

July 14, 2016
Stephen C. Taylor
Commissioner
D.C. Department of Insurance, Securities and Banking
810 First Street NE
Suite 701
Washington, D.C. 20002

Dear Commissioner Taylor,

As an organization that engages in research and advocacy for policies that affect low- and moderate-income District residents, the DC Fiscal Policy Institute wishes to express several recommendations in response to the DISB request for public comment on the CareFirst community health reinvestment plan. We thank you for your leadership in moving this important opportunity forward, and urge you to consider the following recommendations for how the \$56 million surplus could be spent in the District of Columbia in ways that serve the low- and moderate-income community.

Understanding that residents' health touches on many of the other policy areas -- such as education, employment, and housing -- we support the following needs that would greatly promote the health and well-being of low- and moderate-income residents.

- **Making the Healthcare Alliance program more accessible.** The Alliance program is for low-income residents of DC who are not eligible for Medicaid, Medicare, or subsidies on DC Health Link. For years, the Alliance has had some the strictest eligibility requirements of any public benefits programs, with six-month in-person renewal requirements posing a significant barrier to accessing or maintaining coverage. Expanding the program from six-month renewals to one-year renewals would allow more residents to gain health coverage and reduce long lines at service centers.
- **Providing scholarships and loan forgiveness to health providers who practice in underserved areas.** While District residents have relatively high rates of insurance coverage and access to providers, the latter varies geographically, leaving many residents with fewer options for seeking care. Scholarship and loan forgiveness programs have been shown by numerous studies to be effective at increasing the number of providers in underserved areas, and are promoted in the Urban Institute's recent *Health Needs in the Washington Metropolitan Area* as an evidence-based intervention for improving access to care.

- **Increasing the number of community health workers to provide care, particularly for mental health and dental health.** District residents' health also varies by geography, and a 2015 report by the DC Department of Health found that residents in 10 zip codes accounted for less than half the population, but over 80 percent of hospital discharges. As underserved areas continue to recruit medical professionals, increasing the number of community health workers and creating the infrastructure needed to build and sustain a community health worker workforce is a beneficial way to provide an array of basic health services and education to prevent more costly services, and also provide underserved communities with meaningful employment opportunities. Community care workers are typically individuals who come from the community they serve and have a deep understanding of community needs. Programs with community health worker interventions have been shown to achieve improved health outcomes and/or cost savings, and are promoted in the Urban Institute's *Health Needs in the Washington Metropolitan Area* as an evidence-based intervention for improving access to care.
- **Helping homeless and newly-housed residents get access to health services and care coordination.** The District is combatting chronic homelessness with programs like permanent supportive housing (PSH), but is still seeking ways to fund the health and case management services needed to support residents and keep them healthy, housed, and less reliant on DC emergency room care. While the District's budget for FY 2017 includes significant investments in PSH, more resources are required to meet the need. Additional funds would help ensure that health care services are part of the support provided to newly housed families as DC works to provide housing for the homeless.
- **Expanding the maternal and child health home visiting program.** DC has room for improvement in maternal and infant health, having teen birth and infant mortality rates that are considerably higher than the national average and several neighboring counties. Coupled with a comparatively higher rate of poverty, mean that many families in the District are less able to provide the supports needed to help children grow and succeed. Home visiting is an evidence-based program that helps families with young children get access to health insurance, immunizations, preventive care, and nutrition and wellness resources that can help children enter school healthy and ready to learn. Right now the program is primarily limited to Wards 5, 7, and 8, and will lose its federal funding after 2017. Additional funds could help sustain and expand this program to all wards, and ensure that eligible families can participate and benefit from its proven approach.

- **Support the Teen Pregnancy Prevention Fund.** Though teen pregnancy and teen birth rates are at historic lows in the District, they still remain a prominent and costly concern. In 2010 alone, public spending on teen childbearing in DC totaled \$41 million. The Teen Pregnancy Prevention Fund currently provides grants to primary and secondary teen pregnancy prevention programs that are evidence-based and have a track record of success in the District of Columbia. They focus on health services for teens, reproductive health education, professional development and training, research and policy development, and public education/awareness.

The \$56 million surplus will have an enormous impact in the local community, and we urge you to consider our recommendations to ensure that these dollars are spent in responsible, meaningful, and lasting ways for the District's low- and moderate-income population. We thank you for your consideration and welcome an opportunity to discuss it further.

Sincerely,

DC Fiscal Policy Institute