

Health care bill must pass

NCR Editorial Staff | Jan. 4, 2010

Congress should pass, and the president should sign, health care reform legislation soon to emerge from a House/Senate conference committee. American Catholics -- in the pews, from diocesan chanceries, and in the organizations that represent them in the public arena -- should be especially enthusiastic in their support of the most significant expansion of the U.S. social contract since the passage of universal coverage for the elderly (the Medicare program) more than four-and-a-half decades ago.

Failure to enact this legislation would be a catastrophic setback on the path to a more just society. The time to act is now.

The church teaches that access to affordable health care is a right, not a privilege or consequence of charity. By that standard the measure before Congress, a product of compromise and committee, falls short of the ideal. A sensible single-payer system was never considered; the "public option" included in the House bill will likely be dropped in conference committee; millions of Americans will remain uninsured; undocumented aliens may be denied the ability to purchase insurance (the House bill allows this, the Senate bill does not); a deal with the pharmaceutical industry means prescription drug costs will continue to escalate. This is not a perfect bill.

But for all its faults, the legislation remains a historic measure, worthy of more than tepid endorsement or halfhearted support.

While some significant items to be included in the final version of the legislation remain to be negotiated, the fundamentals are clear. When fully implemented, the measure will guarantee health coverage to more than 30 million Americans who are currently uninsured. It achieves this overriding goal through a variety of mechanisms, most notably expansion of Medicaid to the poor, a requirement that those who can afford to do so purchase coverage, and the provision of additional subsidies to working-class families and their employers.

If the bill only achieved this expansion of coverage, it would be worthy of support. But the measure goes further.

For the first time, the federal government will institute revolutionary changes in oversight of the insurance industry. Since its inception, insurers have been almost exclusively regulated by individual states, a system that allows insurers to pick and choose the most profitable jurisdictions in which to sell policies. As a result, states deemed to be too "pro-consumer" are frequently penalized by lack of competition.

Under the new system, insurers will be forbidden by federal law to deny care based on preexisting conditions or to charge exorbitant rates for such coverage; arbitrary caps on lifetime payments will cease; capricious denial of claims are forbidden. Meanwhile, in a provision that has received too little attention, the bill establishes a system for long-term care coverage (skilled nursing care for the elderly) that is vital for our aging society.

From the outset of this ambitious effort to reform health care, the treatment of abortion has been a central issue. Early on, responsible pro-choice and pro-life leaders agreed on a basic principle: The measure should be neutral on abortion, neither favoring those who seek to expand abortion rights or those who would restrict them. To

their credit, pro-life forces, most notably the U.S. Catholic bishops, pressed hard in both the House and Senate for a bill that respects this principle.

The good news is that both the House and Senate versions of health care reform abide by the principle of neutrality, though, to be sure, they take different approaches to achieving the goal. The House version (preferable from our point of view) contains an explicit prohibition on the use of federal funds to pay for abortions; the Senate bill requires those seeking abortion coverage through federally subsidized health plans to pay a separate premium for such coverage. Under the Senate bill, states would be permitted to prohibit abortion coverage through the newly established insurance exchanges if they chose to do so.

The Senate bill also establishes programs that would encourage women facing a crisis pregnancy to choose the life of their unborn child over abortion. These measures should receive universal support, whatever one's view of abortion rights.

We urge House and Senate leaders to develop legislative language that leans toward the House version of health care reform regarding abortion. But we caution that many of those who oppose health care reform for reasons largely unrelated to abortion will try to use the issue to derail the bill. They should not be allowed to succeed.

The arc of U.S. legislative history, we have witnessed, bends toward justice. Like the Social Security Act of the 1930s (deemed inadequate by some at the time, but expanded over time), the civil rights bills of the 1960s, and the establishment of Medicare and Medicaid, the health care bill to be considered by Congress represents one of those moments where history's arc will lean either toward justice or continued injustice.

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