



Kevin P. Conlin  
President and Chief Executive Officer

April 30, 2009

The Honorable Kathleen Sebelius  
Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

Dear Secretary Sebelius:

I am pleased to present you with an interactive CD containing an interactive program developed by Ascension Health, with whom Via Christi Health System is an affiliate. The program, "Adventures in Healthcare Access" is designed to introduce the user to the challenges faced by the uninsured when trying to navigate our nation's complex and often intimidating healthcare system. Even for those of us who work in healthcare or healthcare policy, putting one's self in the shoes of an uninsured person who needs some type of medical care can be a challenging exercise.

Also enclosed is a copy of the Catholic Health Association of the United States' "Vision for U.S. Health Care". Via Christi Health System has adopted the principles outlined by CHA to guide our own analysis of health reform proposals.

It is our hope that this the interactive CD and CHA document will encourage you to explore new tools and policies to address the plight of persons who are poor and vulnerable - particularly those who are uninsured or underinsured - as you begin your new position as Secretary of Health and Human Services.

We are delighted that you are the person who will be setting the course for healthcare in our nation and we wish you great success. Please know that we stand ready to be of service to you in your new position.

Sincerely,

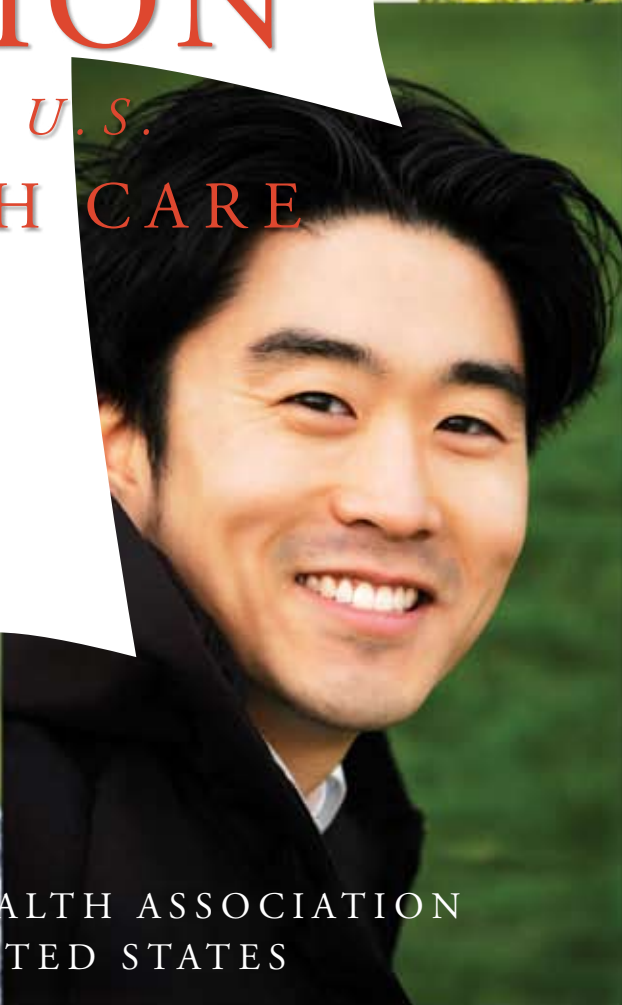
Kevin P. Conlin  
President & CEO

KPC/gh

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*REALIZING OUR*  
**VISION**  
*FOR U.S.*  
**HEALTH CARE**



THE CATHOLIC HEALTH ASSOCIATION  
OF THE UNITED STATES

*'Lord let our eyes be opened.' Moved with  
compassion, Jesus touched their eyes. Immediately they  
regained their sight and followed him.*

M A T T H E W 2 0 : 3 3 - 3 4

# REALIZING OUR VISION

## *FOR U.S. HEALTH CARE*

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Catholic-sponsored health care providers have been working on behalf of a fair and universal health care system for decades. In 2007, the Catholic Health Association collaborated with leaders from across the ministry to develop our Vision for U.S. Health Care, a document that details the values and principles that should be reflected in health reform legislation. That document, based on Catholic social teaching, became an advocacy tool and a way to evaluate legislative proposals.

