

***“Widening Our Circle of Care”***

**READINGS**

**ANCIENT WISDOM** ~ Christian Scripture, I John, Chapter 3 - Love One Another

**<sup>11</sup> For this is the message you have heard from the beginning, that we should love one another. <sup>12</sup> We must not be like Cain who was from the evil one and murdered his brother. And why did he murder him? Because his own deeds were evil and his brother’s righteous. <sup>13</sup> Do not be astonished, brothers and sisters,<sup>[d]</sup> that the world hates you. <sup>14</sup> We know that we have passed from death to life because we love one another. Whoever does not love abides in death. <sup>15</sup> All who hate a brother or sister<sup>[e]</sup> are murderers, and you know that murderers do not have eternal life abiding in them. <sup>16</sup> We know love by this, that he laid down his life for us—and we ought to lay down our lives for one another. <sup>17</sup> How does God’s love abide in anyone who has the world’s goods and sees a brother or sister<sup>[f]</sup> in need and yet refuses help?**

**<sup>18</sup> Little children, let us love, not in word or speech, but in truth and action. <sup>19</sup> And by this we will know that we are from the truth and will reassure our hearts before him <sup>20</sup> whenever our hearts condemn us; for God is greater than our hearts, and [God] knows everything. <sup>21</sup> Beloved, if our hearts do not condemn us, we have boldness before God; <sup>22</sup> and we receive from [God] whatever we ask, because we obey [God’s] commandments and do what [is pleasing].**

[New Revised Standard Version](#) (NRSV)

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**CONTEMPORARY WISDOM** ~ “For Citizenship” by John O’Donohue

**In these times when anger  
Is turned into anxiety  
And someone has stolen  
The horizons and mountains,**

**Our small emperors on parade  
Never expect our indifference  
To disturb their nakedness.**

**They keep their heads down  
And their eyes gleam with reflection  
From aluminum economic ground,**

**The media wraps everything  
In a cellophane of sound,  
And the ghost surface of the virtual  
Overlays the breathing earth.  
The industry of distraction  
Makes us forget  
That we live in a universe.**

**We have become converts  
To the religion of stress  
And its deity of progress;**

**That we may have courage  
To turn aside from it all  
And come to kneel down before the poor,  
To discover what we must do,  
How to turn anxiety  
Back into anger,  
How to find our way home.**

~ John O'Donohue, from *To Bless the Space Between Us*

## **SERMON**

Here is a gentleman who has been taken to the hospital for emergency care and follow up treatment. Before the doctors can even initiate their plan of care, he is begging the staff to let him go home. Why?

He is self-employed and his business struggles. He does not have enough income to purchase health insurance.

He is more concerned about mounting medical bills and the devastating effect it will have on him and his family than he is on getting the care he needs. He understands the choice – his own health or the well-being of his family for decades to come.

He chooses, and he leaves the hospital without getting treatment.<sup>i</sup>

There was a young woman whose fiancé was in Iraq. She had a three year old who she normally dropped off at a child care center. Her job as a receptionist did not provide her with health insurance. After a car accident where she was not at fault, she suffered a terrible whiplash. Her primary care doctor wanted her to seek physical therapy but she could not afford to do so. Her injury would have healed sooner and she would have been able to return to work sooner, but without insurance to help pay for the medication and Physical Therapy she needed, she could not get back to work quickly. She lost her job.<sup>ii</sup>

A young mom brings her children to the pediatrician for care. Her children are covered through the State Child Health Insurance Program – CHIP. In Maine, we call it Cub Care. When the doctor asks about the mother’s health care, she says that because she has a part-time job she earns too much to qualify for adult Medicaid and her job does not provide insurance. She cannot buy it on her own.

She is pretty stressed out all the time and sometimes her own health concerns are debilitating. Her stress and anxiety carry over to the whole family, making the children at higher risk for poor health and emotional stress. Furthermore, without health insurance the mom, and sometimes her children, do not get necessary preventive health care. The doctor knows that it is very likely that they will fall prey to preventable diseases and complications. Usually, the mom waits until her illness requires an expensive ER visit too late in the disease course for best outcomes.<sup>iii</sup>

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Question: “Do you want Maine to expand Medicaid\* to provide healthcare coverage for qualified adults under age 65 with incomes at or below 138% of the federal poverty level, which in 2017 means \$16,643 for a single person and \$22,412 for a family of two?” You must answer either Yes ( ) or No ( ).

It seems simple enough. It appears straightforward. And yet, the State of Maine has, thus far, not been able to reach agreement on this question. Five times the legislature has voted yes. Each time the Governor vetoed the legislation. Five times the legislature did not override the Governor’s veto. So, now, the people of Maine will vote directly on this question.

I want to persuade you to 1.) Go Vote and 2.) Vote YES on Question 2; the question about whether we shall widen our circle of care to include more people in Medicaid health coverage.

This concern for the uninsured people in Maine is a humanitarian issue; it is a moral and ethical issue. We need to Vote YES on 2.

Why? Perhaps a little background on how we got to where we are right now. Why are we needing to put this question to a statewide vote of the people when the Affordable Care Act was designed to eliminate the gaps in coverage that have plagued the poor?

