AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 931
(I-22)

Introduced by: Medical Student Section

Subject: Amending H-160.903 Eradicating Homelessness to Include Support for Street Medicine Programs

Referred to: Reference Committee K

Whereas, “Street medicine” is the practice of providing medical care to unsheltered people experiencing homelessness in locations like encampments, parks, and under bridges; and

Whereas, Street medicine is an evidence-based health provision model that effectively bridges the unique barriers and gaps in care seen in populations experiencing unsheltered homelessness by bringing medicine to the streets and connecting individuals to the existing resources they need and have difficulty accessing; and

Whereas, Approximately one third of the estimated 580,466 persons experiencing homelessness in 2020 were unsheltered according to reports from the United States Department of Housing and Development and the Urban Institute; and

Whereas, The National Healthcare for the Homeless Council reports up to 46,500 persons experiencing homelessness die each year in the United States, and this number is climbing; and

Whereas, Life expectancy for people living on the streets is estimated to be twelve years shorter than the national average, and chronic diseases and disabilities are abundant and exacerbated by life on the street; and

Whereas, The COVID-19 pandemic resulted in an increased rate of persons experiencing homelessness, increased criminalization of homelessness, and increased death rates amongst people experiencing homelessness; and

Whereas, 1.4 million unsheltered people access emergency shelter or transitional housing each year, placing them in congregate settings which pose tremendous risk for the spread of communicable diseases like COVID-19, with the New York City Department of Emergency Services reporting that COVID-19 mortality rates are 49 percent higher for sheltered homeless individuals; and

Whereas, Lack of access to health care services, limited autopsies, and the absence of housing status on death certificates and hospital records leads to a severe undercount of COVID-related cases and deaths among unsheltered individuals; and

Whereas, Rent prices have risen dramatically in recent years, placing undue burden upon lower income households; and
Whereas, Communities criminalize homelessness and make it illegal for people to sit, sleep, or eat in public places, thus creating arrest records that further prevent unsheltered people from obtaining jobs or housing; and

Whereas, A report from the American Hospital Association showed that those experiencing homelessness are five times more likely to be admitted as inpatients into a hospital and experience longer hospital stays after admission, and further showed that investing in the care of these patients will reduce this cost burden; and

Whereas, Unsheltered individuals have health care costs on average five times higher than the national average, largely due to their overreliance on Emergency Rooms; the majority do not have health insurance or a primary care doctor, and up to 80% of these Emergency Room visits are for ailments that could have been addressed preventatively; and

Whereas, Individuals experiencing homelessness who were treated by a Street Medicine team were more likely to subsequently engage with a primary care provider as compared to individuals experiencing homelessness who were not seen by a Street Medicine team, and therefore did not receive referral to crucial healthcare services; and

Whereas, Street Medicine has been shown to decrease hospital admissions, hospital length-of-stay, emergency department visits, and saved one health system 3.7 million dollars in Emergency Department visits; and

Whereas, Institutions such as the Street Medicine Institute, a non-profit organization that aims to cultivate and improve Street Medicine programs both nationally and globally, have successfully maintained 85 programs along with their student coalition, which contains 30 student-run programs across 17 states; and

Whereas, There are multiple ways to implement a street medicine program based on the geographical regions of people experiencing homelessness or through follow up discharge visits after hospitalization; and

Whereas, Street medicine program creation involves education, funding, partnering with local agencies, establishing supplies, implementing protocols, and the formation of a medical team; and

Whereas, There may be challenges to starting a Street medicine program such as maintaining connection in a population with a migratory culture, building interpersonal relationships, and establishing institutional partnerships that can be overcome through joint efforts such as partnerships between institutions knowledgeable in this area as well as recruiting professionals that are experienced with this population; and

Whereas, There is growing legislative awareness around the impact of such programs, with the California State legislature having recently passed AB 369, which will now require Medi-Cal, California’s Medicaid program, to reimburse street medicine; and

Whereas, There are several existing AMA policies (H-160.903, H-160.978, H-160.894, H-20.903, H-345.975, H-440.938) that advocate for and support measures that improve access to adequate health care for people experiencing homelessness through methods such as waiving co-pays, or providing care through free clinics; and
Whereas, H-160.903 specifically asks that the AMA “recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address [homelessness] on a long-term basis”, and as such has set precedence for feasibly supporting such measures; therefore be it RESOLVED, That our American Medical Association encourage medical schools to implement Street Medicine programs and/or promote student-led Street Medicine programs (New HOD Policy); and be it further RESOLVED, That our AMA recognizes and supports the use of Street Medicine programs by amending policy H-160.903 Eradicating Homelessness via addition and deletion as follows.

**Eradicating Homelessness, H-160.903**

Our AMA:

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. supports the use of street medicine programs, which travel to individuals who are unhoused or unsheltered and provide healthcare and social services, as well as funds, including Medicaid and other public insurance reimbursement, for their maintenance;
45. recognizes the need for an effective, evidence-based national plan to eradicate homelessness;
56. encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons;
67. will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians’ role therein, in addressing these needs;
78. encourages the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital;
89. encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients;
910. (a) supports laws protecting the civil and human rights of individuals experiencing homelessness, and (b) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that
REFERENCES:


15. Koh KA, Racine M, Gaeta JM, Goldie J, Martin DP, Bock B, Takach M, O’Conell JJ, Song Z. Health Care Spending And Use when there is no alternative private space available; and

(4011) recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/12/22


RELEVANT AMA POLICY

Eradicating Homelessness H-160.903

Our AMA:
(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;
(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;
(6) will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians’ role therein, in addressing these needs;
(7) encourages the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital;
(8) encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social services organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients;
(9) (a) supports laws protecting the civil and human rights of individuals experiencing homelessness, and (b) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available;
(10) recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods; and
(11) (a) supports training to understand the needs of housing insecure individuals for those who encounter this vulnerable population through their professional duties; (b) supports the establishment of multidisciplinary mobile homeless outreach teams trained in issues specific to housing insecure individuals; and (c) will make available existing educational resources from federal agencies and other stakeholders related to the needs of housing-insecure individuals.


Housing Insecure Individuals with Mental Illness 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.


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; Reaffirmed: Res. 414, A-22

11.1.4 Financial Barriers to Health Care Access

Health care is a fundamental human good because it affects our opportunity to pursue life goals, reduces our pain and suffering, helps prevent premature loss of life, and provides information needed to plan for our lives. As professionals, physicians individually and collectively have an ethical responsibility to ensure that all persons have access to needed care regardless of their economic means.

In view of this obligation,
(a) Individual physicians should:
(i) take steps to promote access to care for individual patients, such as providing pro bono care in their office or through freestanding facilities or government programs that provide health care for the poor, or, when permissible, waiving insurance copayments in individual cases of hardship. Physicians in the poorest communities should be able to turn for assistance to colleagues in more prosperous communities.
(ii) help patients obtain needed care through public or charitable programs when patients cannot do so themselves.
(b) Physicians, individually and collectively through their professional organizations and institutions, should participate in the political process as advocates for patients (or support those who do) so as to diminish financial obstacles to access health care.
(c) The medical profession must work to ensure that societal decisions about the distribution of health resources safeguard the interests of all patients and promote access to health services.
(d) All stakeholders in health care, including physicians, health facilities, health insurers, professional medical societies, and public policymakers must work together to ensure sufficient access to appropriate health care for all people.

AMA Principles of Medical Ethics: I,II,VI,VII,IX

The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.

Citation: Issued: 2016