In 2010, President Obama signed into law an historic health reform measure that provides coverage for an additional 32 million people. CHA worked closely with members of Congress, the White House and other groups to make sure that the legislation protects life from conception to natural death. The law provides no federal funding of abortion and maintains important conscience protections for health care providers and institutions.

For millions of people who currently cannot afford insurance, the reform law

eases the process of finding meaningful, affordable coverage, including for those who are unemployed or whose employer does not offer a plan. The law also includes a host of provisions affecting hospitals, nursing homes and other providers, as well as Medicare and Medicaid.

Like any major legislation, the Affordable Care Act is not perfect, and changes will be necessary to improve it. The law, for instance, does not help cover undocumented immigrants and will, even when fully implemented, leave approximately 15 million people without adequate health insurance. CHA welcomes input on other areas that require improvement and will continue to work on key implementation issues and move the U.S. closer to universal coverage and access.

Following is an assessment of the health reform law relative to the values and principles named in CHA's Vision document.

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HEALTH CARE IN THE U.S. SHOULD BE:

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AVAILABLE  
*A N D*  
ACCESSIBLE  
**TO EVERYONE,**

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*PAYING SPECIAL ATTENTION TO  
THE POOR AND VULNERABLE*

THE SYSTEM SHOULD

+ Ensure that each person has a core health benefit package covering services across the life span of care.

+ Deliver the same level and quality of care to everyone without limits or variations based on age; race; ethnicity; financial means; or health, immigration or employment status.

THE AFFORDABLE CARE ACT:

EXPANDS

health insurance coverage to 32 million people who are currently uninsured

PROVIDES

federal tax credits to help low- and middle-income individuals and families to purchase health insurance coverage. Eligibility is based on annual income of less than 400% of the federal poverty level, which is approximately \$88,200 of annual income for a family of four (effective in 2014)

EXPANDS

Medicaid coverage to those earning less than 133% of the federal poverty level, which is approximately \$29,326 of annual income for a family of four (effective 2014)

PROHIBITS

insurance companies from denying coverage to those with a pre-existing medical condition (effective for children in 2010, adults in 2014)

ENABLES

individuals and small businesses to more easily compare and purchase health insurance policies (effective in 2011)

PROVIDES

federal tax credits to help many small businesses pay for the cost of covering their employees (effective in 2013)

ENABLES

parents to keep children on their health insurance until the age of 26 (effective in 2010)

LIMITS

insurance companies' ability to charge significantly different premiums based on factors such as age and health

PHASES OUT

the Medicare drug coverage gap known as the "doughnut hole" so seniors can afford all their medications (effective 2010-2019)

