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A Mississippi Nonprofit Corporation

The Honorable Jodey Arrington, Co-Chair
The Honorable Danny Davis, Co-Chair
The Honorable Terri Sewell, Co-Chair
The Honorable Brad Wenstrup, Co-Chair
Rural and Underserved Communities Health Task Force
Ways and Means Committee
U.S. House of Representatives
1102 Longworth House Office Building
Washington, D.C. 20515

Submitted electronically to Rural_Urban@mail.house.gov.

November 29, 2019

RE: Rural and Underserved Communities Health Task Force Request for Information

Dear Congressmen Arrington, Davis, Sewell, and Wenstrup,

I write on behalf of the Mississippi Center for Justice in response to the Rural and Underserved Communities Health Task Force's Request for Information (RFI) on improving health care outcomes within underserved communities. The Mississippi Center for Justice is a public interest law firm committed to advancing racial and economic justice. With offices in Jackson, Biloxi, and Indianola, Mississippi, the Center combats discrimination and poverty statewide through legal representation, policy advocacy, and education. The Center partners with national, regional, and community organizations and volunteers to develop and implement campaigns that are creating better futures for low-wealth Mississippians and communities of color in the areas of educational opportunity; financial security; access to health care, public benefits, and affordable housing; and community development. Through this work, we have learned that rural and urban underserved communities are healthier when they have adequate access to quality health care; safe, sufficient, and nutritious food; stable housing; and civil legal aid to address health-harming social conditions. Accordingly, we offer the following responses on key factors driving health inequities in Mississippi, proven models for health promotion, and opportunities for legislative action.

I. <u>Response to RFI #1</u>: Primary Factors That Influence Health Outcomes in Underserved Communities

Inadequate access to health care, healthy food, stable housing, and legal assistance underpin inequitable health outcomes in Mississippi's underserved communities. Mississippi has the third highest rate of individuals without health insurance in the U.S., a problem compounded by state officials' refusal to expand Medicaid.[i] Federal regulatory reforms seeking to punish immigrant

families for accessing public benefits to which they are legally entitled are chilling participation in health-promoting public benefits.[ii] One in five Mississippians statewide are food insecure—the highest rate of individuals lacking adequate access to sufficient, safe, and nutritious food nationally.[iii] Our food insecurity epidemic fuels Mississippi's poor public health outcomes and disproportionately harms our most vulnerable communities, resulting in $1.08–2.22 billion in associated health care costs in 2015.[iv] Housing instability and poor health are also deeply intertwined. For example, people experiencing homelessness are three times more likely than the general population to visit an emergency room each year.[v] In 2016, the City of Jackson, Mississippi's eviction rate was the fifth highest in the U.S., contributing to housing instability, homelessness, and costly health consequences.[vi] Each of the above-listed health injustices are exacerbated by inadequate access to civil legal assistance to remedy health-harming social conditions. An estimated 71 percent of low-income families in the U.S. have at least one unmet legal need.[vii] Approximately 695,000 Mississippians live at or below poverty, yet only one legal services lawyer is available for every 21,000 eligible individuals in our state, directly contributing to health injustices in rural and underserved communities.[viii]

II. Response to RFI #2: Successful Models with a Demonstrable Positive Impact on Health Outcomes Within Underserved Communities

Ample research demonstrates how public benefits and broader interventions addressing patient's social determinants of health improve the health status of vulnerable communities and reduce health care costs.[ix] Medicaid expansion improves health care coverage and outcomes.[x] Food insecurity interventions including the Supplemental Nutrition Program, produce prescription programs, and medically tailored meals improve health outcomes and yield extensive health system savings.[xi] Decades of research demonstrates that affordable housing and permanent supportive housing can dramatically improve health outcomes and reduce health care costs.[xii]

As well, "law is a foundational tool for disease prevention and health promotion."[xiii] Legal assistance can target health-harming social conditions to improve the health of patients with chronic, acute, and behavioral health conditions; increase medication adherence; and reduce health care spending.[xiv] Medical-Legal Partnership, a health care delivery model that integrates legal service attorneys into clinical health care teams, offers a vital opportunity to reduce health inequities in underserved communities across Mississippi. In a 2016 survey of Medical-Legal Partnerships nationwide, 86 percent of health care organizations reported improved health outcomes for patients.[xv] Medical-Legal Partnerships provide timely preventive legal aid to resolve vulnerable patients' social barriers to health, such as housing and employment discrimination, improper public benefits determinations, and evictions. This work often illuminates patterns of social and structural issues that impede the health of entire communities. Many Medical-Legal Partnerships remedy these population health problems through policy advocacy.

