



breadfortheworld
HAVE FAITH. END HUNGER.

Health Care Is a Hunger Issue

Background

Lack of access to affordable health care coverage can lead to poor health—exacerbating hunger and poverty for many Americans. People shouldn't have to choose between paying for food or medicine. Ensuring individuals can access affordable health insurance is a critical component in reaching the goal of ending hunger by 2030. When more people are insured, struggling households are better able to afford nutritious food and lead healthier lives.

In 2015, for the first time in eight years, the United States saw a significant decline in the overall rate of food insecurity and poverty.¹ This decline was due, in part, to increased access to

health care through the expansion of Medicaid and overall health insurance enrollment through the Affordable Care Act (ACA). Millions of Americans have gained coverage through the ACA. However, health care costs continue to rise and too many moderate to low-income families are still unable to afford quality health insurance. To end hunger by 2030, the United States must have a health care system that works for all.



Bread for the World photo

Bread's Role and Commitment

Scripture includes many stories in which people are healed of a wide range of illnesses—physical, psychological, and spiritual. Some Gospel stories that include healing moments also involve heartbreaking histories of long, chronic illness. How wholeness occurs varies from person to person. This clearly demonstrates that God's vision is for all people to be of sound body and mind.

“A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another. By this all people will know that you are my disciples, if you have love for one another” (John 13:34, 35). These verses compel us to love our neighbor as an expression of our faith. One such expression of faith is to petition the government to ensure that all people have access to affordable and proper health care.

“Just as I have loved you, you also are to love one another...”
-John 13:34

Bread's Health Care Reform Principles

1. **Do no harm.** In recent years, Medicaid expansion has led to an increase in health coverage for 17 million low-income individuals, including millions of children.² In addition, the number of uninsured women decreased by nearly half, from 20 percent (19 million) in 2010 to 11 percent (11 million) in 2016.³

While Congress considers changing or reforming health care we ask that they first, do no harm, by preserving coverage gains and only making changes in our laws that will lead to further reductions in the number of Americans without affordable, quality health insurance.

(continued on next page)

2. Maintain the funding structure and eligibility requirements of Medicaid. Changing the funding structure to a block grant or per capita cap would impose rigid limits on the amount of federal money that is provided to states for Medicaid.⁴ This change would endanger the health and well-being of children, older adults, households of color, people with disabilities, and their families.

Most Medicaid participants are either working, looking for work, or unable to work due to age, illness or disability.⁵ All adults who can work, should work. But not everyone can find and keep a job. Mandating work requirements for Medicaid recipients could result in people losing their benefits and less able to afford food. In addition, mandating Medicaid recipients get drug tested is costly and counterproductive. Various studies have found that Medicaid recipients do not use drugs at higher rates than the general population and for recipients who would test positive, this mandate would put millions of Americans suffering from opioid addiction,⁶ and other public health crises, at risk of losing their health care and falling deeper into hunger.

3. Continue to allow states to expand Medicaid as an inclusive and accessible health care program. States should be allowed to continue expanding Medicaid. Numerous studies have found that people in expansion states have less trouble paying their medical bills than those in non-expansion states.⁷ Further, the poverty rate in expansion states is nearly 50 percent lower than non-expansion states.⁸

4. Reduce the cost of health care. While the percentage of individuals who lack health insurance is declining, the cost of health care in the United States, now estimated at close to 18 percent of the entire U.S. economy, continues to climb. This rise in costs is partially due to the absence of incorporating social determinants in our current health care system, limited incentives for people to seek preventative care, and unnecessary tests and procedures.

Food insecurity is one of the social determinants of health associated with at least 10 chronic and costly diseases, in terms of individual well-being and high costs to individuals, the health care system, and productivity.⁹ A conservative cost of food insecurity to the health care system in 2014 was found to be \$160 billion.¹⁰

5. Eliminate racial disparities in health care and outcomes. In the last few years, the uninsured rate has decreased most among communities of color with high hunger rates.¹¹ For instance, the uninsured rate dropped by half among African Americans and Latinos. Yet, while progress has been made, more can still be done to eliminate the racial disparities in our health care system. This can be accomplished by addressing the implicit treatment biases that impact communities of color as well as tackling the disparate impact of other health-related issues, including their higher likelihood of living in poor housing conditions, experiencing unsafe work environments, and being food-insecure.

We urge our nation's leaders to draw on these principles as they consider health care legislation.

Endnotes

¹ Household Food Security in the United States in 2015, ERR 215, U.S. Department of Agriculture, Economic Research Service, September 2016, <https://www.ers.usda.gov/publications/pub-details/?pubid=79760>

² <https://aspe.hhs.gov/sites/default/files/pdf/255516/medicaidexpansion.pdf>

³ <http://www.commonwealthfund.org/publications/press-releases/2017/aug/women-aca-press-release>

⁴ <http://www.bread.org/sites/default/files/block-grants-101.pdf>

⁵ <http://www.bread.org/sites/default/files/downloads/fact-sheet-work-requirements-2017.pdf>

⁶ National Conference of State Legislatures, Data: "Drug testing for Welfare Recipients and Public Assistance," March, 24, 2017, <http://www.ncsl.org/research/human-services/drug-testing-and-public-assistance.aspx>

⁷ <http://www.kff.org/medicaid/issue-brief/the-effects-of-medicicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>

⁸ Health Insurance Coverage in the United States in 2016, Current Population Reports, U.S. Census, September 2017, <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-260.pdf>

⁹ *Food Insecurity, Chronic Disease, and Health Among Working Age Adults*, ERR-235, United States Department of Agriculture, Economic Research Service, July 2017, <https://www.ers.usda.gov/publications/pub-details/?pubid=84466>

¹⁰ <http://hungerreport.org/2016/>

¹¹ www.aspe.hhs.gov/sites/default/files/pdf/255516/medicaidexpansion.pdf