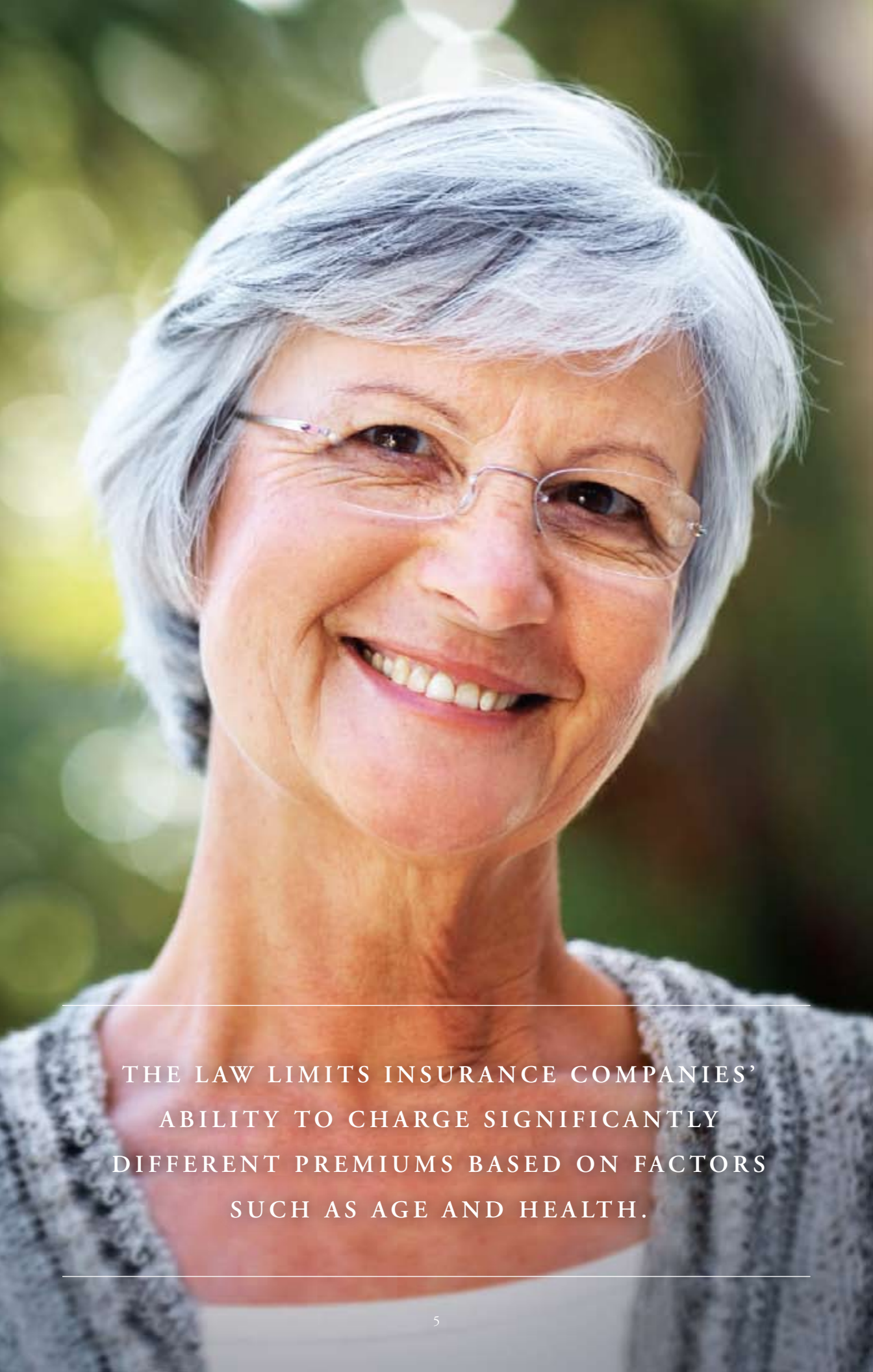
Note: The reform law does not provide any financial assistance to undocumented immigrants to help them purchase health insurance coverage.



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THE LAW EXPANDS HEALTH INSURANCE  
COVERAGE TO 32 MILLION PEOPLE WHO  
ARE CURRENTLY UNINSURED.

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THE LAW LIMITS INSURANCE COMPANIES'  
ABILITY TO CHARGE SIGNIFICANTLY  
DIFFERENT PREMIUMS BASED ON FACTORS  
SUCH AS AGE AND HEALTH.

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HEALTH CARE IN THE U.S. SHOULD BE:

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HEALTH &  
PREVENTION  
*ORIENTED,*

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*WITH THE GOAL OF ENHANCING THE  
HEALTH STATUS OF COMMUNITIES*

THE SYSTEM SHOULD

- + Make preventive care a core part of health benefits in every community and develop provider and patient incentives that reward prevention.
- + Improve health literacy and education to help patients play a greater role in maintaining their own health and wellness.

