



Testimony of Sr. Carol Keehan, DC

President and CEO

The Catholic Health Association of the United States (CHA)

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Subcommittee on Health

Living Without Health Insurance: Why Every American Needs

Coverage

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On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of Catholic health care providers, I would like to thank Chairman Pallone for this opportunity to provide testimony on the problems associated with the approximately 46 million¹ uninsured persons in the United States. We in the Catholic health ministry believe that the number of uninsured in our nation represents both a health crisis and a moral crisis on an unprecedented scale, and I would like to begin by thanking the subcommittee for taking the time to examine this urgent issue.

CHA and its members are longtime advocates on behalf of the uninsured. In our most recent history, particularly following the failed attempt in the early 1990's to address this problem, CHA has made covering the uninsured a top advocacy and public policy priority for the Catholic health ministry year after year. We do so for many reasons. As health care providers, we know that access to affordable care is vital to the individual's health and to the overall health of our nation collectively. We also see the tremendous problems in our facilities associated with the lack of health insurance—the time and resources that are spent in providing acute care when regular and preventive care would have been more suitable, and the desperate situations of those lacking coverage that force them to turn to their local hospital after the rest of our health care system has failed them. Along with other health care provider groups, we have made Congress aware of these problems in the past and will continue to do so as we seek a solution to them.

But above all else, the Catholic health ministry believes that in a nation so richly blessed as ours it is simply immoral that anyone should go without access to adequate care. This central belief—that health care is not a privilege afforded to the wealthy but a basic human right for all—is at the heart of our ministry's history and mission. Long before any government regulations were established concerning the care given in hospitals, our ministry's facilities welcomed all those who sought their services. Catholic hospitals and

¹ U.S. Census Bureau figures originally estimated the number of uninsured in 2005 to be 46.6 million, but have recently been revised to 44.8 million (http://www.census.gov/Press-Release/www/releases/archives/health_care_insurance/009789.html)

clinics, largely run by religious congregations, tended the poor and sick who had no where else to turn. We believe that our advocacy and service on behalf of the nation's uninsured continues that very tradition. Many of our facilities have responded to current health care needs through such measures as establishing health clinics in their communities to provide care for low-income families or providing other innovative services to promote good health among the uninsured. Over the past five years, we have seen a 16.8 percent increase in the number of health clinics sponsored and supported by Catholic hospitals in response to the growing number of uninsured and underinsured. But as these needs continue to grow year after year it is becoming increasingly difficult for hospitals and clinics to fill in the gaps.

Simply put, our nation cannot and should not continue to suffer the ill effects of having members of our society, so many of whom are working hard to support their families, go without health insurance. Unfortunately, their numbers continue to rise. From 2000 to 2005 the number of uninsured rose by nearly seven million. During this time, from 2001 to 2005, Catholic hospitals also registered this increase in the number of uninsured through a rise in the provision of uncompensated care. The average uncompensated care cost to Catholic hospitals increased by 47 percent during this period, and continues to grow.² We also know that many of the uninsured do not seek or delay seeking care. According to the Kaiser Family Foundation, over three times (47 percent) as many of the uninsured report postponing care due to cost as those with insurance (15 percent), and a much higher percentage of the uninsured (35 percent versus 9 percent) report situations in which they needed care but did not receive it.³ Clearly, even though our nation's hospitals continue to provide care to so many who have no other options, the number of those who do not seek care at all or only seek care at its costliest point has cast a pall of inefficiency over the entire U.S. health care system. This situation cries out for change.

But the problem of the uninsured goes well beyond being an issue that should concern only the nation's hospitals. Can anyone imagine what the consequences would be if we

² AHA Survey of Hospitals, 2001-2005 (2005 is the latest year of data available from this study)

³ Kaiser 2003 Health Insurance Survey, <http://www.kff.org/uninsured/upload/The-Uninsured-and-Their-Access-to-Health-Care-Oct-2004.pdf>

were to report that approximately 15 percent of the entire population was being denied access to such necessities as food or clean water? Or even to a basic education? Why should we think the number of uninsured is any more acceptable, particularly given that nine million of these are children? This problem does not represent simply a financial burden on the health care system or a challenge for U.S. policy makers—it is a question of justice that highlights our failure to promote and protect the dignity and well-being of every single person. As long as any individual, particularly the poorest and most vulnerable among us, goes without access to adequate care we are diminished as a nation and as a moral society.

Thankfully, Americans increasingly seem to view this situation as unacceptable and are beginning to demand a solution. In a public opinion survey done for CHA last year, the percentage of respondents ranking "providing affordable quality health care" as a priority for the government was greater than "creating jobs" and "reducing government spending and taxes" combined, and only equaled by "ensuring homeland security."⁴ As the demand for a solution continues to grow, we also recognize that there are many beneficial interim steps that Congress and the Administration could take to help alleviate the growing problem of the uninsured, particularly in regards to the scandal of having so many uninsured children in the U.S. CHA continues to work with members of Congress on both sides of the aisle to ensure that this year's reauthorization of the State Children's Health Insurance Program contains at a minimum adequate funding to help cover the children currently eligible for this program but not yet enrolled. We are grateful for the efforts of Chairman Dingell on this issue and for his introduction of the Children's Health First Act to help accomplish this. Ensuring that none of our children has to go without access to care is a vital first step in helping to cover the uninsured, and hopefully will give all who care deeply about this issue the necessary momentum to keep moving forward.

As this subcommittee knows, when it comes to considering how best to find a solution to provide health coverage for everyone, there has been no lack of widely varying ideas to

⁴ Public Opinion Strategies, National Survey, May 9-13, 2006

accomplish this. People of good faith from many different philosophical and political perspectives have proposed ideas relying on government, individual and free market solutions over the past several years. I believe this is a positive sign, showing concern about the uninsured across the political spectrum and inviting participation from diverse groups to tackle the problem. At CHA we have welcomed ideas from many different perspectives to help cover the uninsured, and we continue to welcome them. We also have identified some critical characteristics for a proposed solution that we hope will be beneficial to those seeking action. We believe that any proposal to cover the uninsured should:

- Make health care accessible and affordable for everyone, regardless of employment status, one's age, financial means, or health status;
- Provide basic health benefits to everyone including services across the life span of care—preventive, primary, acute, long term, and end of life;
- Provide for the poor and vulnerable with special attention to the particular needs of low-income families and individuals, immigrants, the elderly and individuals with disabilities;
- Share responsibility for financing among government, employers, and individuals;
- Encourage effective participation in decision making by providing patients and their families with information about health care providers, plans, and procedures, based on their quality and efficacy.

Legislative solutions must embody these characteristics in order to ensure access to care for everyone. Any legislation that does not will only serve as a stopgap measure and push the need for a comprehensive solution even further down the road.

Let me close by once again urging this subcommittee, and indeed all in Congress and the Administration, to keep pushing for a solution to provide health coverage for everyone in our nation. Looking back through our history there are so many outstanding examples of seemingly insurmountable problems that we collectively have faced and overcome—many would say that this is in fact a defining characteristic of our country and its people. Given that history, surely we can move ahead to solve the problem of the uninsured

despite how difficult this situation seems. It is a problem that has gone on for far too long, and one that Americans from all walks of life and political backgrounds agree is simply unacceptable. This is the moment to take action, and the Catholic health ministry stands ready to assist all those who seek a solution.

Thank you.