

# NEW BENEFITS AHEAD— PEOPLE NEED TO KNOW

**EDITOR'S NOTE:** So much that affects health care for vulnerable populations is swirling around us in the news. For instance, this *Health Progress* issue on mental health care was well underway before the shootings in Newtown, Conn., precipitated a national debate on mental illness that made it timely in a way we could never have imagined, and certainly would never have wished.

Our next issue, May-June, will focus on health care for veterans at a time when suicides among active military and veterans alike are rising at an alarming rate. And as we go to press with this issue, immigrants are coming to the forefront, as Congress and President Obama put forth proposals aimed at helping potentially millions achieve legal status.

Each of these — people with mental illness, U.S. veterans, illegal immigrants — is a vulnerable population of deep concern to many in our nation, but particularly so to those in Catholic health care.

Meanwhile, health reform moves forward, potentially offering help and hope to millions within these populations. Yet, in many states, the expansion of Medicaid — a key component in making reform work — hangs in the balance.

With that in mind, *Health Progress* invited Sr. Carol Keehan, DC, to write in this space about CHA's ongoing efforts to ensure health reform's success. We can't think of anyone better able to make the case for those people in our nation who have too long been denied a basic human right.

— Pamela Schaeffer

**O**n October 1, 2013, the world will be different for millions of people who are currently uninsured. As a result of the Affordable Care Act (ACA), new health coverage options will be available for low-income, vulnerable persons; for working families whose income isn't enough to cover insurance costs; for children who will become eligible for coverage their parents couldn't previously afford.



**SR. CAROL  
KEEHAN, DC**

Getting out the word about these new benefits will be a big task. Public opinion research shows that the majority of people who will be eligible for new benefits are unaware of that fact. To move the education and awareness work forward, CHA joined Enroll America as a founding partner.

Enroll America is a Washington-based non-profit that counts civic groups, philanthropies, doctors, pharmaceuticals, health insurers and labor and consumer groups among its other partners. The organization is ramping up to launch a major national public relations and education campaign that will include advertising, social media and community-based events to get information directly to hard-to-reach target groups.

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CHA is working closely with Enroll America leadership, staff and other partners and will share resources with members of the ministry as they become available. These materials will assist with enrollment outreach, education and even procedures to actually sign people up for coverage.

**MEDICAID: A VITAL OPPORTUNITY FOR STATES**

When the U. S. Supreme Court affirmed the constitutionality of the Affordable Care Act, it was a win for the uninsured,

for working families, for seniors and for others the law was designed to protect. As a ministry we supported the ACA because it represented the first opportunity in years to begin creating an equitable, affordable health care system in the U.S. The Supreme Court reviewed the health care law in its entirety and found the crux of the law — the individual mandate that everyone carry insurance or face a penalty — to be permitted by the Constitution.

The court's ruling, however, included a surprise few, if any, observers saw coming.

First the background: Many people will obtain new coverage as a result of the Medicaid expansion envisioned by ACA. The current threshold for Medicaid eligibility is 100 percent of the federal poverty level income, which is about \$23,000 per year for a family of four. ACA adjusted the threshold so that those earning 138 percent of the poverty level will be eligible. This means a family of four may qualify for Medicaid if the annual household income is about \$31,000. The net effect: many more working families who cannot currently afford health coverage will gain access through Medicaid.

In its ruling on the ACA, the Su-

preme Court said the federal government cannot compel states to expand the program, even though the expansion is mostly federally financed. Instead, the court decided, states have the *option* of expanding their Medicaid program as called for in the ACA. Governors can take new federal money to expand the population they serve with Medicaid. But they do not have to.

Be that as it may, governors most definitely should accept the federal money to expand their Medicaid programs. For Catholic health care, Medicaid represents part of an important promise to care for persons who are poor, vulnerable and have no other option for their health care. Every person is created in God's image. Every life is sacred. Medicaid matters a lot in making these words a reality on the ground.

Ever since the court issued its ruling, CHA and our members have been making the case for governors to do the right thing for the people in their states. With so many uninsured families standing to benefit from Medicaid, governors should carefully consider the implications before saying no to the expansion. Once they have considered the issues, I believe it will be clear that broadening the reach of Medicaid makes sense. It makes sense from the standpoint of protecting human dignity. It makes sense in terms of public health. And it makes sense economically.

To begin, the federal government will pick up 100 percent of the cost of expanding Medicaid until 2016, at which point the government will pay 90 percent of the cost of coverage for newly eligible enrollees. In other words, states can significantly expand their Medicaid program without paying very much for it. If I were running a state, I would find this deal impossible to turn down. This is especially true given that states and their residents would end up paying the cost of care for the new Medicaid population in other ways. When uninsured people receive

care in a hospital emergency room or require an extensive stay, someone has to pay for it — and often it is the hospital in the form of uncompensated care. When large numbers of people need care but have no insurance, all of us pay in the form of higher premiums, co-pays and deductibles. We also pay a price in public health when millions of people are unable to receive appropriate routine and preventive care.

**Medicaid is at the heart of our mission as a ministry — a program designed to provide health care for those who need but cannot afford it, often working families whose lack of coverage is no fault of their own.**

As of this writing, 22 states and the District of Columbia have said they will expand their Medicaid population as called for in the ACA, and 13 states have said they definitely will not, including Texas and several in the South. The remaining 15 states are undecided. To refuse hard-working families the opportunity to have health insurance for preventive and sick care absolutely has to be challenged.

In addition, all hospitals took significant reimbursement cuts predicated on getting 30-32 million more people insured. If that does not happen, our ability to serve communities — and especially the uninsured — is seriously jeopardized.

In January 2013, Gov. Jan Brewer (R-Ariz.), a critic of the ACA, announced her state has opted to expand Medicaid, arguing that “with this move, we will secure a federal revenue stream to

cover the costs of the uninsured who already show up in our doctor's offices and emergency rooms.” (*Los Angeles Times*, Jan. 15, 2013, “Arizona Gov. Jan Brewer Opts to Expand Medicaid.”) Other governors on the fence need to hear Brewer's logic. The best reason to do the expansion is the opportunity to provide health care to vulnerable, working families. But the economic reasons matter as well, and some reluctant governors are obviously beginning to see how the Medicaid expansion is in everyone's best interest.

Catholic health care has a long and admirable history of leading the way on health reform, coverage initiatives and education campaigns. We must step up again to help persuade governors, which is sometimes best done through grassroots communication. If community voices are loud enough about demanding the Medicaid expansion, the legislative machine will respond. The people in Catholic health care should be those voices. We have done it in the past, and I'm quite confident we can and will do it again.

This is a tremendous opportunity for our nation and those who cannot currently afford meaningful, reliable health coverage. Medicaid is at the heart of our mission as a ministry — a program designed to provide health care for those who need but cannot afford it, often working families whose lack of coverage is no fault of their own. Of course this also includes children in low-income families who are often left on the sidelines of our health care system, but no longer have to be.

I am always amazed by and proud of the ministry CHA represents. And I am confident that once again, we will together stand up in favor of health care that works for everyone. There is lots of work still to do. Working together, I know we can do it.

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