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THE AFFORDABLE CARE ACT:

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REQUIRES

qualified health plans to provide free coverage for preventive services



INCLUDES

Medicare coverage for developing and following a personalized health and prevention plan

ENABLES

Medicare patients to receive preventive services with no co-pays or other out-of-pocket expenses

PROVIDES

incentives for state Medicaid programs to offer free preventive services



ESTABLISHES

a grant program to support evidence- and community-based prevention and wellness services

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HEALTH CARE IN THE U.S. SHOULD BE:

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*SUFFICIENTLY*

*A N D*

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**FAIRLY  
FINANCED**

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THE SYSTEM SHOULD

+ Share the responsibility of financing across all stakeholders.

+ Care for those who cannot help themselves by having all stakeholders—including government, employers, individuals, charitable organizations and health care providers—collectively assume responsibility.

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THE AFFORDABLE CARE ACT:

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**REQUIRES**

that everyone in the country have health insurance, which helps to spread the costs of coverage and care across stakeholders including individuals, employers, providers, insurers, suppliers and government. Offers a hardship exemption from the requirement to carry insurance  
*(effective in 2014)*



**INCREASES**

the Medicare hospital surtax on families with annual income above \$250,000

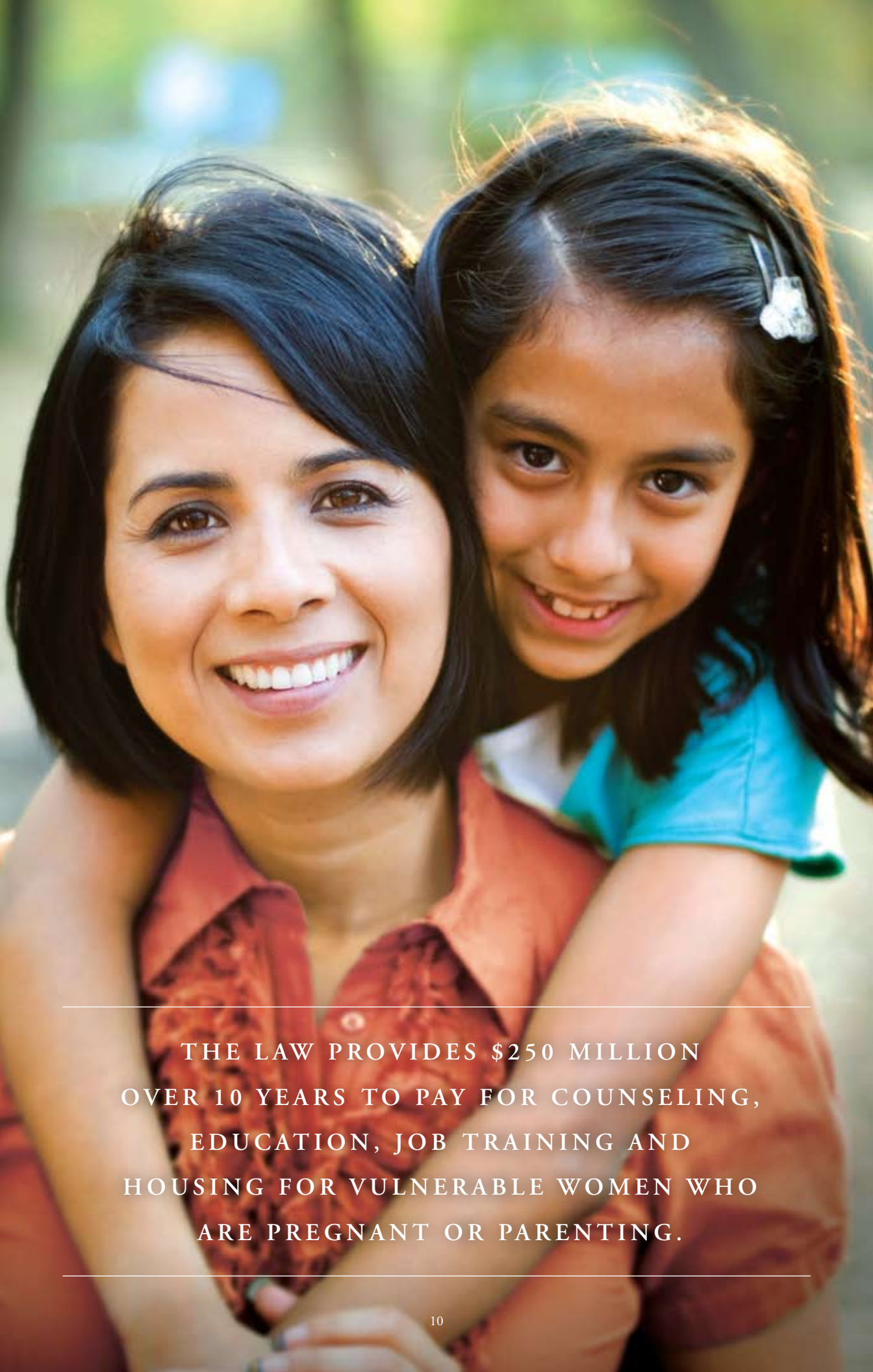
**IMPOSES**

a tax on high-cost, or “Cadillac” health insurance plans

**REDUCES**

the national deficit by \$148 billion over the first 10 years and by \$1 trillion over the second 10 years

