



# An Exciting Day

## ACA a Big Step Forward

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By SR. CAROL KEEHAN, DC

It was an exciting day when we learned the U.S. Supreme Court ruled the Affordable Care Act constitutional. Our ministry worked hard to enact this law because it would defend human dignity, provide insurance coverage to vulnerable persons and hard-working families and reflect the values of a fair and compassionate nation.

Let's recall for a moment the situation we faced before the ACA became law. At last count, nearly 50 million people lacked meaningful, affordable health insurance coverage. For the uninsured, and especially those who are low income, life is a lot more difficult. Families like these often make choices between food and medicine, insurance coverage and mortgage payments, cancer treatment and bankruptcy.

These choices have real consequences. The Institute of Medicine, the health arm of the National Academies, reports that we have 18,000 unnecessary deaths each year because of a lack of access to care. In addition, although we spend more per capita on health than any other nation, the health status of our people is far below that of other nations.

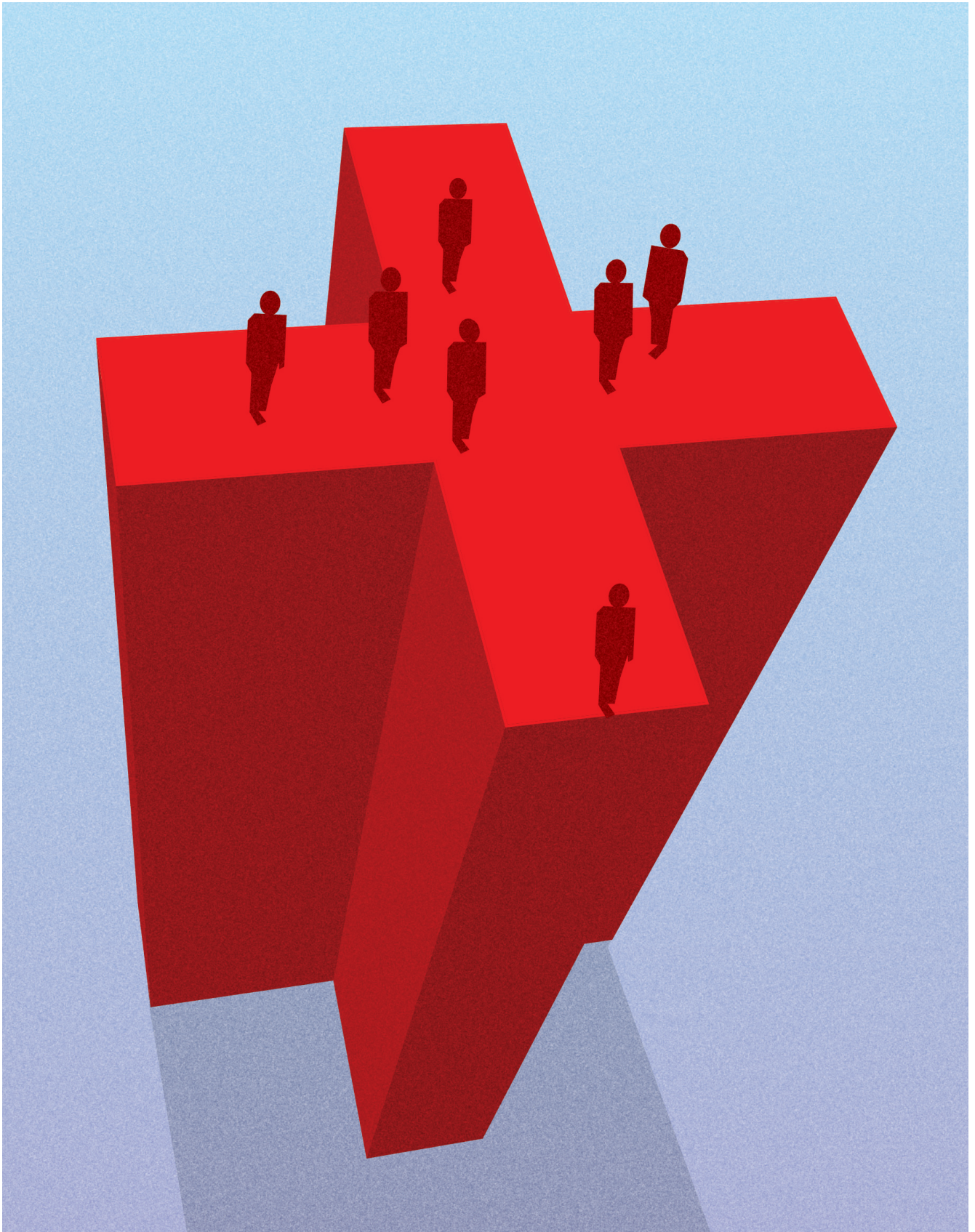
In our effort to protect life at all stages, we must also face the reality that in the United States, abortion overall has gone down by 8 percent. Yet among women who are poor, it has gone up by 18 percent. How much poverty and no health coverage influences this choice is hard to measure exactly.

