



Faith Values and Responsibility in Health Care Reform

People of faith continue to promote a vision of a health care future that includes everyone and works well for all of us. When that vision becomes a reality, all children and adults will live healthier and longer lives because they can get timely needed care. Medical costs will be affordable as each sector of our health system practices better stewardship of our abundant resources. The health care system will finally be well-managed, more efficient, and more effective because all of us – individuals, institutions, businesses, and governments – will share responsibility for making it happen.

Transforming our broken system of health care will require the same kind of vision and investment that led to modernizing other systems in our country's infrastructure. We created a power grid, phone systems, water systems,

and interstate highways that improved our life together and served the common good. Society as a whole, and the individuals within it, flourished. Our health system, however, still operates with the equivalent of individual generators, scattered wells, and meandering roads. With a new vision and a shared commitment to fulfill it, we can create a health care system that sustains our collective well-being.

"A Faith-Inspired Vision of Health Care"* offers such a vision and identifies values that inform our assessment of health care benefits and responsibilities in a society where each person is afforded health, wholeness, and human dignity. It provides insights into how we balance shared responsibilities to create a system that is *inclusive, affordable, accessible and accountable*.

Responsibility in an Inclusive System of Health Care

VISION: Health care is a shared responsibility that is grounded in our common humanity.

Health care justice and the common good are best served when *everyone* is actually in the system. Many piecemeal efforts have been made over the years to include uninsured children and adults in the system through employer-sponsored insurance, a public program, or individual private insurance. But one in six of us remain outside the system.

The requirement to be insured means that almost everyone in the United States will finally be covered by insurance. Combined with a prohibition against excluding people for pre-existing conditions, it means that everyone will be able to timely access the benefits of health care coverage rather than waiting until it's too late, or worse, getting no care at all.

When everyone is insured, society-at-large partners with the health care system to:

- Efficiently and easily treat all persons when they need health care – without having to assess their ability to pay.
- Create an environment in which individuals are partners and stakeholders who are expected to be more conscientious about their use of medical services.
- Distribute the responsibilities, the costs, the risks, and the benefits among all of us – individuals, governments, providers, and institutions.

Responsibility in an Affordable System of Health Care

VISION: Health care must contribute to the common good by being affordable for individuals, families and society as a whole.

We are endowed with abundant health care resources and are called to faithful stewardship in the use of these gifts. A system of affordable health care will require that we use these resources effectively, administer them efficiently and administer them with equity.

Participation by *all individuals* – including the requirement for insurance – is a vital link in *(over)*

(Responsibility in an Affordable System of Health Care continued)

making the vision of an affordable system of health care a reality. When everyone is insured:

- Individuals, businesses, and governments will no longer shoulder the burden for the costs of uncompensated care for those who are uninsured and cannot pay for their medical care.
- Those who are ill will be more likely to use medical services in a timely manner, thus avoiding the added expense of the more extensive care often associated with delayed care.
- Affordable care will encourage preventive care that reduces system costs in the long run.
- Insurance premiums will be based on a larger risk pool that includes additional healthy persons, resulting in more affordable premiums for all.

Responsibility in an Accessible System of Health Care

VISION: All persons should have access to health services that provide necessary care and contribute to wellness.

Access to needed the health care is essential for living out the fullness of our potential as individuals and as contributing members of society. Our sacred texts call us to be partners in health and healing by providing care for others and by seeking care for ourselves. Our work to identify and overcome barriers to and disparities in health care signals our regard for these teachings and our concern for our common humanity.

The first step to reducing barriers to health care in the U.S. is to ensure that everyone is covered by insurance, the primary door to health services. As a result of health care reform, expanded coverage and increased benefits will be available in new insurance policies. Access to health care will improve because adults and children covered by these plans will:

- Receive preventive health care with no cost-sharing.
- Be able to see primary care medical providers, rather than depending on emergency room care.
- Be offered a standard set of benefits in plans purchased in the insurance exchanges (marketplaces).
- No longer be subject to life time (2010) or annual (2014) limits on their coverage.

Responsibility in an Accountable System of Health Care

VISION: Our health care system must be accountable, offering a quality, equitable and sustainable means of keeping us healthy as individuals and as a community.

Accountability will be key to ensuring a successful and just implementation of health care reform. All sectors of our health system will share in a responsible partnership to ensure fully-informed, timely, quality, and safe care for all.

Responsibility and accountability in the system means: All persons are required to have insurance. Those who do not have access to employer-sponsored or the newly expanded public insurance programs will choose between purchasing private

insurance or paying a modest penalty to help offset their costs to the health care system. (*See details below.*) No one part of the system will be burdened with the costs of uncompensated care for those who are able to purchase insurance but choose not to do so. Everyone will be expected to play by the rules and, in turn, will be treated fairly. Participants in the system will work together to develop regulations that ensure this new system works well.

Ultimately, the new law holds all sectors of our system accountable: insurers for how they spend our premium dollars; governments for regulation and oversight; employers for workers' benefits; providers for improved delivery and quality – and individuals for self-care, greater participation in their medical decisions, and obtaining insurance.

Exemptions to the requirement for insurance: Persons exempt from the requirement to have insurance will include: those whose faith communities object to insurance; those without coverage for less than 3 months; American Indians; undocumented immigrants; those with hardship exemptions (for whom the lowest cost plan available exceeds 8% of individual income; those who earn too much to qualify for Medicaid but earn too little to file income tax.

Penalties for not purchasing insurance: The Congressional Budget Office and the Joint Commission on Taxation estimate that by 2016 only about 4 million persons (1% of the population) will choose to pay the assessed penalty rather than purchase insurance. Two-thirds would qualify for subsidies in the exchanges; the remaining third would be among the top 10% of income-earners in the U.S. Those who choose not to purchase insurance will pay a penalty that will help cover the cost of maintaining the health system, including the cost of uncompensated care. The penalties will begin in 2014 and increase each year: 2014 – the greater of \$95 or 1% of taxable income; 2015 – the greater of \$325 or 2% of taxable income; 2016 – the greater of \$695 or 2.5% of taxable income; beyond 2016 – indexed to the cost of living.

This information was developed collaboratively by Rev. Linda Hanna Walling, Faithful Reform in Health Care; Gary Benjamin, Esq., Michigan Legal Services, UHCAN Ohio; & participants in June 2010 workshops sponsored by Missouri Health Care for All, funded by the Missouri Foundation for Health.

(*) "A Faith-Inspired Vision of Health Care," signed by nearly 400 organizations and thousands of individuals, is available at www.faithfulreform.org.