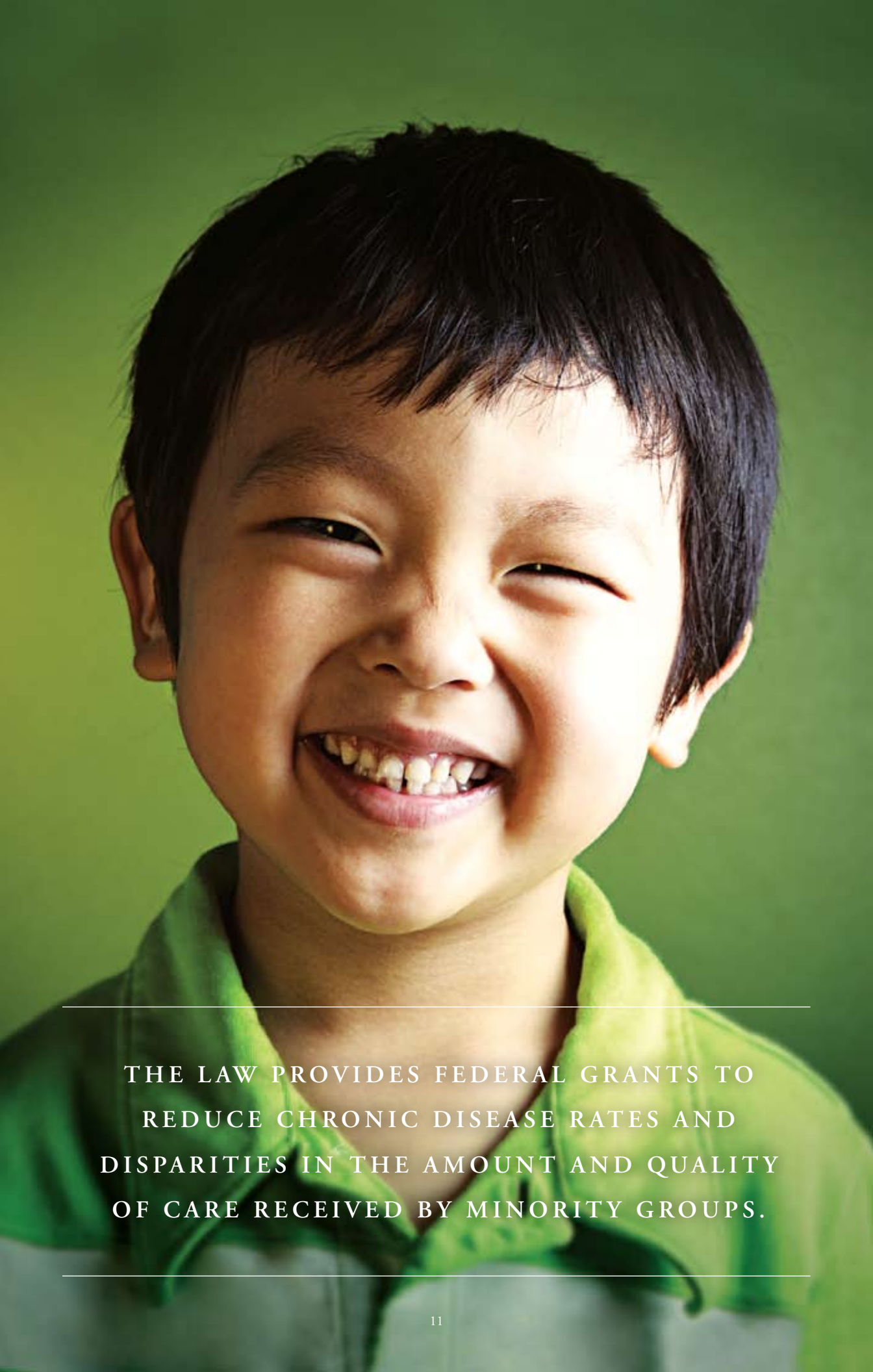




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THE LAW PROVIDES \$250 MILLION  
OVER 10 YEARS TO PAY FOR COUNSELING,  
EDUCATION, JOB TRAINING AND  
HOUSING FOR VULNERABLE WOMEN WHO  
ARE PREGNANT OR PARENTING.

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THE LAW PROVIDES FEDERAL GRANTS TO  
REDUCE CHRONIC DISEASE RATES AND  
DISPARITIES IN THE AMOUNT AND QUALITY  
OF CARE RECEIVED BY MINORITY GROUPS.

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HEALTH CARE IN THE U.S. SHOULD BE:

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TRANSPARENT  
*A N D*  
CONSENSUS-DRIVEN

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*IN ALLOCATION OF RESOURCES, AND  
ORGANIZED FOR COST-EFFECTIVE CARE  
AND ADMINISTRATION*

THE SYSTEM SHOULD

+ Manage cost growth to promote affordability and sustainability; efficiently use facilities, equipment and services; minimize administrative expenses.

+ Spend resources on care that is most medically beneficial.

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THE AFFORDABLE CARE ACT:

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FUNDS

research to identify treatments that provide the best medical outcomes



BEGINS

to link Medicare, Medicaid and SCHIP payments to quality outcomes, instead of to the quantity of care delivered

EXTENDS

the life of the Medicare trust fund by nine years



REQUIRES

insurance companies to clearly describe coverage and benefits policies



INCREASES

payments to Medicare and Medicaid primary care physicians

REQUIRES

not-for-profit hospitals to assess the needs of their communities and to adopt and publicize a financial assistance policy for patients



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HEALTH CARE IN THE U.S. SHOULD BE:

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*P A T I E N T*  
*C E N T E R E D*

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*AND DESIGNED TO ADDRESS HEALTH  
NEEDS AT ALL STAGES OF LIFE,  
FROM CONCEPTION TO NATURAL DEATH*

T H E S Y S T E M S H O U L D

+ Ensure that services are coordinated and integrated all along the continuum of care – the system should be truly accountable for health outcomes.

+ Design palliative and end-of-life care to ensure the best and most compassionate treatment for persons with serious, complex diseases and those in the final stages of life.

