

# Oregon Interfaith Health Justice Campaign

A Project of *Ecumenical Ministries of Oregon*, the *Archimedes Movement* and *Oregon Action*

*To sign on to this letter, please send an email to Mark Mathis at [mmathis@emoregon.org](mailto:mmathis@emoregon.org). Please include your name and if you can, any title (Rev. Dr. Jane Doe), congregational or denominational affiliation, and the town or city where you live or where your Congregation is located (your choice).*

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## **Interfaith Letter to US Senators Ron Wyden and Jeff Merkley**

Nov. 3, 2009

Senator Ron Wyden  
223 Dirksen Senate Office Building  
Washington, D.C., 20510

Senator Jeff Merkley  
107 Russell Senate Office Building  
Washington, D.C., 20510

Dear Senators Wyden and Merkley,

We write today out of both hope, and concern. Our hope is bolstered by the leadership and hard work of many members of Congress as you seek a path to health reform that will expand coverage, contain costs, improve affordability and create a more equitable and effective health care system.

We are concerned, however, that Congress may not act boldly enough to ensure that health care services and insurance coverage are extended to all of our neighbors, and especially to those who otherwise could not afford coverage. Although we represent many different religious traditions and perspectives, we are united in our belief that the primary goal of health reform should be to make sure all U.S. residents have access to affordable health care.

The Senate Finance Committee passed bill would, for example, leave nearly 17 million eligible residents lacking coverage, as well as another 8 million undocumented immigrants. It is, in our view, unacceptable to leave so many lacking health coverage. We view access to affordable, quality health care as a fundamental human right, and as an important measure of social justice.

Rather than provide an “escape clause” in the individual mandate for those who cannot afford health coverage even with the subsidies provided, Congress should instead set the subsidy amounts so that all eligible persons can in fact afford coverage. In our view, the inclusion of an escape clause or exemption from the individual mandate demonstrates that current

legislation misses the main point or primary goal of health reform – to make coverage affordable to all. By taking the steps listed below we can maximize the number of our neighbors who will be able to afford quality health coverage and we can create a more just and equitable health care system:

1. **The most important improvement still needed is to increase the affordability subsidies or premium credits:** Subsidies should be increased significantly, especially for those under 250% of poverty, in order to increase the number of eligible residents able to afford coverage. Under the Finance Committee passed bill, for example, a family of three, struggling to survive on an income of \$36,620, would still be required to pay out 7% of their income, or \$2,563.00 in annual premiums. That's a \$213 monthly payment, which is clearly out of reach for many families trying to exist on \$36,620 in income.
2. **Congress should enact an employer responsibility requirement that does not discourage employers from hiring single-parents or low-income workers:** The so-called "free rider" provision contained in the Senate Finance committee bill imposes a penalty on employers for each of their workers who seeks subsidies to purchase insurance through the exchange. This penalty is increased when these workers have the larger subsidies necessary to afford family coverage. Consequently it creates a perverse incentive for employers to shun hiring men or women who head single-parent families.
3. **Final legislation should include a strong public insurance option** that will help to hold down premium costs by competing with private insurers.
4. **Health reform should continue to include programs to reduce racial, ethnic or other disparities in health and health care:** At a minimum this should include:
  - a) The identification and reduction of key health and health care disparities as part of a national prevention and wellness initiative, which should include improved funding and coordination of research and data collection on health and health care disparities,
  - b) Strong support for programs to expand health care workforce diversity and to improve language competence and cultural sensitivity of health care workforce, and
  - c) A requirement that all private and public health insurance plans provide reimbursement for translation services to assist providers in providing quality care.
5. **Increased funding and support for Federally Qualified Health Clinics is badly needed and should be maintained:** The need for these safety net clinics will not be eliminated by health reform, and they will play a vital and continuing role in making health care available to the most vulnerable and needy.

We thank you for taking the time to consider our views on this important issue. We would appreciate a response to this letter indicating what actions you are taking on these topics, or an opportunity to meet and discuss these issues more fully.

Sincerely,

David Leslie, Executive Director, Ecumenical Ministries of Oregon  
on behalf of EMO and the *Oregon Interfaith Health Justice Campaign*