

October 13, 2023

Stephen Cha, MD
Counselor to the Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Cha:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to share new policy adopted at the 2023 AMA House of Delegates (HOD) annual meeting and to thank the Centers for Medicare & Medicaid Services (CMS) for establishing a new place-of-service (POS) code to support street medicine practices. I understand you recently told my staff that you are a physician who practiced homeless medicine during a meeting about maternal health and I thought that you would be interested in this new policy passed by the HOD and its potential impact on the maternal health crisis.

As you are aware, the U.S. Department of Housing and Urban Development [estimated](#) that in 2022, nearly 600,000 Americans experienced homelessness, which is likely severely underreported. As you well know, people who experience homelessness face numerous health challenges. Compared to those who do not experience homelessness, they have a [higher prevalence](#) of mental health disorders, as well as chronic health conditions such as hypertension, diabetes, and asthma. People experiencing homelessness are [five times](#) more likely to be admitted as inpatients and have an average length of stay in the emergency department that is 2.32 times that of the general population due to untreated conditions escalating into life-threatening emergencies. Homelessness [reduces](#) one's life expectancy by more years than do any of the major contributors to death in the United States (e.g., heart disease, smoking, diabetes) with people experiencing homelessness living 17.5 years less than the general population.

Moreover, pregnant people are particularly impacted by negative health outcomes when they experience homelessness. According to a [study by the National Health Center for the Homeless](#), 91 percent of women living on the street and in encampments reported having been pregnant, and 70 percent reported having given birth. Unfortunately, [studies](#) have shown that “pregnant women experiencing homelessness tend to have higher prevalence of medical co-morbidities, including mental disorders, chronic health problems, and substance use disorders.” Additionally, individuals experiencing homelessness while pregnant have [increased risks](#) for hypertension, hemorrhage during pregnancy, preterm birth, and longer lengths of stay in the hospital with higher readmission rates. Yet, despite their unique health needs, pregnant people experiencing homelessness face immense difficulties accessing perinatal care, which optimally involves in-person visits once every month to once every week throughout pregnancy. For example, a [study](#) found that “women experiencing homelessness had more months during which they received no reimbursable health care than the comparison group [and] ... Women experiencing homelessness had fewer ambulatory care visits during pregnancy than the comparison group did, despite

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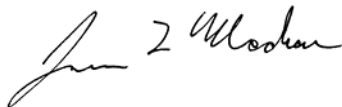
having more complications.” This lack of access likely has a range of reasons including a lack of financial means, difficulties with health literacy, lack of transportation, and lack of childcare.

Street medicine’s approach is to engage people experiencing homelessness exactly where they are by providing medical care to unsheltered populations experiencing homelessness in locations like encampments, parks, and under bridges versus mobile or stationary clinics focused on this population. Street medicine offers the opportunity to break down the barriers to providing prenatal and postnatal care to pregnant people experiencing homelessness. For this reason, grant-funded street medicine programs continue to expand across the country, including the creation of the nation’s first emergency department street medicine fellowship in Fort Worth, Texas. In November 2022, California Medicaid published [guidance](#) for Medicaid managed care plans to follow regarding the use of street medicine to address the health needs of Medi-Cal members experiencing unsheltered homelessness.

Given the compelling need and evidence, the AMA supports development of street medicine programs to increase access to care for populations experiencing homelessness and to reduce long-term costs. By recognizing the street as a POS, CMS is allowing services provided to people experiencing homelessness to be billed to Medicare and other insurance companies that follow the program’s lead. The AMA appreciates that CMS created a new POS code to support street medicine practices and as one way to help address the unacceptable disparities in maternal health outcomes. We encourage you and your colleagues to provide physician education about this new POS code to ensure it is widely used, particularly as part of efforts to improve maternal access to care.

Thank you for considering our recommendation. If you have questions or would like to discuss the content of the letter further, please contact Margaret Garikes, Vice President, Federal Affairs, at 202-789-7409 or margaret.garikes@ama-assn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is written in a cursive style with a large initial "J".

James L. Madara, MD

cc: Gift Tee