than 3.5 million Americans will experience homelessness at some point in a
given year, and 77,486 of these individuals are chronically homeless;¹,² and

WHEREAS, The AMA supports public policy initiatives pertaining to access to care, and in
particular supports improving health outcomes and decreasing health care costs for the
homeless population (H-160.903, H-160.798, H-345.975, H-185.944); and

WHEREAS, Lack of identification serves as a major barrier for homeless individuals seeking
medical care, in particular preventing them from enrolling in Medicaid, with 45.1% of the
homeless without photo identification denied access to Medicaid or medical services;³,⁴,⁵ and

WHEREAS, Over 36% of the U.S. homeless population suffers from a severe mental illness or
chronic substance abuse, and lack of identification among the homeless prevents them from
accessing drug treatment and rehabilitation programs;⁶,⁷ and

WHEREAS, Forty-three states allow for pharmacists to require photograph identification from
individuals prior to dispensing prescription drugs;⁸ and

WHEREAS, Unsheltered homeless individuals often have poorer health, less access to
healthcare, and an increased risk of premature mortality compared to the sheltered homeless;⁹
and

Whereas, The National Law Center on Homelessness and Poverty found that 54.1% of homeless individuals were denied housing or shelter due to lack of identification;¹⁰ and

Whereas, Recent national surveys have shown that 28% of homeless individuals do not get enough to eat, with 40% report going one or more days without food due to the inability to afford it;¹¹ and

Whereas, Lack of identification can prevent homeless individuals who qualify for Supplemental Nutrition Assistance Program (SNAP) benefits from accessing this service, as the application process requires personal identification; as a result, only 37% of the homeless population receives SNAP benefits;¹² and

Whereas, Lack of identification causes homeless individuals to delay care due to lack of insurance, and therefore has a systemic economic impact through increased emergency department utilization and presentation in more advanced disease stages;¹³,¹⁴ and

Whereas, The Medicaid application process includes verifying the applicant’s Social Security Number, yet a replacement Social Security card requires a form of identification such as driver’s license, state-issued non-driver identification card, or U.S. passport;¹⁵,¹⁶ and

Whereas, The average application fees to obtain a birth certificate and passport in the U.S. are $15.81 and $97, respectively;¹⁷ and

Whereas, A national study found that 36% of homeless individuals could not obtain a photo identification because they could not afford it;¹⁸ and

Whereas, The state of California passed a law allowing homeless individuals to obtain free photo identification, and a number of other state legislatures are in the process of doing the same¹⁹,²⁰,²¹,²²,²³ therefore be it

RESOLVED, That our American Medical Association recognize that among the homeless population, lack of identification serves as a barrier to accessing medical care and fundamental services that support health (New HOD Policy); and be it further

RESOLVED, That our AMA support legislative and policy changes that streamline, simplify, and reduce or eliminate the cost of obtaining identification cards for the homeless population. (New HOD Policy)

Fiscal Note: not yet determined

Date Received: 09/21/19

RELEVANT AMA POLICY

The Mentally Ill Homeless H-160.978
(1) The AMA believes that public policy initiatives directed to the homeless, including the homeless mentally ill population, should include the following components: (a) access to care (e.g., integrated, comprehensive services that permit flexible, individualized treatment; more humane commitment laws that ensure active inpatient treatment; and revisions in government funding laws to ensure eligibility for homeless persons); (b) clinical concerns (e.g., promoting diagnostic and treatment programs that address common health problems of the homeless population and promoting care that is sensitive to the overriding needs of this population for food, clothing, and residential facilities); (c) program development (e.g., advocating emergency shelters for the homeless; supporting a full range of supervised residential placements; developing specific programs for multiproblem patients, women, children, and adolescents; supporting the development of a clearinghouse; and promoting coalition development); (d) educational needs; (e) housing needs; and (f) research needs. (2) The AMA encourages medical schools and residency training programs to develop model curricula and to incorporate in teaching programs content on health problems of the homeless population, including experiential community-based learning experiences. (3) The AMA urges specialty societies to design interdisciplinary continuing medical education training programs that include the special treatment needs of the homeless population.

Eradicating Homelessness H-160.903
Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless; (3) recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis; (4) recognizes the need for an effective, evidence-based national plan to eradicate homelessness; and (5) encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons.

Maintaining Mental Health Services by States H-345.975
Our AMA:
1. supports maintaining essential mental health services at the state level, to include maintaining state inpatient and outpatient mental hospitals, community mental health centers, addiction treatment centers, and other state-supported psychiatric services;
2. supports state responsibility to develop programs that rapidly identify and refer individuals with significant mental illness for treatment, to avoid repeated psychiatric hospitalizations and repeated interactions with the law, primarily as a result of untreated mental conditions;
3. supports increased funding for state Mobile Crisis Teams to locate and treat homeless individuals with mental illness;
4. supports enforcement of the Mental Health Parity Act at the federal and state level; and
5. will take these resolves into consideration when developing policy on essential benefit services.
Citation: (Res. 116, A-12; Reaffirmation A-15)

**Subscriber Identification Cards H-185.944**

Our AMA: (1) urges any pertinent official or governmental agency to require health insurance plans to issue identification cards to its subscribers which prominently identify the full legal name of the insured; name of the policy holder; identification numbers needed for claim submission; and the primary insurance company name with its appropriate mailing address; and (2) will advocate for legislative and regulatory sanctions against insurance companies which present obstacles to the timely filing of claims which result in the denial of benefits.

Citation: (Sub. Res. 716, A-10; Modified: Sub. Res. 715, A-15)