

Reform must make health care affordable

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As a longtime leader with Peninsula Interfaith Action, community members regularly report their struggle to get health care coverage or to afford health insurance when costs increase faster than their income. Some have no coverage and others have bare bones plans which don't cover the care they need but do include high out-of-pocket costs for premiums, co-pays and deductibles.

For example, for many years Carl has worked for a company, which provided health insurance for its employees. The employer recently cancelled its employee health insurance. Employees must now find their own coverage. However, because he had a heart attack two years ago, insurance companies refuse to insure him due to his "pre-existing condition." What is he (and thousands of others in his position) to do?

Hopefully the days of people struggling to get health care in America will soon be history, because for the first time in many years, there's a good chance we'll see health care reform. In fact, U.S. Rep. Anna Eshoo, D-Atherton, serves on the House Energy and Commerce Committee, which is playing a leading role in crafting the health care reform legislation. While there's cause for much hope, it is crucial to remind policymakers that legislation won't work unless it addresses the number one reason people don't get the care they need: Skyrocketing health care costs. In California, a 2007 report by the Commonwealth Fund found that 10.8 percent of adults did not see the doctor because of costs. In a separate report, Families USA found that, in 2008, more than 1,868,000 families spent more than 25 percent of their pre-tax income on health care. Not surprisingly, health problems have sent millions of Americans into bankruptcy.

It's very likely that health care reform legislation will include a requirement for people to get coverage, which makes addressing affordability even more important. It is unrealistic and unfair to expect struggling families to pay an unlimited portion of their income for their health care without regard for what they can afford.

My church, Woodside Road United Methodist Church, and 30 other Christian, Jewish and Unitarian Universalist congregations in San Mateo County and northern Santa Clara County belong to PIA, which is part of the PICO National Network — a coalition of 52 faith-based organizations comprising 1,000 congregations nationwide — working to ensure that final legislation includes a common sense "Affordability Standard" that clearly spells out a limit of what families could be charged to receive the care they need. The Affordability Standard would include a sliding scale for moderate- and middle-income families capping the portion of income they would ever have to pay for premiums and out-of-pocket expenses.

It is important that people not just be able to afford coverage, but that they can afford good coverage. While there will be up-front costs associated with making these changes, the American people know that this investment will pay off, with more families receiving quality health care — to stay healthy and prevent costlier illness in the future.

As our members of Congress work on health care reform legislation this summer, they should keep asking themselves how it will help make coverage more affordable for Carl and people like him. Health care reform must effectively address affordability for all Americans to get the health care they need when they need it.

Diana Reddy, veteran leader with Peninsula Interfaith Action (PIA), has been advocating for health care and affordable housing issues for 12 years at the local, state and national levels.