

A Call for Health Care Reform



“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.”

A Framework for Comprehensive Health Care Reform
A Resolution of the Catholic Bishops of the United States,
June 18, 1993

Health Care Reform from a Catholic Perspective

“Man has the right to live. He has the right to bodily integrity and to the means necessary for the proper development of life, particularly food, clothing, shelter, medical care, rest, and, finally, the necessary social services.”

Pope John XXIII, *Pacem in terris*

Many in our midst lack access to affordable health care and thus are unable to maintain a respectable quality of life without fear of the financial impact that can result from a catastrophic health event. As health care costs rise, more people and organizations are urging policy makers to alter the current health care system and ensure that comprehensive health care services are made equitably accessible to all. Each of us has an opportunity to participate in this debate and discuss health care reform from a Catholic perspective.

The bishops of Wisconsin have prepared the following information to aid you in the health care reform discussion. By learning about and advocating for the Church's principles for health care reform, you can make certain that efforts to reform the system include a recognition of Catholic values and principles. In advancing a just and principled system, we maintain our commitment to the dignity of the human person.

Catholic health care facilities make up the largest network of non-profit hospitals and nursing homes in the United States, serving tens of millions of patients every year.

Comments on Recommendations of the Citizen's Health Care Working Group
United States Conference of Catholic Bishops, Domestic Policy Committee
August 23, 2006

(Cover photography provided courtesy of Ministry Health Care and Sam Lucero.)

Health Care in Wisconsin

According to a 2006 survey of Wisconsin households¹:

- ◆ Over half a million people go without insurance for at least some portion of the year.
- ◆ An estimated 297,000 residents had no coverage at all during the past year.
- ◆ 98,000 children were uninsured for at least part of the past year.

Hhealth care costs continue to rise:

- ◆ In 2005, Wisconsin hospitals provided \$736 million in uncompensated health care services to their patients.² People who are uninsured or underinsured are less likely to seek care, especially preventative care that diminishes the risk of incurring future costly treatment.
- ◆ 56% of employers spent over 10% of payroll on health care in 2005.³
- ◆ The cost of employer-sponsored health benefits increased by 9.3% in Wisconsin for 2006 (an average of \$9,516 per employee), well above the national average of 6.1%.⁴
- ◆ Employers in Wisconsin paid over 26% more than the national average to provide health benefits.⁴
- ◆ 60% of employer health care costs can be attributed to sick employees showing up for work (called “presenteeism”). These employees cost employers, not only in terms of spreading disease to others, but also in terms of diminished productivity and safety.⁵

As consumers, we all carry the burden of higher medical costs through higher insurance rates. Higher health insurance costs also mean that Wisconsin employers must make tough decisions between continuing employee benefits, maintaining profits, or hiring additional employees.

1 *Wisconsin Health Insurance Coverage 2006*, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services (November 2007).

2 *Uncompensated Health Care Report: Wisconsin Hospitals, Fiscal Year 2005*, Wisconsin Hospital Association (January 2007).

3 *Snapshots: Employer Health Insurance Costs and Worker Compensation*, Kaiser Family Foundation (March 2008).

4 *National Survey of Employer-Sponsored Health Plans*, Mercer Health & Benefits LLC (2007).

5 Ron Z. Goetzel, *Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers*, JOURNAL OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 46 (April 2004): 398.

Principles for Health Care Reform

Access to health care for all people has been a policy goal of the U.S. Catholic bishops since 1919. In a 1993 resolution on health care reform, the U.S. bishops articulated fundamental principles for health care reform. These principles, which were subsequently adopted by the bishops of Wisconsin, promote:

- ♦ **Respect for Life.** Preserve and enhance the sanctity and dignity of human life from conception to natural death.
- ♦ **Priority Concern for the Poor.** Give special priority to meeting the most pressing health care needs of those with limited means, insuring that they receive quality health services.
- ♦ **Universal Access.** Design a system whereby every person across the nation has universal access to comprehensive health care.
- ♦ **Comprehensive Benefits.** Provide comprehensive benefits sufficient to maintain and promote good health, to provide preventative care, to treat disease, injury, and disability appropriately, and to care for persons who are chronically ill or dying.
- ♦ **Pluralism.** Permit and encourage the combined involvement of the public and private sectors, including the voluntary, religious, and non-profit sectors, in the delivery of care and services. Ensure respect for religious and ethical values in the delivery of health care for patients and for individual and institutional practitioners.
- ♦ **Quality.** Promote the development of processes and standards that will help to achieve quality and equity in health care services, in the training of practitioners, and in the informed participation of patients and their families in decision-making about health care.

