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## **Expansion of Medicaid**

The Catholic Conference of Illinois supports legislation to expand Medicaid to more low-income adults in Illinois. This legislation will provide health care coverage to low-income adults at or below 133 percent of the federal poverty level, potentially impacting hundreds of thousands of persons in Illinois. With a special concern for the poor and vulnerable, we support efforts to increase access to health care that protects all human life at all stages.

Many low-income persons will not otherwise be able to obtain health care coverage except under this expansion of Medicaid. Even under the Affordable Care Act, many will not be eligible for federal subsidies to purchase health care coverage because their income is too high. This leaves a large amount of low-income individuals still uninsured, which eventually contributes to continuing rising health care costs when their only option for health care is the emergency room. Increasing access to health care coverage through this expansion could provide larger savings in health care costs in the future, as more people will be able to receive basic health care services earlier rather than waiting until health care issues become more acute.

However, while we support expansion of Medicaid to cover more individuals and recognize the need for all persons to have access to health care, we also note some important concerns we have in implementing such an expansion. From 2014 to 2016, the federal government will bear 100 percent of the cost of this expansion of Medicaid. While this would not add expenses to the State of Illinois' budget, which is already in crisis, there is a concern as to how the federal government will be able to afford the costs of this expansion over those years. As we know, the federal government also has a number of budget challenges, including a growing deficit. While increasing access to health care must be addressed, we must also consider the impact of doing so on a federal budget which is also in crisis. Furthermore, consideration must be given as to how the state will handle its portion of funding once its responsibility for partial funding begins in 2017. We must provide time for the current state budget crisis to be addressed satisfactorily before the state incurs additional costs in 2017.

In addition to funding, it must be realized that access to coverage does not necessarily mean access to care. We need to make sure that there are enough healthcare providers available and willing to care for this expanded Medicaid population. The legislation may want to look into expanded use of physician extenders such as nurse practitioners and physician assistants.

Finally, a major concern we have relating to any expansion of Medicaid is that this may also involve expanded coverage of objectionable services, particularly abortion. Currently, state funding is provided to Medicaid enrollees for "medically necessary" abortions. This goes further than the Hyde Amendment with regard to federal funding of such coverage. We are concerned about expanding this to more persons. In addition, it has been proposed that Medicaid coverage would be provided to this newly eligible group for services under the "Health Benefits Service Package," which is to be determined by Department of Healthcare and Family Services' rulemaking. We remain cautious that this leaves open the possibility that further objectionable services could be covered under this legislation.