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THE AFFORDABLE CARE ACT:

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**CREATES**

a standard, basic health benefits package that provides a comprehensive set of services while prohibiting federal funds from covering abortion

**PROVIDES**

\$250 million over 10 years to pay for counseling, education, job training and housing for vulnerable women who are pregnant or parenting

**ESTABLISHES**

a voluntary insurance program (known as ‘Community Living Assistance Services and Supports’ or CLASS) to assist with the cost of services patients need to live at home instead of in a long-term care facility

**OFFERS**

incentives to encourage clinical coordination (e.g., accountable care organizations, medical homes, bundled payments for multiple providers treating the same patient)



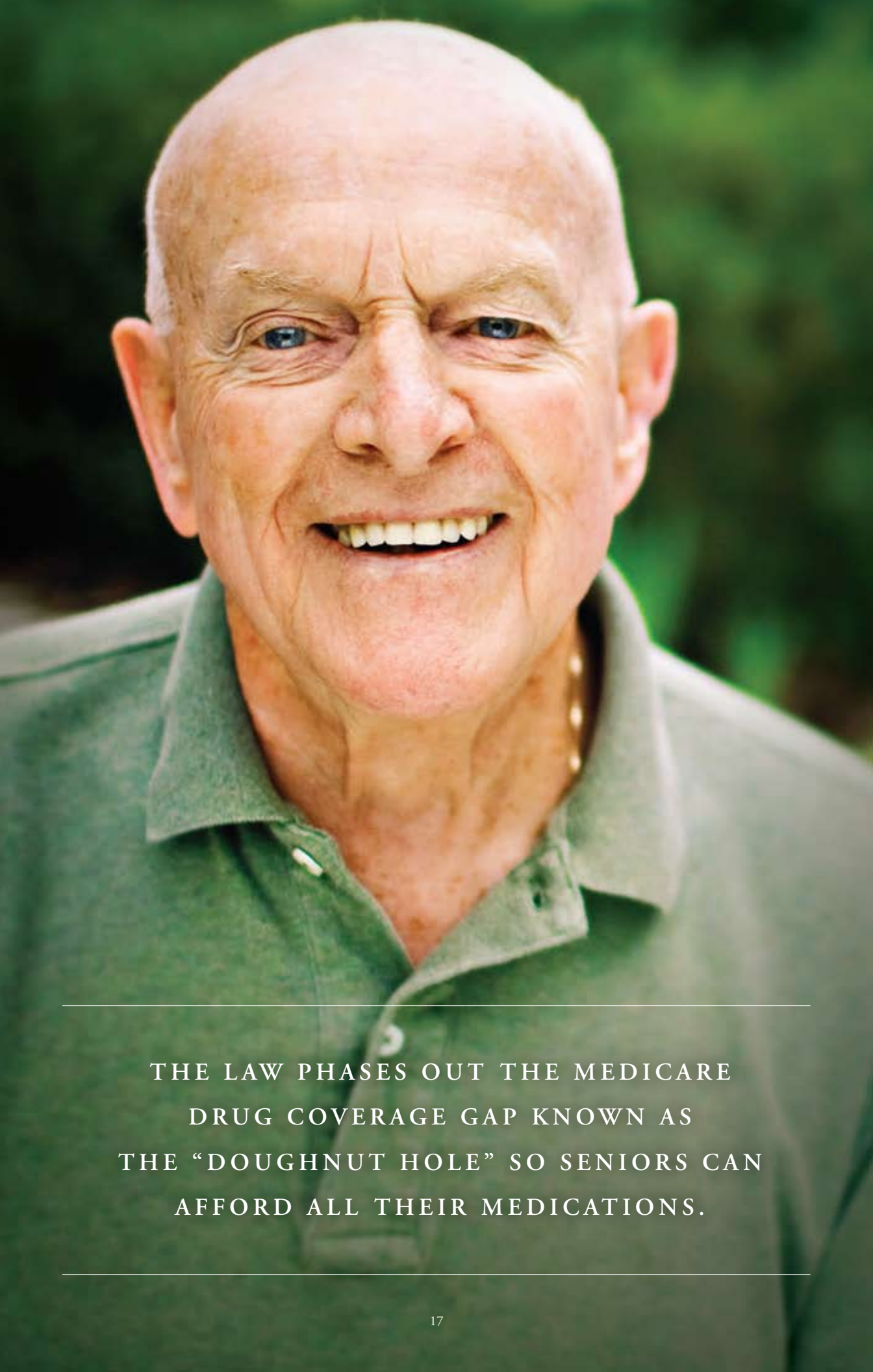
*Note: President Obama issued an Executive Order prohibiting any federal funding of abortion under the health reform law.*