Often for working families, the choice to buy insurance is not even possible because most insurance companies would not provide a policy

to someone with a pre-existing medical condition. The Affordable Care Act has already made it illegal to deny a child coverage for that reason. In 2014, the same will be true for adults. Beginning then, no Americans will have to worry that a diagnosis earlier in their life will preclude their ability to obtain health care when they need it again.

Those with the most health needs have been among the most vulnerable. They constantly face the problem of reaching the limit of medical coverage in their policy and then being completely on their own for all remaining medical bills. The Affordable Care Act prevents an insurance com-

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pany from imposing a lifetime limit on medical expenses.

Under the ACA, annual limits eventually will be illegal too. Meanwhile, the Medicare Part D “donut hole” is being fixed so seniors do not have to choose between medicine and other basic needs when they hit the coverage gap for the cost of their prescription drugs.

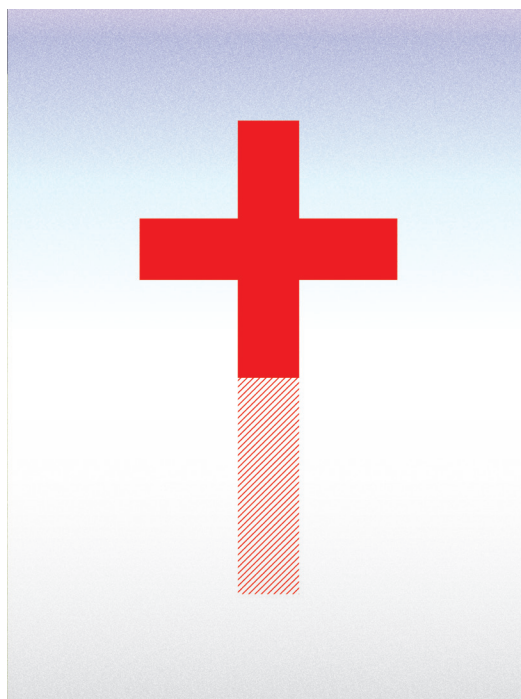
These are critical changes that help bring our health care system into one that reflects our nation’s values.

We also faced (and continue to face) systemic challenges: How can we get better care and value for the money we spend? How can we reward quality and not just quantity? How can we collaborate to put the patient at the center of the care process? What strategies can we employ to optimize incentives while preventing waste, fraud and abuse?

The law includes efforts to address all of these questions and, while not perfect, it offers a foundation on which we can build a stronger and more efficient, cost-effective health care system. Not every demonstration project or grant recipient will work out — that is the point of experimenting and learning from our successes and failures. There will be some of both as we continue down the path of implementing this law.

