

Catholic Leaders Speak Out on Health Reform in California



BY WILLIAM J. COX
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Our Catholic faith tells us that every human being is made in the image of God. Consequently, every human being possesses an inherent dignity that must be revered; and every human being has the right and responsibility to realize the fullness of that dignity. This includes access to necessary health care.

But millions of Californians lack access to adequate health care, and the number of uninsured and underinsured increases each day. The California system of health care, as it currently functions, does not meet the needs of all residents of our state.

Gov. Arnold Schwarzenegger, the state's legislative leaders, and major health care and consumer organizations are actively engaged in trying to reform that system. Catholic hospitals and other members of California's Catholic health care ministry are part of that important effort. To that end, we have developed a set of principles and recommendations, based on Catholic values and intended to help guide and inform the health care reform debate.

UNIVERSAL COVERAGE

A critical element in the discussion about health care reform centers on the question of universal insurance coverage versus universal access to health care.

They are not the same thing.

The possession of medical insurance doesn't by itself guarantee universal access if the benefits are too limited, if the co-pays are too high, if public and private insurance payments are too low to attract enough participation by hospitals and doctors, or if there are other impediments to access.

Today, in California, the uninsured often do not receive timely or preventative care and are generally seen in expensive settings such as hospital emergency rooms. Moreover, the evidence shows that many uninsured people die unneces-

sarily because they do not get the kind of care they need when they are sick.

Our state's health care system can and must be reformed, so long as reform contains all the elements necessary to achieve universal access, even if it has to be phased in over time.

"INDIVIDUAL MANDATES" ARE ACCEPTABLE

An "individual mandate" means that every California resident would be required to have health insurance. If such a mandate were combined with financial support that ensured reasonable affordability, it would, we believe, be an acceptable mechanism for achieving universal coverage. This means that insurance coverage would not necessarily be tied to a person's employer, so that if the person changed jobs or lost a job, he or she wouldn't lose coverage.

PAYING FOR HEALTH INSURANCE IS A SHARED RESPONSIBILITY

There is a difference between being required to have health insurance, on one hand, and being required to pay the full cost of health insurance, on the other. Health care reform should be a shared responsibility among individuals, employers, providers, health plans, and government.

It is appropriate for consumers to share in the cost of paying for premiums and services. Consumer cost sharing is acceptable as long as it is equitably structured—that is, reasonably and fairly related to a person's income (based on a sliding scale)—and does not impair access to necessary care. However, it is important that cost sharing not be applied to preventative care, such as immunizations. Employers should be required to contribute to the cost of coverage for employees and dependents.

In principle, we believe a provider tax *is* an acceptable financing source as long as it is equitable and mitigates disparities between "winners"

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and “losers.” However, no financing mechanism can ensure perfect equity, and Catholic hospitals are willing to bear some financial risk as part of an equitable financing system based on shared responsibility. Other revenue-raising options should also be examined to determine if they might not be more equitable.

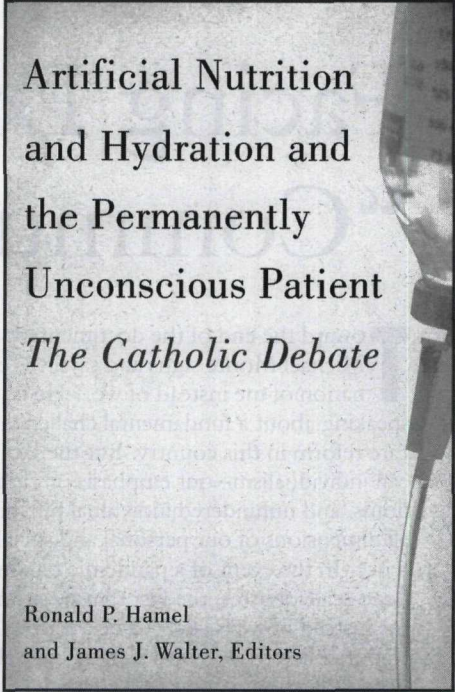
STEPS NEED TO BE TAKEN TO CONTROL HEALTH CARE COSTS

Health care costs are rising twice as fast as wages and are making health insurance unaffordable for a growing segment of the population. This situation is unsustainable and health care reform will fail without addressing it. Taking steps to control costs in a reformed system is a matter of equity and effective stewardship. As part of his health care reform proposal, Schwarzenegger has recommended a number of initiatives that, if adopted, would improve the efficiency and cost effectiveness of the state’s health care system. Cost containment may also need to include elements such as additional private and governmental investments in the education of nurses and allied health professionals.

SUCCESSFUL REFORM WILL REQUIRE COMPROMISE AND COOPERATION

Universal access to health care will mean difficult trade-offs for everyone. In the case of Catholic hospitals, for example, it will mean that, in principle, we support payments from doctors and hospitals to help pay for health care reform. Not all health care providers agree with this position, but we believe it is the right thing to do.

Health care reform will not take place without compromise. Hopefully, as members of the Catholic health care ministry, we can help shape effective reforms that will result in improved access to health care and enhanced human dignity for all of our residents. Achieving this goal is a moral imperative. ■



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