Each year, one in six patients in the United States is cared for in a Catholic hospital.

Catholic Health Care in the United States
Catholic Health Association of the United States
January 2007

- ♦ **Cost Containment and Controls.** Create effective cost containment measures to reduce waste, inefficiency, and unnecessary care; to control the rising costs of competition, commercialism, and administration; and to provide incentives to individuals and practitioners for effective and economical use of limited resources.
- ♦ **Equitable Financing.** Assure that society's obligation to finance universal access to comprehensive health care is assessed in an equitable fashion, based on a person's ability to pay. Design cost-sharing arrangements that avoid creating barriers to effective care for the poor and vulnerable.



The Most Reverend Timothy M. Dolan, Archbishop of Milwaukee, anoints a woman's forehead.

(Photo by Sam Lucero)

Questions for Evaluating Health Care Reform

<i>Respect for Life</i>	<ul style="list-style-type: none"> • Does the system enhance the quality of life for those currently uninsured? • Does the plan cover procedures the Church regards as immoral? • Do pregnant women have access to care? • Are children, the elderly, and vulnerable individuals covered? • Do terminally ill patients receive appropriate palliative or hospice care?
<i>Priority Concern for the Poor</i>	<ul style="list-style-type: none"> • Do people have to choose between receiving health care and meeting other basic needs? • Can people be denied necessary care based on their financial situation? • Would individuals of limited means have access to the same or better services than are currently available to them? Would lower income individuals owe more for services under a new plan than they currently owe?
<i>Universal Access</i>	<ul style="list-style-type: none"> • Does the plan significantly increase the number of people with quality health care coverage? • Can everyone participate regardless of his or her income, employment, or health status? • Are all essential medical services covered? • Can participants afford the co-pays and costs of participation?
<i>Comprehensive Benefits</i>	<ul style="list-style-type: none"> • Can everyone participating in the system adequately maintain or improve his or her health? • Does the system provide sufficient coverage for the treatment of major conditions, including mental health, chronic disease, and addiction? • Would those who currently cannot obtain coverage for certain health issues receive coverage for those issues under the plan? • Would people be able to gain access to enhanced benefits under the plan if they want additional coverage?

<i>Pluralism</i>	<ul style="list-style-type: none"> • Are there multiple coverage options? • Can participants choose the system of coverage? • Can patients choose their provider? • Can private and religious providers participate in the program? Are they allowed to participate in a manner that respects their ethical and religious standards?
<i>Quality</i>	<ul style="list-style-type: none"> • Is the program too confusing? Can people easily choose coverage that meets their unique need for services? • Does the system effectively address individual health care needs? • Are standards enforced effectively? Who is responsible for enforcing them? • Does the system guarantee care for the whole person?
<i>Cost Containment and Controls</i>	<ul style="list-style-type: none"> • How will the costs of providing care and services be contained? • Does each participant have the ability to monitor his or her coverage? • Are insurers, practitioners, providers, and others held accountable for their actions? • Whose interests are being served under this system? In what way are those interests served? • Is there input from all sectors on the system's design and in determining what is appropriate coverage?
<i>Equitable Financing</i>	<ul style="list-style-type: none"> • Who will fund the system? • Are costs shared equitably by all? • Are contributions reasonable based on a person's ability to pay? • How will this plan affect our state's economy? • Will the system significantly impact employers' ability to retain and hire employees? • How are health care providers and insurers affected? • Is any one group overly burdened by the cost?

Be a Part of the Debate

Within your parish:

- ◆ Form a committee to promote access to health care.
- ◆ Coordinate a parish discussion series on such health care issues as long-term care, universal health care coverage, and children's health needs.
- ◆ Allow individuals from every sector — medical staff, hospital administrators, low-income individuals, insurance representatives, consumers, and public officials — to participate in these health care reform discussions.

Within your community:

- ◆ Contact service providers that assist low-income individuals, such as the Society of St. Vincent de Paul, parish nurses, and food pantries, to learn what problems they see in the current health care system.
- ◆ Attend community forums, gather information on approaches to health care reform, and utilize the Church's principles for health care reform to advocate for reform measures.

Within your state:

- ◆ Contact the Wisconsin Catholic Conference or diocesan offices to learn where you can locate information on various health care reform proposals.
- ◆ Contact state legislators to voice your support for health care reform using the principles put forth by the Bishops.

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