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. **Response to RFI #1: 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. 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. One in five Mississippians statewide are food insecure—the highest rate of individuals lacking adequate access to sufficient, safe, and nutritious food nationally. 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. 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. 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. 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. 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.

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. Medicaid expansion improves health care coverage and outcomes. Food insecurity interventions including the Supplemental Nutrition Program, produce prescription programs, and medically tailored meals improve health outcomes and yield extensive health system savings. Decades of research demonstrates that affordable housing and permanent supportive housing can dramatically improve health outcomes and reduce health care costs.

As well, “law is a foundational tool for disease prevention and health promotion.” 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. 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. 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. Withhold federal funding from
federal agencies seeking to punish immigrant families for using public benefits to which they are legally entitled.

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). 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. 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 Mississippian 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,

Madeline Morcelle, JD, MPH
Staff Attorney

**Mississippi Center for Justice**
5 Old River Place, Suite 203 (39202)
P.O. Box 1023
Jackson, MS 39215
www.mscenterforjustice.org

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

---


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