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THE LAW REQUIRES DEVELOPMENT  
OF A NATIONAL STRATEGY TO IMPROVE  
HEALTH CARE SERVICES, MEDICAL  
OUTCOMES AND POPULATION HEALTH.

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THE LAW PHASES OUT THE MEDICARE  
DRUG COVERAGE GAP KNOWN AS  
THE “DOUGHNUT HOLE” SO SENIORS CAN  
AFFORD ALL THEIR MEDICATIONS.

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HEALTH CARE IN THE U.S. SHOULD BE:

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*SAFE, EFFECTIVE AND  
DESIGNED TO DELIVER*

T H E

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*GREATEST POSSIBLE*  
**QUALITY**

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T H E S Y S T E M S H O U L D

+ Standardize and expand the use of information technology to improve clinical coordination, reduce medical errors and improve the patient experience.

+ Use evidence-based medicine to optimize outcomes and quality; prioritize patient safety by minimizing the systemic causes of errors.

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THE AFFORDABLE CARE ACT:

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REQUIRES

development of a national strategy to improve health care services, medical outcomes and population health



ENHANCES

collection and reporting of data on health disparities to reduce differences in the quality of care delivered to various populations



BUILDS

on efforts to expand the use of electronic medical records and other information technology that improves quality and reduces cost

SUPPORTS

research to compare the effectiveness of medical treatments and share the findings with doctors and clinicians

If you have questions or need additional health reform resources, please contact Jeff Tieman, CHA Senior Director of Health Reform Initiatives, at [jtieman@chausa.org](mailto:jtieman@chausa.org). Or visit CHA's reform web site at [www.chausa.org/healthreform](http://www.chausa.org/healthreform).

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As Catholic-sponsored health care providers implement and plan for health reform, their efforts also represent progress toward the ministry's Vision 2020, a strategic roadmap for the next decade of Catholic health care.

Vision 2020, coupled with CHA's Vision for U.S. Health Care, help to identify gaps in the reform law, additional changes needed and leadership opportunities to continually improve our health system.

#### **VISION 2020 STATEMENT**

“Inspired by the Gospel and grounded in our beliefs and values, the Catholic health ministry will serve as a compass to guide our nation through the complexities of an evolving health care system. Over the next decade we will collaborate, promote innovation and generously share knowledge to improve the health of individuals and communities.”

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#### **TOGETHER, WE WILL:**

- Continue to champion the sanctity of life from conception to death.
- Lead the development of sustainable, person-centered models of care across the continuum.
- Meet the current and emerging needs of vulnerable persons.
- Engage all who are called to serve through a ministry-wide commitment to formation.
- Broaden and deepen our relationships within the community of the Church.

CATHOLIC HEALTH MINISTRY



*For more information on Vision 2020, see “Our Vision For The Next Decade,” available on CHA’s web site at [www.chausa.org/v2020](http://www.chausa.org/v2020)*

*Behold, I will treat and assuage the city's wounds;  
I will heal them,  
and reveal to them an abundance of lasting peace.*

J E R E M I A H 3 3 : 6



**CHA IS:**

*a passionate voice*

for Jesus' mission of love and  
healing in the world today.

*a valuable resource*

for information, services and  
programs to support and strengthen the  
Catholic health ministry.

*a vibrant community*

of members joined in a shared  
mission for compassionate care.



*A Passionate Voice for Compassionate Care*

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