



October 2017

MEDICAID EXPANSION

THE ISSUE

The Catholic health ministry worked tirelessly for reform of our health care system and the expansion of Medicaid. The enactment of the Affordable Care Act (ACA) was a huge step in the right direction, providing health care access to millions of people. Our work, however, is not done. The Supreme Court made the Medicaid expansion optional for states. Thirty-one states and the District of Columbia have expanded their Medicaid programs, while state governors and legislators in nineteen states continue to refuse to do so. This is despite evidence that expansion drastically reduces the number of uninsured and provides economic opportunities for every state.

Many vulnerable individuals who cannot get the health care coverage they need are left uninsured if states do not expand their Medicaid programs. They are low-income working parents with incomes below 138% of the poverty line, and who cannot afford private insurance. They are their children, who are more likely to be enrolled in programs for which they are already eligible when their parents are also covered. They are adults with no children who cannot get Medicaid, no matter now poor they are. They are of all races, but with minorities disproportionally represented. Under the ACA's Medicaid expansion, everyone with an income below 138% of the federal poverty level (approximately \$15,800 for an individual), regardless of their age, sex or parental status, would qualify for Medicaid coverage.

MINISTRY TRADITION

For decades CHA and our members have carried the message that health care is a basic human right essential to human flourishing, and we have advocated policies to ensure that everyone has access to affordable health care. We are inspired by the wisdom of the social doctrine of the Church, which teaches that each person is created in the image of God; that each human life is sacred and possesses inalienable worth; and that health care is essential to promoting and protecting the inherent dignity of every individual. The first principle in our *Vision for U.S. Health Care* affirms our call to pay special attention to the needs of the poor and the vulnerable, those most likely to lack access to health care, in our journey towards affordable, accessible health care for all. This commitment is why the Catholic health ministry has strongly supported public health care programs like Medicaid and CHIP.

CHA'S POSITION

The Catholic Health Association supports the expansion of the Medicaid program to everyone under 138 percent of the Federal poverty level. Access to Medicaid can mean the difference between life and death. Thousands die each year because they do not have health insurance, and more generous Medicaid coverage is associated with lower death rates. Medicaid coverage means better health for millions who, with no regular source of health care and no way to pay for medical services, do not get preventive care and are likely to put off seeing a doctor when they are sick. When they get so sick they have to seek care, they come to emergency rooms with serious health

conditions that could have been avoided or minimized if treated earlier. With Medicaid coverage, they will be able to see a doctor in a timely manner, protecting their own health and avoiding inefficient use of medical resources.

• Health Disparities

Expanding Medicaid helps us to achieve health equity. The existence of racial and ethnic disparities in health outcomes, access to care and receipt of quality health care is in direct opposition to the mission of Catholic health care and the Catholic social tradition. Increasing access to health insurance through Medicaid will not end health disparities, but along with efforts like the Equity of Care National Call to Action, it is an important step forward.

• Medicaid and Hospitals

The Medicaid expansion is also crucial for our hospitals, many of which are struggling to continue to provide care to those who can afford to pay to little or nothing. While Medicaid reimbursement rates are not what they should be, it is helpful to get any payment for care that is now provided for free. Hospitals agreed to lower disproportionate share hospital payments in the ACA in part because we expected that people would now at least have Medicaid coverage. Making sure states take the Medicaid expansion is important for both low-income uninsured patients and the hospitals that serve them.

• Vulnerable Populations

In supporting Medicaid expansion, the Catholic health ministry once again is called to stand up for the least among us. We urge lawmakers and policy officials at the state and federal levels to protect and expand the availability of Medicaid for families who cannot afford access to health care without it. CHA is committed to ensuring that these populations get the access to coverage extended to them under the ACA, as well as to preserving Medicaid from harmful budget cuts and program changes proposed in Washington.