We have seen many of the success stories already — and they are powerful examples of how health reform is already making a real differ-

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ence in the lives of our families, friends and colleagues. Just a few examples of how provisions in the Affordable Care Act are helping Americans right now:

- At least 3 million young adults (under the age of 26) have been able to stay on their parents’ insurance plan

- Some 54 million people of all ages have received free or preventive services like mammograms, colonoscopies, physical exams and cholesterol screenings

- At least 3.6 million seniors have saved \$2.1 billion on their prescription drugs, an average of \$600 per

senior

- More than 50,000 people with serious illnesses have obtained coverage through state high-risk plans put in place by the Affordable Care Act

- Small businesses across the country have received tax credits to help offset the cost of providing coverage to their employees

In 2014, additional parts of the law will take effect, beginning with state-based health insurance exchanges where individuals and small businesses will be able to shop for affordable health insurance policies. Those who qualify for subsidies will receive help paying premium costs. States will be able to expand Medicaid to cover more people who do not currently qualify for the program but also can’t afford insurance on their own.

There are clear economic reasons for health reform — bending the cost curve, improving efficiency, cutting unnecessary bureaucracy and boosting the overall economy with a healthier, more productive population. Consider that in the U.S., we continue to spend more money on health care per capita than other major industrialized nations but we do not have 100 percent access or the quality outcomes of our counterparts. I believe we are smart enough to change that fact — and that the Affordable Care Act will begin helping us do so.



Economics and systemic improvement are valid and important reasons to make major changes to public policy, and part of why we advocated for the law. Our work on behalf of the ACA, however, was first and foremost about protecting human dignity and making our health care system one that matches our Catholic and national values.

This road has not been an easy one, and there are still challenges we must address as the Affordable Care Act is implemented. We will continue to work with CHA members, the church and the Obama Administration to protect the conscience of Catholic-sponsored health care organizations. We will work to find ways to help those not covered by the bill and our immigrant brothers and sisters.

We need also to be vigilant about education and awareness. Enrollment will be a huge and critically important challenge. We will need significant infrastructure to make sure those who are eligible for new or improved coverage know how to get it — and keep it. Sometimes even when we get people enrolled, administrative obstacles can push them back out of a program like Medicaid.

Together with other national groups, CHA will work hard on the enrollment piece. We will also continue efforts to tell the Affordable Care Act's story — who has been helped, how health care providers are benefiting and why a more sensible health care system will ultimately boost our economy.

I hope you have seen some of these stories from CHA and other organizations working to get the word out. Please check our YouTube channel at [www.YouTube.com/HealthReformWorks](http://www.YouTube.com/HealthReformWorks) to see and hear families and small business owners explain how the law is working for them.

In 2007, CHA collaborated with our members across the country to develop a set of principles outlining our expectations for health reform. That document, "Our Vision For U.S. Health Care," drew inspiration from Catholic social teaching and described the values that should underlie a reformed system.

The document included six principles for a smart and equitable health care system, and it became an advocacy tool for CHA and our members. In 2010, we published an updated version of the document to show how the Affordable Care Act corresponds with many of the expectations we had named.

When the Supreme Court validated the ACA, it was a moment for celebration and excitement about the future, when millions of uninsured will gain access to the coverage and care they need. Upholding the Affordable Care Act was a victory

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for low-income and vulnerable people and for our health system. Now, the work continues.

As a ministry, we are constantly making real the values and principles in our vision document, leading the transformation of care delivery with innovative new models and practices and, more importantly, making it our first priority to care for all those in need — with special attention to those who are poor and vulnerable. Now more than ever, it is time to focus on implementation of the Affordable Care Act and coverage for all instead of politics and overly heated rhetoric.

In the coming months and years, with CHA members as our partners, we will continually work to improve upon the Affordable Care Act. It is the path we now have to achieving universal health care in this country, and I look forward to the day when we reach 100 percent coverage in our great nation.

I am constantly proud of the ministry CHA represents, and I am ever grateful for the work we do together to achieve a health care system that works for everyone.

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