



# A Guide to the Health-Care Reform Debate

**"An excellent, brief, accurate summary of the key issues on health-care reform. An excellent tool for individual congregations."**

—Ronald J. Sider,  
president, *Evangelicals for Social Action*

PICO and SOJOURNERS have joined forces to provide you with this toolkit on the current health-care reform debate. It is designed to educate and spark discussion and thought about how to live out God's call for justice in our world. This guide includes biblical background, a status update on the state of U.S. health care, a look at past attempts at health-care reform, a helpful guide for understanding all the terms, options, and key choices in the current debate, a look at the role of the faith community and what values can shape our health-care decisions, plus a list of what you and your community can do to promote health-care reform that serves the common good. We recommend printing out the guide for each person in your discussion group and allowing everyone time to read before the group meets. The resources here are a starting point for a further journey—where will the Spirit lead your group?

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**“Access to quality, affordable health care is one of the definitive civil rights issues of our time. With Congress working to pass health-care reform legislation this year, clergy and faith leaders should be asking themselves, ‘How will health reform impact the people in my congregation and community? And how should people of faith weigh in at this historic moment?’ This guide will help congregations do both.”**

*—Rev. Rayfield Burns,  
Metropolitan Missionary  
Baptist, Kansas City,  
Missouri*

# A Biblical Promise of Health and Healing

MOST RELIGIOUS COMMUNITIES in America are engaged in ministries that care for the sick and alleviate the pain of poverty. Yet skyrocketing costs are endangering access to health care for Americans from all walks of life. According to the Institute of Medicine, 18,000 people in our nation still die each year unnecessarily because they lack affordable health coverage.<sup>1</sup>

The Bible does not outline specific public policies around the provision of health care, but it does make it clear that protecting the health of each human being is a profoundly important personal and communal responsibility for people of faith.

Throughout the Bible, God shows a special concern for the vulnerable and sick and acts to lift them up. The Bible also teaches God’s command that society organize in such a way that all members have genuine access to the resources needed to live a dignified life, as well as provide for those who are unable to care for themselves. The Hebrew prophets consistently say that the measure of a nation’s righteousness and integrity is how it treats the most vulnerable. And Jesus says the nations will be judged by how they treat “the least of these” (Matthew 25:31-45).

Healing is God’s desire for every person because everyone is created in the divine image. In both the Old and New Testament, the word salvation includes physical wholeness. The entire Bible speaks of God’s new world where God will “wipe away every tear from their eye ... Mourning and crying and pain will be no more” (Revelation 21:4) and “No more shall there be ... an infant that lives but a few days, or an old person who does not live out a lifetime (Isaiah 65:20).”

Jesus and the disciples demonstrate that sharing the good news and healing the sick are bound up together (Luke 9:6; Mark 7:32-35). Physical healing was a part of the salvation Jesus brought, as illustrated by the use of the word saved (*sozo*) throughout the gospels to refer to physical healing. Healings represent a sign of the breaking of God’s reign into the present reality.

As Christians, we are called to participate in God’s new creation as instruments of healing and redemption. By assuring that everyone has access to health care, we are affirming the dignity of each human being and enabling each person to regain health and enjoy the dignity of productive work.

How then can we doubt that protecting health is a sacred obligation for the individual and the community? How do we act in the face of sickness and disease in our own community? Do we not also have a responsibility to influence the health-care system to make it better reflect our faith values? If so, how do our faith values shape how we think about health-care policy? As Congress moves forward with plans to pass comprehensive health-care reform legislation in 2009, how will people of faith participate in this fast-moving public debate?

This guide is designed to provide information that will help people of faith engage in the health-care debate in a constructive way. It summarizes the current state of health care in the United States; reviews past efforts at reform; discusses key issues under consideration in Congress; and suggests ways that people can take action on this vital issue.

<sup>1</sup> [www.iom.edu/?id=19175](http://www.iom.edu/?id=19175)



**“One of the great moral issues in America today is whether we will provide access to adequate health care for all Americans. For this reason I am devoting time to understanding the issue and then committing to preach about it. This guide is a helpful starting point in coming to understand the issues in the current debate.”**

*—Rev. Adam Hamilton, senior pastor, the United Methodist Church of the Resurrection, Leawood, Kansas*

## Current Health-Care Reality for Families and the Nation

FOR THOSE WHO are blessed with high-quality health coverage, the United States offers good, technologically advanced treatment. American doctors and scientists have invented once-unthinkable ways to cure disease and alleviate suffering.