III. Response to RFI #10: Policy Recommendations for Strengthening Quality in Health Systems Serving Underserved Populations

1. **Safeguard and Expand Access to Public Health Insurance Programs.** Oppose ongoing legislative and administrative attacks on Medicaid expansion, essential health benefits, and other key reforms in the Affordable Care Act. Support legislative initiatives to incentivize Medicaid expansion, including by providing the enhanced federal medical assistance percentage to states regardless of when they expand.[xvi] Withhold federal funding from

federal agencies seeking to punish immigrant families for using public benefits to which they are legally entitled.[xvii]

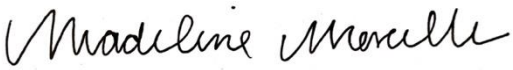
2. **Support the Spread of Key Population Health Interventions.** Clarify and expand Medicaid and Medicare coverage of medically tailored meals, produce prescription programs, Medical-Legal Partnership (including coverage of integrated legal assistance), and affordable and supportive housing interventions (including coverage of room and board).[xviii] Urge the U.S. Centers for Medicare and Medicaid Services to evaluate the impacts of these interventions on health care outcomes and savings through rigorous demonstration projects.

3. **Improve SNAP Benefit Adequacy.** Adjust SNAP's net income calculation to reflect the ability of participants to purchase quality food based on current household spending patterns. In June 2019, the average SNAP benefit in Mississippi was $111.28 per person per month, or $1.21 per meal.[xix] The average meal costs $3.06 in Mississippi. The average SNAP benefit only covers an estimated 39.8 percent of average monthly meal costs. Inadequate SNAP benefits force low-income Mississippians to forgo fresh and nutritious food options for low-cost and unhealthy alternatives. Improved SNAP benefit adequacy is key to promoting equitable health outcomes.

Conclusion

We commend the U.S. House of Representatives Ways and Means Committee's Rural and Underserved Communities Health Task Force for its commitment to understanding and addressing the root causes of health injustices in rural and urban underserved communities. Based on our efforts in Mississippi, we believe that public health outcomes would be most improved by safeguarding and strengthening access to Medicaid and other public health insurance programs, clarifying and expanding health care coverage of interventions addressing the social determinants of health, and improving SNAP benefit adequacy. We appreciate your consideration of our responses and welcome the opportunity to work with Task Force members and members of Congress to address the issues and recommendations above. If you have any questions, please contact me at (769)230-0063 or mmorcelle@mscenterforjustice.org.

Sincerely,



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Cc: The Honorable Bennie Thompson
The Honorable Michael Guest
The Honorable Steven Palazzo

The Honorable Trent Kelly
The Honorable Cindy Hyde-Smith
The Honorable Roger Wicker
The Honorable Richard E. Neal
The Honorable Jim McGovern

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[i] *Health Insurance Coverage of the Total Population*, KAISER FAM. FOUND., https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Uninsured%22,%22sort%22:%22desc%22%7D (last visited Nov. 3, 2018); *See, e.g.*, J. Michael McWilliams, *Health Consequences of Uninsurance among Adults in the United States: Recent Evidence and Implications*, 87(2) MILBANK Q. 443–494 (2009).

[ii] *See* MS Center for Justice, *Comments to the U.S. Department of State on Interim Final Rule: Visas: Ineligibility Based on Public Charge Grounds RIN: 1400-AE87* (Nov. 6, 2019), *available at* https://www.dropbox.com/s/kt8g5clmgduxl8c/2019-11%20Comments%20to%20DOS%20on%20the%20Proposed%20Rule%20on%20Public%20Charge.pdf?dl=0; MS Center for Justice, *Comments to the U.S. Department of Homeland Security on Notice of Proposed Rulemaking: Inadmissibility on Public Charge Grounds–DHS Docket No. USCIS-2010-0012* (Dec. 7, 2018), *available at* https://www.dropbox.com/s/yy3wyr2loauoxcn/2018-12%20Comments%20to%20DHS%20on%20the%20Proposed%20Public%20Charge%20Rule.pdf?dl=0.

[iii] *Overall and Child Food Insecurity in Mississippi by County in 2017*, FEEDING AMERICA (2019), https://public.tableau.com/profile/feeding.america.research#!/vizhome/2017StateWorkbook-Public_15568266651950/CountyDetailDataPublic.

[iv] *See Tackling Hunger to Improve Health in Americans: Economic Burden Study*, PUBLIC HEALTH INST. (2016), http://www.phihungernet.org/economic-burden-study; *See also,* Jasbir Kaur et al., *The Association between Food Insecurity and Obesity in Children—The National Health and Nutrition Examination Survey*, 115(5) J. ACAD. NUTRITION & DIETETICS 751–758, 751 (May 2015); Utibe Essien et al., *Food Insecurity and Diabetes in Developed Societies*, 16(79) CURR. DIAB. REP., 1–8, 8 (2016); Vincent Mendy et al., *Food Insecurity and Cardiovascular Disease Risk Factors among Mississippi Adults*, 15 INT. J. ENV. RES. & PUB. HEALTH 1–8, 6 (2016), Morseda Chowdhury et al., *Household Food Security and Birth Size of Infants: Analysis of the Bangladesh Demographic and Health Survey 2011*, 2(3) CURR. DEV. NUTRITION 1–8, 7 (Feb. 2018).

