



ISSUE BRIEF

ACCESS TO HEALTH CARE IN WISCONSIN

BACKGROUND – HEALTH CARE AS A MORAL ISSUE

In his encyclical letter, *Pacem in terris* (Peace on Earth) Pope John XXIII identified medical care and security in case of sickness as basic human rights. Here in the United States, access to health care for all people has been a policy goal of the US Catholic Bishops since 1919. In a 1993 resolution on health care reform, the US Bishops articulated a fundamental principle:

“Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity. We believe our people’s health care should not depend on where they work, how much their parents earn or where they live.”

The fact that so many in our midst lack access to affordable health care remains one of the greatest injustices suffered in our society today.

In recent years, organizations from nearly every major sector, including labor, business, health care providers, insurers, consumers, and faith organizations have encouraged policy makers to move Wisconsin toward a health care system in which health care resources are not only distributed more equitably, but also more responsibly. The identification of health care as a priority issue for such a wide range of interest groups creates a new moment for public policy makers to seriously engage this fundamental justice issue.

PROPOSALS FOR REFORM

Compared to other states, Wisconsin residents are more likely to have health insurance coverage. Advocates for reform see Wisconsin’s relatively good record as an asset that enables our state to take a leadership role in reform. The legislature has approached the issue of health care cost containment in a number of ways, primarily passing incremental reforms to relieve the pressure that soaring health care costs are placing on the rest of the economy.

In the past, three comprehensive proposals have drawn notable attention and will mostly likely continue to receive notice this session:

Wisconsin Health Security Act. Senate Bill 51 (also Assembly Bill 94) proposes the appointment of a task force to develop a plan to move Wisconsin to a centralized, state-run health insurance pool by 2010. The Wisconsin Health Security Act creates a new department, which would work with regional advisory bodies to design a plan so that all Wisconsin residents may access “reasonable medical services necessary to maintain health, enable diagnosis, and provide treatment or rehabilitation for an injury, condition, disability, or disease.” The plan would be funded through a combination of allocated federal funds, employer and employee taxes, and other revenues all held in a state-monitored health care fund.

Wisconsin Health Care Partnership Plan. Introduced in the 2005 legislative session as Senate Bill 698, this proposal would create a uniform, single-administrator health care plan, designed and reviewed by a newly created Commission. The plan would include comprehensive coverage for all Wisconsin employees and their dependents, but also allow early retirees, self-employed, and unemployed individuals to participate. The program would be funded through employer assessments and limited employee cost-sharing (co-payments, deductibles, etc.). Employers would also be allowed to purchase additional coverage for their employees.

The Wisconsin Health Plan. Introduced in the 2005 legislative session as Assembly Bill 1140, this proposal blends government involvement and market forces to extend coverage to the vast majority of state residents. Under the Plan, an independent board (like the Worker’s Compensation Board) would be responsible for levying an assessment on all Wisconsin employers based upon the employer’s annual wages. The collected funds would then be reallocated to each individual in the state who is under 65 and not covered by another federally funded

program (i.e. Medicaid) to be used as a credit to purchase an approved health insurance plan. Participants would be responsible for deductibles and other cost sharing contributions, but would be provided with state-sponsored health savings accounts to help meet some of these costs.

THE CATHOLIC CONTRIBUTION TO THE DEBATE: PRINCIPLES FOR REFORM

The Catholic Church offers a number of contributions to the discussion of health care reform. As a faith-based institution, the Church brings a moral dimension to the discussion. As a health care provider, the Church offers practical insight into the health care delivery system. As an employer, the Church itself contends with the escalating costs of providing quality coverage for all those who serve the Church in a variety of ministries. The US Bishops emphasize that Catholic health care reform advocacy should focus on four key principles:

Priority Concern for the Poor/Universal Access. Those who are the least likely to receive health services due to their financial situation should receive first consideration for allocation of health care resources. Care should extend beyond mere “coverage” to include real access to quality care regardless of whether one lives in an urban or rural community.

Respect for Human Life and Human Dignity. The Church’s commitment to the fundamental right to health care is rooted in our commitment to value all human life. Therefore, a reformed system should not only insure access, but it should also respect the dignity of all life from conception to natural death. A consistent concern for human dignity is strongly demonstrated by providing access to quality care from the prenatal period throughout infancy and childhood, into adult life and at the end of life.

Pursuing the Common Good and Preserving Pluralism. Health care reform does not require limitations on provider involvement. Indeed it is possible and preferable to formulate a health care system that, just as in the social services realm, builds on the resources of both the private and public sectors working in partnership. The health care system must continue to respect the religious and ethical values of individuals, health care providers, and institutions.

Restraining Costs. One of the critical failings of the American health care system is the significant imbalance between the financial investment made in health care and the ability to provide a just distribution of health care services. The escalation of health care costs impacts all sectors of the economy and is perhaps the biggest factor impacting the state’s ongoing budget shortfalls.

ACTION REQUESTED

The WCC has not taken a position in support of any specific plan. Rather, Catholics are encouraged to evaluate each proposal in light of the criteria articulated by the US Bishops. The WCC is urging legislators to take advantage of this moment by supporting policies consistent with the above criteria. This will require:

- Providing access to quality health care services for *all* Wisconsin citizens, developing a just health care system that focuses on meeting the needs of the poor and vulnerable.
- Enabling health care providers to promote preventative services that improve health outcomes and reduce the overall expense of the health care delivery system.
- Fully respecting the dignity of every human life from conception to natural death and honoring the right of health care practitioners to offer health care services that are consistent with their religious and moral beliefs.
- Shifting the focus from health care as a commodity, to health care as a social good.

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