But our health-care system is terribly inefficient and costly. Studies have indicated that nearly 30 percent of health-care spending may be eliminated through more efficient and effective care.<sup>2</sup> Costs are rising so much faster than income that health care threatens to crowd out other necessities for families and our nation. Most agree that there is too little emphasis on prevention and primary care, and that more and more families (even those with adequate health coverage) are not getting the care they need to stay healthy.

Since World War II, most Americans have received health insurance from their employers. But this system is under stress from rising health-care costs and global competition. Many employers now ask employees to pay high premiums, deductibles, and co-payments for health coverage, or they have eliminated health-insurance benefits entirely. Most low-wage workers have little or no chance of obtaining affordable coverage for their families through their work.

The number of uninsured Americans continues to rise. Health experts predict that as many as 6 million to 7 million people are likely to lose their health coverage as a result of the current recession. Many parents who once felt secure in their health care now worry about whether they can keep themselves and their children healthy. Medical debt is a significant cause of bankruptcy in the United States.<sup>3</sup>

## Past Efforts to Reform Health Care

THE FEDERAL GOVERNMENT has repeatedly tried to extend health-care coverage to all Americans. In 1965, Congress passed historic legislation creating the Medicare and Medicaid programs.

Medicare offers universal coverage to those over the age of 65, breaking the link between aging and poverty and making it possible for millions of people to grow old in dignity.

Medicaid is a system of state programs that provide coverage to low-income children and some adults. Medicaid provides vital care to many indigent and working-poor families, but eligibility varies widely across states.

While these public programs care for many people, there are still 46 million people—almost all in working families—who fall between the gaps of employer-sponsored health coverage and the Medicaid and Medicare programs.<sup>4</sup>

In 1994, the last major attempt at health-care reform failed when a complex proposal was poorly explained to the American people and was defeated by companies with a vested interest in the status quo. Some Americans opposed reform because they thought they would have to pay more to cover other people, with nothing in it “for themselves.” Since 1994, approximately a quarter of a million

2 [www.cbo.gov/ftpdocs/95xx/doc9563/07-16-HealthReform.pdf](http://www.cbo.gov/ftpdocs/95xx/doc9563/07-16-HealthReform.pdf)

3 [www.pnhp.org/new\\_bankruptcy\\_study/Bankruptcy-2009.pdf](http://www.pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf)

4 DeNavas-Walt, C.B. Proctor, and J. Smith. Income, Poverty, and Health Insurance Coverage in the United States: 2007. U.S. Census Bureau, August 2008.



"I found this guide to the health-care discussion very helpful. It not only reminded me of our biblical mandate to be involved, but it informed me of some of the important points and principles to keep in mind as I communicate with my congregation."

—Dr. Joel C. Hunter,  
senior pastor, Northland  
— A Church Distributed,  
Orlando, Florida

Americans have died unnecessarily for lack of health coverage.<sup>5</sup> Meanwhile, national health-care spending has doubled—far outpacing inflation.<sup>6</sup>

In the absence of national reform, many state governments have sought to tackle the problem themselves. In 2006, Massachusetts governor Mitt Romney and the state's legislature passed historic legislation designed to cover all uninsured residents in the state.

The faith community in Massachusetts played an important role in convincing politicians to put aside ideology and seek common ground. While the plan has been criticized for failing to control costs effectively, Massachusetts now has the lowest rate of uninsured people in the country.<sup>7</sup> The experiment convinced federal policymakers that there might be a way to build on the state's bipartisan approach to reform the nation's health-care system.

## Understanding the Plans for Reform

THERE ARE MANY ideas for transforming health care in the United States. Congress has largely reached consensus on the need for a reform plan that builds off of our current system and lessons from the Massachusetts experience, but there are many details to work out. Here are three major principles of health-care reform legislation they are debating:

**1. Choice of plan and doctor:** Any reform should allow people who have coverage they like to keep their current plan and doctor. Everyone should also have the choice of purchasing another private health insurance plan or choosing a quality public health insurance option.

**2. Guaranteed coverage:** People who are uninsured or have lost their coverage should have a guaranteed ability to purchase affordable coverage. Those without coverage would get subsidies based on their income to purchase insurance. No one should be denied coverage or discriminated against by insurers because of age, illness, or pre-existing conditions.

**3. Affordability and quality:** Reform should make quality health care more affordable for everyone. When the uninsured end up in the emergency room for preventable illnesses, the insured end up paying for their treatment through higher premiums. Providing coverage for all people would reduce these costs. Reform would also lower costs by creating stronger incentives for preventive care.

In addition, Congress is still debating many complex issues, including:

**What is affordable?** Health-care reform can only succeed if it provides families with coverage they can afford. Some people are afraid Congress will pass legislation that would offer very limited benefits at high costs and call it universal coverage. That is why many faith-based and consumer groups are urging Congress to include a strong "Affordability Standard" in any legislation. This is a set of rules that would set family contributions on a sliding scale based on their income, guarantee that benefits are adequate, and cap total out-of-pocket expenses.

