ACCESSIBLE AND AFFORDABLE HEALTH CARE FOR EVERYONE

THE ISSUE
As a matter of human dignity, everyone is entitled to health care. Like any basic element of life, health care sustains us and should always be accessible and affordable for everyone—where they need it, when they need it, no exceptions and no interruptions.

The consequences of being uninsured are significant. Because uninsured patients do not receive the right care in the right place, they are up to four times as likely as insured patients to require avoidable hospitalizations and emergency care.

The Affordable Care Act (ACA) has taken significant steps toward expanding access to health insurance coverage and improving the quality of care in our delivery system, but more work needs to be done. CHA will continue to work with Congress to ensure any legislative proposal preserves and expands access, affordability, coverage and quality within our health care system.

MINISTRY TRADITION
Our mission, in accordance with Catholic social teaching and values, calls us to serve as advocates for everyone, particularly the poor and other vulnerable populations. We believe that health care is a basic human right. To that end, health care should be considered an essential building block for a just and free society, just as education is. As the Catholic health ministry, we are committed to moving the nation toward a more just and equitable health care system that ensures health care for everyone.

CHA’S POSITION AND ACTIVITIES
CHA’s Vision for U.S. Health Care establishes our principles for a just and equitable health care system and is derived from our core values: human dignity; concern for the poor and vulnerable; justice; common good; stewardship; and pluralism.

Principles for U.S. Health Care
- Available, affordable and accessible to everyone, paying special attention to the poor and vulnerable;
- Wellness and prevention oriented to improve the health of communities;
- Patient centered and designed to affirm the life and dignity from conception to natural death;
- Safe, effective and designed to deliver quality and value; and
- Sustainably and justly financed

In accordance with our Vision, the Catholic health ministry continues to advocate a health care system that serves everyone. In the 116th Congress, we will work to:
• Enhance affordability, accessibility and quality of coverage for all, paying special attention to low-income and vulnerable individuals
• Ensure continued access and coverage for the approximately 20 million Americans who have gained insurance coverage under the ACA, including those with pre-existing and chronic conditions
• Pursue innovative policy approaches for delivering care such as telemedicine, to improve access and outcomes and reduce costs through integration, coordination and prevention
• Improve access to mental and behavioral health services to ensure coordinated and holistic care
• Ensure the availability of care in both rural and urban underserved areas

LEGISLATION
In the 116th Congress, we support the following legislative proposals to advance accessible health and affordable health care. Specifically, we urge the Senate Health, Education, Labor and Pensions Committee to draft legislation to reduce health care costs by improving affordability in the individual marketplace by:

• **Providing a reinsurance program** to help insurers manage large and unpredictable costs by sharing a portion or spreading the risk of insurer costs for their most expensive enrollees. The most common type of reinsurance allows insurers to draw on additional funding to help cover costs that exceed a certain threshold (e.g., a claim that exceeds a certain dollar amount or an enrollee with a defined health condition). This allows insurers to better manage their costs since the most expensive and difficult to predict medical care costs are offset by reinsurance. The federal government also saves money on premium tax credits as reinsurance lowers premiums.

• **Addressing what is known as the “family glitch”** to allow and assist three to six million more Americans to purchase health insurance coverage in the Marketplace, thereby expanding the risk pool and increasing stability. Under current rules, employer-sponsored insurance is deemed to be affordable if the cost of employee-only coverage is less than or equal to 9.66 percent of family income in 2016. However, if one family member has an affordable offer of single coverage, then all family members are ineligible for tax credits to purchase Marketplace coverage, even if the cost of coverage for the whole family is greater than 9.66 percent of family income. While such families are not subject to penalties when the dependents go without coverage, these families lack an affordable option to cover all family members.

• **Ensuring continued investment in consumer information and outreach efforts** to create a sustainable risk pool, which raises awareness about coverage options and removes barriers to entry for individuals to enroll. The erosion of marketing and outreach efforts has had a negative impact on the risk pool and led to higher costs for consumers. Congress should provide serious oversight to make sure that funding intended to help individuals learn about and access coverage, known as “consumer information and outreach” funding, is fully restored and used as intended to appropriately educate the public about coverage options and encourage enrollment in the Marketplaces.
In the House of Representatives, we support the work of the Committees on Energy and Commerce, Ways and Means, and Education and Labor on the following provisions of the Protecting Pre-Existing Conditions and Making Health Care More Affordable Act of 2019:

- **Rolling back the administration’s expansion of short-term insurance plans and Association Health Plans.** The bill reverses the expansion of Short-Term Limited-Duration plans and Association Health Plans, which provide extremely limited “coverage” and are allowed to freely discriminate based on age and pre-existing conditions.

- **Improving Affordability for Low- and Moderate-Income Families.** The bill increases premium subsidies for individuals with incomes below 400 percent of the federal poverty level (FPL), and ensures families in the individual and small group markets never pay more than 8.5 percent of their income in premiums.

- **Reinstating Vital Consumer Protections.** The bill rescinds the administration’s recent guidance on Section 1332 of the Affordable Care Act that undermines protections for people with pre-existing conditions.

- **Restoring funding for outreach, education, and in-person enrollment assistance.** The legislation reverses the staggering funding cuts to navigators and educational and outreach activities by the Trump Administration, ensuring that consumers have the information and help they need to get covered. Additionally, it ensures education and outreach are geared toward hard-to-reach populations in a linguistically and culturally appropriate manner while recognizing that helping consumers enroll in Medicaid and CHIP is a key part of navigators’ roles.

- **Fixing the “family glitch.”** The legislation fixes the family glitch and ensures more low- and moderate-income families have access to premium tax credits to buy affordable coverage in the marketplaces.

We also support H.R. 1868, the Health Care Affordability Act of 2019, which would:

- **Expand eligibility for premium tax credits** for consumers purchasing plans on the health insurance marketplace beyond 400 percent of the federal poverty line; and

- **Increase the amount of the tax credit** for all income brackets.

Additionally, we remain committed to protecting the Affordable Care Act in its entirety by urging the courts to rule uphold the constitutionality of the law in *Texas v. Azar*. CHA filed an amicus brief in support of the law with our colleagues from the American Hospital Association, the Federation of American Hospitals, America’s Essential Hospitals and the Association of American Medical Colleges.