

# Medicaid — A Moral Matter

By KATHY CURRAN, J.D.

**T**he Catholic health ministry worked long and hard for health care reform. For years — decades — CHA and our members have carried the message that health care is a basic human right, essential to human flourishing, and have advocated for policies to ensure that everyone has access to affordable health care. We are inspired by the wisdom of the church's social doctrine that teaches us each person is created in the image of God, each human life is sacred and possesses inalienable worth, and health care is essential to promoting and protecting the inherent dignity of every individual.

The first principle in CHA's "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 ministry has strongly supported public health care programs like Medicaid and the Children's Health Insurance Program (CHIP). The expansion of Medicaid in the Affordable Care Act (ACA) was a huge step in the right direction, providing health care access to millions of low-income people.

Our work, however, is not done. The Supreme Court's decision in *National Federation of Independent Business v. Sebelius* upheld the constitutionality of health reform but ruled the Medicaid expansion was optional for states. Some state governors have proclaimed their intent to take a pass on expansion, raising questions about how many low-

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income uninsured people will be able to gain coverage after all.

As we near the so-called "fiscal cliff" looming at the end of 2012, when a large number of temporary tax provisions are due to expire, cuts to the Medicaid program are a very real possibility. In the coming months we will be immersed in policy details, budgetary implications and political posturing as Medicaid returns to the center of the public debate and advocacy.

This issue of *Health Progress* will

help to prepare us by exploring from many perspectives the policy and political meaning of the ACA Medicaid expansion for the newly covered and for our members.

But before we jump into the fray, let's remember why it all matters: the people whose health depends on getting the care they need now, and what's at stake for them. They are low-income working moms and dads who, on average, can't qualify for Medicaid because their income is more than 63 percent — approximately \$12,000 for a family of three — of the poverty level but who can't afford private insurance. They are children, who are more likely to be enrolled in health care programs they qualify for when their parents are covered, too. They are adults with no children who can't get Medicaid now in most states, no matter how poor they are. They are of all races, with the majority white, but minorities are disproportionately represented. Under the ACA Medicaid expansion, everyone with an income below 138 percent, regardless of their age, sex or parental status, would be able to qualify for Medicaid coverage.

Why does it matter? Access to Medicaid can mean the difference between life and death. Thousands die each year because they don't have health insurance, and research shows that more generous Medicaid coverage is associ-



ated 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, don't get preventive care and are likely to put off seeing a doctor when they're sick or think something is wrong. When they get so sick they have to seek care, they come to our emergency departments with serious health conditions that could have been addressed or even avoided 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.

Expanding Medicaid also will help 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 won't end health disparities, but along with advocacy efforts like the Equity of Care National Call to Action ([www.equityofcare.org](http://www.equityofcare.org)), it's an important step forward.

The Medicaid expansion also is crucial for our hospitals that serve the low-income uninsured. Many are struggling to continue to provide care to those who can afford to pay little or nothing. While Medicaid reimbursement rates are not what they should be, getting *any* payment for care now provided for free is a help.

In the ACA legislation, hospitals agreed to lower disproportionate share hospital payments in part because they expected that under health reform, people would 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.

Over the coming months, the ministry will again be called on to stand up for the least among us, advocating at the state and federal levels to protect and expand the availability of Medicaid to families who can't afford health care without it. Together, we can achieve our vision of a just health care system that provides care for everyone.

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