5 [www.iom.edu/?id=19175](http://www.iom.edu/?id=19175)

6 [www.hcwreview.com/usq.html](http://www.hcwreview.com/usq.html)

7 [www.kaiserhealthnews.org/Stories/2009/May/31/Mass-Mandate.aspx](http://www.kaiserhealthnews.org/Stories/2009/May/31/Mass-Mandate.aspx)



■ In spring 2009 PICO National Network surveyed 1,500 families in our member congregations and found that more than 25 percent of those with health coverage still said they delayed or did not get the care they needed in the past year because it cost too much.

**“My husband needed back surgery and we couldn’t afford the deductible. I have not taken my kids to the doctor because I didn’t have enough money for the co-pay.”**

*—42-year-old uninsured woman with children covered through direct-purchase health plan (Florida)*

**Should there be a “public option”?** Under all variations of the legislation, individuals will be able to choose from a range of high-quality private insurance plans. Congress is also considering including a high-quality public health insurance option. The public plan could look like Medicare or the health plan that many federal employees have.

**Pros:** Since many people do not trust insurance companies to treat them fairly or approve their claims, offering coverage through a not-for-profit public plan would be attractive to many people. Many economists also believe that competition from a public insurance option would help keep down health-care costs.

**Cons:** Opponents of a public-plan option say it would create unfair competition and might ultimately put private insurance out of business. They are concerned that a public insurance program would control prices and shift costs onto people with private coverage. In extreme cases, this could lead to everyone “choosing” publicly sponsored insurance; this is an outcome some people want to avoid.

In listening to the debate over a public-plan option, remember that reform is meant to provide people options, not require them to get their health care from the government. Some people will try to twist the issue into a secret plan to socialize medicine or have a government takeover of the health-care system. This is not true, but some fear it excessively just the same.

Others will say that the only true health-care reform is adopting a government-administered single-payer system. Many people feel strongly that such a system would both eliminate wasteful spending from insurance companies and protect people from having their claims denied. Currently, Congress is not moving in this direction—but there is a strong public push for discussion of this option.

**How do we pay for health-care reform?** Public opinion polls show that virtually everyone wants health-care reform, but there is little consensus about how to pay for it. Congress has said it will not simply borrow the estimated \$1 trillion-plus needed to finance reform over 10 years. Health-care reform represents a long-term investment in the citizens of the United States that should ultimately reduce the growth of spending and be paid for by dedicated revenue streams.

### **Possible sources of funding include:**

- Limiting tax breaks on expensive health benefits that companies provide to higher-income workers. Today, employees pay no taxes on employer-provided health insurance. This tax break disproportionately benefits higher-income employees. Financing health-care reform might require limiting the tax exclusion of health-care benefits, but must be done in a way that protects lower-income workers.
- Taxing items that make us less healthy, including alcohol and sugary drinks. Many people like these kinds of taxes because they discourage unhealthy behavior and might reduce obesity while raising revenue. The beverage industry and sugar growers are lobbying hard against this.
- “Pay or Play.” Although it may not raise a great deal of revenue, there will be a big push to require companies to either cover their workers or pay into a fund to defray the costs of subsidizing coverage for the uninsured. There might be an



**"Our insurance plan is \$1,000 deductible per person per year and only covers 70 percent of medical bills. Our income is so close to our expenses that we have to not act on any medical problem unless it's life threatening."**

*—60-year-old man with employer-provided insurance (New Mexico)*

exemption or tax credits for smaller businesses.

- Improving the quality and efficiency of the Medicare program. Many health-care experts believe that much of the cost of health-care reform could be paid for by creating incentives that reward hospitals and doctors for healing people, rather than for the volume of tests, procedures, and surgeries they perform.

The famous Mayo Clinic, Denver Health, and other health systems in some regions of our country do a great job of coordinating the care people receive under Medicare. As a result, the people in these systems get better quality care at a lower cost. In other parts of the country, Medicare spends twice as much on an average patient each year, while getting no better—and often worse—results. One way to promote better outcomes in Medicare spending is for the federal government to invest more in what is called “comparative effectiveness” research—large-scale studies of the relative value of different drugs and procedures in curing people.

Surprisingly, these ideas for controlling costs and improving outcomes in Medicare have been labeled “rationing” by some opponents of health-care reform plans being developed in Congress. Such attacks tap into deep-seated fears that people have about being denied the care they need—something that happens increasingly in our current system due to the skyrocketing cost of health coverage. In considering this criticism, it is important to remember that the models for these ideas come from highly respected sources like the Mayo Clinic. It is false to describe “comparative effectiveness” research or other efforts to improve quality in Medicare as “rationing.”

THIS YEAR EVERY member of Congress will be faced with one of the most consequential votes of their careers in public service. Like all complex legislation, the bills that come before them will be the product of thousands of compromises large and small. Some will say that the bills are a sellout to insurance companies who should not have a significant role in the health-care system. Others will say that the legislation costs too much and puts the nation on the path to government-run health care. It will fall on the faith community, perhaps as much as anyone else, to help Americans get the facts and understand the value of this latest attempt to make health care affordable for everyone.

## A Role for the Faith Community

PASTORS AND PEOPLE of faith have many roles to play in the debate over health-care reform:

**A moral standard:** The faith community has a vital role to play in reminding our elected officials that health care is not just about dollars and cents, but is a profound moral issue of life and death. It is fundamentally about whether we are a community that values the life of each person—poor, rich, or middle class.

**A force of reason:** Every debate over health-care reform over the past quarter-century has been driven by the “fear factor.” Those with health coverage are pitted against those without. The debate is presented as a choice between the status quo and a dysfunctional government system that denies needed treatment.

This year health-care industries are spending tens of millions of dollars trying



**"I had a tumor the size of a melon and they did not want to see me because I did not have money or insurance, until I could put down a \$3,000 deposit."**

*—45-year-old woman who is uninsured (California)*

**"My daughter-in-law died from breast cancer that was diagnosed late due to lack of health insurance."**

*—69-year-old male with employer-provided insurance, but his daughter-in-law was uninsured (Texas)*

to push poll-tested buttons to get people to fearfully reject reform. Yet God tells us over and over not to fear the future. "For God did not give us a spirit of timidity, but a spirit of power, of love and of self-discipline" (2 Timothy 1:7). It is incumbent on the faith community to make sure that people are not scared by interest groups into thinking that health-care reform means they will lose their current health insurance, be denied the ability to see their own doctor, or have to wait for care.

**A voice for the vulnerable:** Each day, thousands of lobbyists descend on Congress on behalf of the special interests they represent. Congressional staff members say they are facing 8 to 10 visits from health-care interests each day. The faith community can bring the interests of families and "the least of these" into the process of crafting legislation by asking Congress to provide lower-income individuals and families with comprehensive benefits that are truly affordable and to create shared responsibility for the cost of reform.

**Promoting religious liberty and pluralism:** The Hyde Amendment is a federal law that prohibits the use of federal funds for abortion. This provision has been in place for decades, and there is nothing in the health-care reform plans currently being developed in Congress that would change it. Conscience protections that shield medical personnel and hospitals who oppose abortion from being required to provide them will also remain in place.

## A Values-Based, Common-Sense Approach to Health-Care Reform

WHILE ALL PEOPLE of faith will never agree on every aspect of health-care reform, it is important that our voices be heard in ways that will truly impact the end result. Below are areas on which there is broad agreement within the faith community:

**Affordability:** Health care must be affordable for everyone. This means reform must include an Affordability Standard that places limits on out-of-pocket expenses in proportion to income and guarantees comprehensive benefits sufficient to maintain and promote good health.

**Coverage:** Health-care reform must cover all Americans.

**Stewardship:** The cost of health-care reform must be broadly shared and placed on a sustainable foundation.

**Protecting the poor:** Lower-income children and families must be protected by strengthening Medicaid and protecting preventative and diagnostic benefits that keep children healthy.

**Religious liberty:** Health-care reform legislation must respect religious liberty and the values of health-care providers.



## What You Can Do to Influence the Debate

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- 1** Take time to pray on this issue and discuss personal experiences with health care with your friends and neighbors.
- 2** Continue to educate yourself about the health-care debate. Don't believe everything that comes into your e-mail inbox or that is said on TV.
- 3** Organize a Health Care Sabbath or Health Care Café in your congregation that gives people a chance to share their stories, discuss the issues and questions raised by health-care reform, and plan constructive ways your congregation can act together to keep the health-care debate moving forward.
- 4** Invite your members of Congress to visit your congregation to discuss health care and its importance to the faith community.
- 5** Share your views with your members of Congress. PICO has a toll-free hotline set up at (866) 279-5474, where you can hear a short update on the debate and then be connected to the offices of your senators and representatives.

For more information please visit [www.coverallfamilies.org](http://www.coverallfamilies.org) or [www.sojo.net](http://www.sojo.net).

*PICO is a national network of faith-based community organizations working to create innovative solutions to problems facing urban, suburban and rural communities.*  
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