



ARCHDIOCESE OF BALTIMORE + ARCHDIOCESE OF WASHINGTON + DIOCESE OF WILMINGTON

August 30, 2010

Hon. Brian Wilbon, Acting Secretary, Department of Human Resources
Hon. John Folkemer, Deputy Secretary, Department of Health and Mental Hygiene
Entry to Coverage Workgroup
Health Care Reform Coordinating Council
State of Maryland
201 West Preston Street
Baltimore, Maryland 21201

Re: *Comments for the Entry to Coverage Workgroup*

Dear Workgroup Co-Chairs:

The Maryland Catholic Conference represents the mutual public policy interests of the (arch)dioceses with territory in the state of Maryland, including the Archdioceses of Baltimore and Washington, and the Diocese of Wilmington. We are grateful for this opportunity to share our brief comments to the Workgroup on the issue of entry to coverage.

Federal health care reform gives Maryland the vital capacity to further extend health care to some of our most vulnerable populations, including the working poor, non-English speakers, persons with disabilities and the homeless. Our Church's teaching compels us to promote access to medical care as a basic right in recognition of the dignity of human life at every stage of development, from womb to tomb. In particular, our teaching also demands that public policy show *solidarity with and a preference for the poor*. *Solidarity with and preference for the least among us*, is why this workgroup is so important.

As our state works toward the goal of reducing the number of uninsured through the implementation of federal health care reform, the question of how best to ensure successful new points of entry into the Exchange and Medicaid for vulnerable populations will determine whether we will initially succeed or fail in reaching this goal. We urge the workgroup to give priority to the unique needs of these populations, and to develop straightforward and comprehensive channels for the eligible working poor, homeless, persons with disabilities, and non-English speakers to sign up for and enter into coverage.

Chiefly, there are three major policy points that Maryland must consider if it is to provide a successful and comprehensive point of entry system for the imminent coverage expansions:

- (1) The need to commit substantial state resources for enrolling vulnerable populations into coverage,
- (2) Bridging the digital and linguistic divide, and
- (3) Partnering with non-profit service providers, the faith community, and public interest advocacy groups to create a dynamic point of entry system.

First, a point of entry system for the Exchange and new Medicaid expansion will only succeed if significant human, financial, and other resources are exclusively earmarked for enrolling vulnerable populations. Such a successful strategy must include a no wrong door policy implemented within the state, public-private, or non-profit authority administering the Exchange. Such an authority must ensure that human, financial, and technical resources dedicated to enrolling the vulnerable is a permanent policy and resource commitment.

Second, entry to coverage efforts targeting the working poor and the homeless for the Exchange and expanded Medicaid eligibility must bridge the digital divide and avoid over-reliance on digital enrollment. We recognize the advantage of fully utilizing the power of the internet via a web portal and other digital communications for new enrollment of certain populations. However, there remains an enormous digital divide between the middle class, who often have private internet access, and the working poor and homeless who are generally totally reliant on public facilities for internet access. While some of the working poor are able to access the internet through their employer, state and local government offices, FedEx stores, and their local library, too often, for others, computer and internet access is difficult to come by or simply non-existent. Any point of entry system for the Exchange and the new expansion of Medicaid must substantially include equally effective means of entry into coverage such as in-person enrollment, mobile offices in lower-income neighborhoods, and telephone options. This point cannot be overstated. Additionally, it is imperative to take into account the language barrier that might inhibit non-English speakers from accessing information about available healthcare, whether that information is provided via electronic means or otherwise.

Finally, a successful point of entry strategy should fully engage non-profit service providers, advocacy organizations for the poor and homeless, the faith community, and immigrant advocacy groups. Local service providers, advocacy groups, and the faith community have personal relationships with the working poor, the immigrant community, and the homeless that make these providers, advocates, and Churches uniquely positioned to reach out and educate. As one of the largest service providers in the state, the Catholic Church stands ready to partner with the state in vigorously and comprehensively reaching out to vulnerable populations through our parishes, schools, hospitals, and other social service agencies to assure their access to expanded healthcare opportunities that are consistent with life and human dignity.

A point of entry strategy that prioritizes vulnerable populations in its resources, consumer outreach, and partnership with service providers, advocacy groups, and the faith community will significantly help Maryland maximize its expanded enrollment capacity.

Respectfully,

Louis A. Brown Jr., J.D.
Associate Director, Social Concerns
Maryland Catholic Conference

Cc: Chuck Milligan; Alice Burton