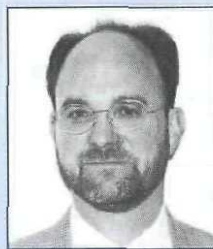


CHA Website Continues To Expand

BY DAVID WARREN

When I assumed the role of web editor for the Catholic Health Association in February, the association's website—CHAUSA—already presented to members a content-rich feast of resources, including daily healthcare news and other public policy tools; directories of Catholic-sponsored healthcare providers, advocacy networks, ethicists, and ethics centers; current and back issues of *Catholic Health World*, *Health Progress*, *Washington Update*, and *Health Policy Issue Brief*; CHA news releases; the entire resource catalog; listings of employment opportunities for healthcare executives; centralized access to information on healthcare ethics, spiritual care, and mission-based leadership development; CHA policy and position statements, and documents from other sources; a calendar, complete with links to brochures, listing meetings held by CHA and other organizations; information on sponsorship, the continuum of care, and *New Covenant*; and links to government, health, and religious websites.

Since February, CHAUSA has continued to gain more visitors and more registered users, and to



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expand its offerings. The 1998 Catholic Health Assembly was the first assembly to have its program posted on the website. Participants were able to register for the annual event securely on the Internet. More far-reaching has been the continued expansion of the content and capabilities offered by CHAUSA.

LONG-TERM CARE EXPANSION

The section of the website devoted to long-term care and aging services providers now delivers advocacy support and information; a catalog of CHA publications and other resources developed specifically for these practitioners; listings of meetings for LTC professionals, and links to related websites; examples of values-based programs for aging and chronically ill persons; and connection to the Health Care Financing Administration's Sharing Innovations in Quality (SIQ) project, a collaborative project designed to develop a repository of innovative ideas and practices in long-term care.

The long-term care section of the website allows CHA members to learn about the association's long-term care policy priorities and to understand the background and CHA policy objectives on such issues as Medicare, persons dually eligible for Medicare and Medicaid, the Program for All-Inclusive Care for the Elderly (PACE), and senior housing as part of the continuum of care. For example, the "Principles for Catholic-Sponsored Assisted Living and Senior Housing," developed jointly by Catholic Charities USA and CHA, have been posted on the website. This section of CHAUSA also documents how the association is helping develop the Chronic Care Act to establish a national chronic care policy and streamline Medicare and Medicaid requirements for care of chronically ill persons.

MISSION SERVICES ADDITIONS

The website's Mission Services area supplements the association's mission services activities. Earlier

The Future of Healthcare Today

www.chausa.org

Inaction will only increase the number of uninsured.

this year, CHA's Mission Services division sponsored two audio conferences in which Sr. Jean deBlois, CSJ, PhD, CHA's vice president of Mission Services, analyzed the criteria for the use of life-sustaining interventions for persons with life-threatening illness. Sr. deBlois, a registered nurse, subsequently used the website to answer questions from her audiences across the United States.

The work of Supportive Care of the Dying, a coalition of CHA and 11 Catholic healthcare systems to promote supportive care, compassionate relief of suffering, and pain and symptom management to persons with life-threatening illness, is also available in this area of the website. Here you can read the coalition's initial report, *Living and Healing During Life-Threatening Illness*, a needs assessment conducted through focus groups in 11 locations across the country. Also posted is "Hints for Conducting Focus Groups," a guide written by Sylvia A. McSkimming, PhD, to describe how Catholic healthcare organizations can re-create the focus group discussions used in the coalition's research project. CHAUSA also provides instant access to current and back issues of *Supportive Voice*, the official newsletter of the coalition.

PUBLIC POLICY AREA

The public policy section of the website remains a must-have tool for many CHA members. Public policy advocates appreciate being able to save time and money by being able to quickly find on the website recent proposed legislation, regulations, and other documents important to Catholic healthcare, such as the Medicare PSO agreement, bills on managed care and patient protections, and CHA's response to HCFA on organ transplant rules. □

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that only 320,000 of the 1 million uninsured 62- to 64-year-olds would enroll in Medicare under the president's proposal,¹ and two-thirds of these enrollees would have bought private coverage anyway. The CBO did not indicate how much this population would have to pay for private coverage, but the cost would probably be high. If the CBO estimate of participation is accurate, supporters of the proposal should call for additional federal subsidies, not a complete rejection of the Medicare buy-in idea. One option for funding subsidies and making federal assistance more progressive is to income-relate Medicare premiums for all beneficiaries.

Temporary Assistance for the Unemployed Several years ago Congress enacted, in the Consolidated Omnibus Budget Reconciliation Act (COBRA), a requirement that employers providing health benefits must allow individuals leaving their jobs to purchase coverage by paying 102 percent of the cost of insurance. Although this guarantee is important, relatively few eligible persons have taken advantage of it because of the high cost of premiums. New federal subsidies for low-income workers between jobs would greatly assist them in gaining access to COBRA coverage on a temporary basis. Subsidies could be eliminated for those with incomes above 250 percent of the poverty level.⁵

Tax Incentives Businesses and workers with employer-based coverage already are exempted from paying taxes on the cost of health insurance. And the tax deduction for self-employed individuals is scheduled to be increased gradually, from 30 percent of premium costs today to 100 percent by the year 2002. Rep. Bill Archer, R-TX, is floating a proposal to immediately increase the deduction to 100 percent, intending by this measure to reduce the number of uninsured.

Politicians and economists disagree

sharply about the effect new tax breaks for healthcare coverage would have on the uninsured. Tax credits, particularly if they are refundable, allow more low-income individuals to purchase coverage than do tax deductions, which benefit mostly moderate- and higher-income people. But the federal cost in lost revenues due to tax credits could be high, because such credits could be claimed by those who have private coverage already or would have purchased it anyway.

Nonetheless, a limited tax-incentive approach to reducing the number of uninsured might be worthwhile as an experiment in determining what works.

THE WORST APPROACH IS TO DO NOTHING

The lack of political consensus concerning which uninsured groups to target, and how to design new federal efforts to do so, could prolong any effort to expand coverage. What the last decade has taught us is that inaction will only increase the number of uninsured. Although there is no single right path to universal coverage—at least none apparent at this time—there are many avenues worth pursuing. The cost will not be minimal. But now that our nation has its first federal budget surplus in more than two decades—and substantial state budget surpluses as well—we can no longer afford to wait. □

NOTES

1. Health Insurance Coverage: 1996; Current Population Reports, U.S. Census Bureau, Washington, DC, September 1997.
2. *EBRI Issue Brief*, Employee Benefit Research Institute, Washington, DC, December 1997.
3. *Modern Healthcare*, March 30, 1998, p. 58.
4. "An Analysis of the President's Budgetary Proposals for Fiscal Year 1999," Congressional Budget Office, Washington, DC, March 1998, p. 39.
5. "Strategies for Incremental Expansion of Access to Care," American College of Physicians, Philadelphia, 1998, p. 11.