[v] *See, e.g.*, Margot Kushel et al., *Factors associated with the health care utilization of homeless persons*, 285(2) J. Am. Med. Ass'n, 200–206 (2001).

[vi] *Top Evicting Large Cities in the U.S.*, PRINCETON EVICTION LAB (2016), https://evictionlab.org/rankings/#/evictions?r=United%20States&a=0&d=evictionRate&lang=en.

[vii] Joel B. Teitelbaum, *Striving for Health Equity through Medical, Public Health, and Legal Collaboration*, J. LAW, MED. & ETHICS (Jul. 12, 2019).

[viii] MS ACCESS TO JUSTICE COMMISSION, http://www.msatjc.org/who (last visited Nov. 24, 2019).

[ix] Liana Fox, *Change in Number of People in Poverty After Including Each Element: 2017*, in THE SUPPLEMENTAL POVERTY MEASURE: 2017 (U.S. Census Bureau ed., Sept. 12, 2018) (finding that SNAP helped 3.4 million people move out of poverty and housing subsidies helped 2.9 million people move out of poverty in 2017).

[x] Larisa Antonisse et al.., *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review*, KAISER FAM. FOUND. (Aug. 15, 2019), https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-august-2019/.

[xi] *See, e.g.*, Steven Carlson & Brynne Keith-Jennings, *SNAP is Linked With Improved Nutritional Outcomes and Lower Health Care Costs*, CTR. ON BUDGET & POL'Y PRIORITIES (Jan. 17, 2018), https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care; Seth Berkowitz et al., *Association Between Receipt of a Medically Tailored Meal Program and Health Care Use*, 179(6) JAMA INTERN. MED. (2019), https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2730768.

[xii] *See Permanent Supportive Housing Cost Study Map*, NAT'L ALLIANCE TO END HOMELESSNESS, https://endhomelessness.org/resource/permanent-supportive-housing-cost-study-map (last visited Nov. 24, 2019); *MRT Supportive Housing Evaluation*, NY DEPT. OF HEALTH, https://www.health.ny.gov/health_care/medicaid/. redesign/2017/shi_overview.htm (last visited Dec. 10, 2018).

[xiii] *See* Public Health Law Program, *About the Program*, CDC, http://www2a.cdc.gov/phlp/about.asp (accessed October 6, 2010); *see also* Wendy Parmet et. al, *Social Determinants, Health Disparities and the Role of Law*, *in* POVERTY, HEALTH, AND LAW 25 (Elizabeth Tobin Tyler & Ellen Lawton eds., 2011).

[xiv] *See Impact*, NAT'L CTR. FOR MED.-LEG. PARTNERSHIP, https://medical-legalpartnership.org/impact/ (last visited Nov. 26, 2019).

[xv] *See* Marsha Regenstein et al., *Report: Findings From The 2016 NCMLP National Survey On MLP Activities and Trends*, NAT'L CTR. FOR MEDICAL-LEGAL PARTNERSHIP (Aug. 3, 2017), https://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/; *see also*, *Homelessness, Health & Medical-Legal Partnerships*, NAT'L CTR. FOR MEDICAL-LEGAL PARTNERSHIP & NAT'L HEALTH CARE FOR THE HOMELESS COUNCIL, 1–6, 2 (Oct. 2018), *available at* https://medical-legalpartnership.org/wp-content/uploads/2018/10/Homelessness-Health-and-Medical-Legal-Partnerships.pdf.

[xvi] *See, e.g.*, Incentivizing Medicaid Expansion of 2019, H.R. 584, 116th Cong. (2019), *available at* https://www.congress.gov/bill/116th-congress/house-bill/584?q=%7B%22search%22%3A%5B%22%5C%22medicaid+expansion%5C%22%22%5D%7D&s=4&r=2.

[xvii] *See, e.g.*, No Federal Funds for Public Charge Act of 2019, H.R. 3222, 116th Cong. (2019), *available at* https://www.congress.gov/bill/116th-congress/house-bill/3222?q=%7B%22search%22%3A%5B%22%5C%22public+charge%5C%22%22%5D%7D&s=2&r=1.

[xviii] *See, e.g.*, 42 U.S.C. 1396n(c)(1) (barring coverage of room and board).

[xix] *Latest Available Month June 2019 State Level Participation & Benefits*, USDA (2019), https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap.