

Improving health care for the nation's lowest-income families

Joint statement by
Episcopal Church
Evangelical Lutheran Church in America
National Council of Churches of Christ
PICO National Network
Sojourners
Union of Reform Judaism
United States Catholic Conference of Bishops
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As a broad cross-section of religious denominations and organizations, we share a common belief that the true success of comprehensive health care reform legislation hinges on whether it protects and improves health care for the nation's lowest-income children and families. While each of our denominations and organizations may have additional priorities in health care reform, we all share the priority that the needs of poor and vulnerable people in our communities are protected.

We urge that health care reform legislation currently being written by the Senate and House include the following policies designed to give special priority to meeting the most pressing health care needs of the poor and underserved, ensuring that they receive quality health services.

1. Maintain limits on cost-sharing for low-income children and families

Under principles of shared responsibility it is reasonable to expect everyone to contribute something to their health care costs. However, many lower-income families simply lack the income to meet their existing expenses. For these families, premiums and cost-sharing charges can serve as barriers to obtaining coverage or seeing a doctor. Medicaid cost-sharing protections should be maintained and coverage available through the exchange also should protect the lowest income enrollees from burdensome cost sharing.

Therefore we urge Congress to exempt families earning less than 200 percent of the Federal Poverty Level from monthly premiums. These families should face only minimal co-payments and other cost-sharing.

2. Protect the comprehensive coverage that low-income children and families receive through Medicaid and CHIP

Through Medicaid and CHIP low-income children, parents, pregnant women, seniors and people with disabilities receive comprehensive coverage that is vital to a population with

some of the greatest health care needs. These services are best delivered through a single source, not by wrapping supplemental services around a narrow benefit package, which could weaken the coordination of care for families. As Congress moves to provide coverage to all, it is important that lower-income individuals, families and children have access to the critical benefits available through Medicaid and CHIP.

Therefore, we urge Congress to establish a minimum national eligibility level for Medicaid at 150 percent and CHIP at 300 percent of the Federal Poverty Level; to ensure comprehensive coverage; and to provide states with the resources to expand coverage.

3. Improving access to health care for those on Medicaid and CHIP

In many poor communities in the United States, families who have Medicaid or CHIP coverage have trouble accessing health care providers. Because payments to providers are too low, some states have difficulty recruiting necessary primary care providers and specialists to Medicaid, especially for underserved areas and minority and immigrant populations.

Therefore, we urge Congress to promote greater provider participation in the Medicaid program by establishing a minimum standard for Medicaid provider reimbursement.

4. Strengthening the safety net

After health care reform is implemented some individuals and families will still lack health insurance coverage. We have a responsibility as a nation to make sure that no one is left without the ability to see a doctor when they are sick or get emergency care when their health is at-risk.

Therefore, we urge Congress to ensure sufficient funding for safety-net clinics, hospitals and other providers who are serving the uninsured.

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