



May 3, 2013

Dear Editor:

Religious leaders in many other states have urged their state government to accept federal funding for Medicaid expansion to ensure that the most vulnerable individuals receive access to quality health care. Today, we add our voices to theirs in suggesting that Wisconsin do so as well.

In our respective faith traditions, a right is defined as a moral claim on the community to a good essential for human dignity. Access to affordable health care is such a right and ensuring access is a common policy goal of long standing for religious communities.

God calls on us to care for our neighbors and to protect the most vulnerable members of our society. "For there will never cease to be poor in the land. Therefore I command you, 'You shall open wide your hand to your brother, to the needy and to the poor, in your land.'" (Deuteronomy 15:11)

The Medicaid program is an important means to this end. For nearly five decades, this program has provided vital access to the most vulnerable members of our society. One of the most appealing and socially just aspects of the Affordable Care Act (ACA) is its offer to provide financial help to states to expand their Medicaid programs. This offer of coverage extends the benefits of health insurance to those in our midst who have thus far been left outside society's "circle of protection" afforded by our health care safety net.

Many people of good will have concerns regarding the long-term sustainability of Medicaid expansion under the ACA. They note that future Congresses may reduce some of the federal support that makes expansion possible. We appreciate this possibility and understand why state governments may be wary of committing to such an expansion.

At the same time, we know from our own experience that new endeavors are always accompanied by risk and uncertainty. Religious communities founded many of Wisconsin's colleges, hospitals, and charitable programs. Our spiritual ancestors did so fully aware that the future was uncertain and that failure was possible. Yet they began these ministries anyway to meet real human needs. These efforts were fueled by the conviction that, if done well, these ministries would inspire others in the community to support and sustain them.

This was also true in the 1960s when our hospitals began to participate in Medicare and Medicaid. It is true each time our non-profit service organizations develop new services for those in need, whether that be housing, day care, counseling or a myriad of other programs.

We are also aware that some fear that allowing needy persons to access Medicaid will foster dependency. We must disagree.

Those most reliant on Medicaid are those whose capacity to access health care is limited by disability, age, or poverty. Many of them meet the definition of the “working poor.” Their lack of health care coverage is not due to a lack of character, but a lack of means. Restoring their health enhances their potential to help themselves. Investing in their health care can enrich our state, even as it enriches their own lives.

Accepting federal dollars for Medicaid expansion will do more than facilitate access to health care for Wisconsin’s needy. Doing so will reflect sound stewardship of limited resources. Utilizing these federal dollars for Medicaid, even if done temporarily, will permit the Legislature to reallocate funds to other critical needs, such as elementary and secondary education, other health programs, tax relief for those in need of it, and community corrections programs. Fostering such stewardship is yet another reason to consider accessing these Medicaid funds.

For these reasons, and because our own experience in taking risks to help those in need tells us that such efforts enrich all of society, we urge the legislature to accept the federal financial support for expansion of Wisconsin’s Medicaid program.

Sincerely,


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