You may remember that when the ACA was developed, one of its key features was the expansion of Medicaid to cover people just above the poverty level who are not earning enough to buy insurance, even with the newly created federal subsidies. As part of the design, the ACA provides federal assistance in the form of subsidies to lower income families, but not to those who are just above the poverty level. Individuals and families who work enough to rise just above the poverty level and who then are not eligible for Medicaid cannot afford to buy insurance. Even the least expensive plans would consume a tremendous portion of the total family income. The subsidy payments for these families would need to be prohibitively high if they were included in the Health Insurance Exchange system.

The compromise was to allow these working, but still very poor, individuals and families to enroll in Medicaid. ... given the economic realities, something practical and possible. That whole part of the ACA collapsed when the Supreme Court decided that states could not be compelled to cover people through expanded Medicaid. So, in states like Maine where we rejected the expanded Medicaid program – which would be primarily paid for by the federal government – this group of people became excluded from gaining any supported coverage at all. Their only available option has been to purchase private insurance at full price. For a basic no frills plan, the premium would cost roughly \$10,000 per year for a family with a deductible of nearly \$8,000. Even if two working adults each earned \$10 an hour and was working 20 hours per week, their gross annual income would be about \$21,000. Insurance and health care would cost almost all their income.

I tell you all this because it is important to be able put the question about expanding Medicaid in Maine into context. The current healthcare law assumed that these 60 to 70 thousand Mainers would be covered. Because Maine rejected the federal money offered to fund the additional Medicaid coverage, those 60 to 70 thousand people have nothing. The solution is not complicated. The solution lies in accepting the federal funds earmarked for expanded Medicaid in Maine. That way, most Mainers would have at least some coverage and some ability to receive the services provided through the Affordable Care Act.

The **Maine Unitarian Universalist Advocacy Network, MUUSAN**, has endorsed this referendum. We feel very strongly about the need to expand Medicaid coverage to those who fall into the hole between current Medicaid coverage and eligibility for federal subsidies for the purchase of insurance through the Affordable Care Act.

**The Maine Unitarian Universalist State Advocacy Network (MUUSAN) endorses the YES position on Question 2, for these reasons:**

- ⊕ **Health care is, fundamentally, all about compassion.** Access to healthcare is a human right and one that will improve health, strengthen families, and preserve Maine's community hospitals and health centers.
- ⊕ **Increasing access to health care is affirming justice and equity in Maine.** This is an affordable way to increase healthcare coverage for the people who need it most in Maine. This access will prevent family illness or health problems from turning into bankruptcy, loss of a home, and destitution. An estimated 70,000 Maine citizens would qualify for *MaineCare* with this additional funding.
- ⊕ **Health care for all is an affirmation of the worth and dignity of every person.** This is about making healthcare more affordable to the lower income citizens who live in our state. A person's health issues are not dependent on one's ability to work, and access to health care should not be dependent on one's access to income.
- ⊕ **Equity.** 31 states and DC have accepted and use the federal funding. The evidence is clear that the citizens in these states have [better coverage](#), [less financial stress](#), [improvements in health](#), [better prevention](#), more [opioid addiction treatment](#), and stronger [rural hospitals](#). Research shows that the states with expanded Medicaid now have little difference between low-income and high-income people when it comes to insurance coverage. The non-Medicaid states still have big disparities.

Our Unitarian Universalist Principles – Compassion, Justice, Human Worth and Dignity, and Equity lead us toward the YES position.

You might wonder why this issue remains controversial. There are people who oppose this initiative. Their arguments are almost always financial. There is no moral argument for refusing to include our neighbors in our healthcare system. Those who oppose Medicaid expansion rarely, if ever, discuss what, in their opinion, ought to happen to the people without coverage. Such a conversation would lead us into places of inhumanity and suffering. In my opinion, the financial arguments against Medicaid fail when compared with what is most likely to happen.

-----No on 2 People say this:

*Traditional Medicaid, which is offered to low-income children, pregnant women and the disabled, exists to provide health care coverage to those who are incapable of financing their own health insurance. Medicaid expansion provides coverage for adults who live above poverty and have the physical means to procure their own health insurance.*

This argument fails because it ignores the exact group of people the expansion is designed to include – those who have marginally escaped extreme poverty, but cannot spend half or more of their income on insurance. These are frequently people who work, but either do not get enough hours to join the company health insurance plan or who work for a company that does not provide a group plan. This group is barred from getting any federal subsidy to help pay for insurance because the law assumes they are covered by Medicaid. It's a real Catch 22 for these folks.

*While it's important to have healthy citizens and adequate preventative care to keep health care costs low across the board, Maine taxpayers must ask themselves just how badly they want to foot the bill for able-bodied adults and noncitizens to have health insurance while the rest of working Maine continues to privately finance their own.*

This argument fails because it is just plain untrue. It suggests that the rest of us bear no cost burden for the uninsured now and that we all pay full price for our insurance. Neither of these assumptions is accurate.

I suspect that there are fewer than four people here today who buy their own insurance at full price with no help in making premium payments from either an employer or some part of government. To say that we privately finance our own insurance implies that we pay full price for it out of our paycheck or savings account. Most of us don't. Either we are in an employer group plan where the employer pays a good portion of the premium, or, we're in a federally subsidized plan through the ACA Exchange, or, we're in Medicare or Medicaid or Veterans Health or some combination of all.

This argument also fails because it is clearly the case that we are currently paying the high costs of uninsured people who get their healthcare through the Emergency Room or some other form of mandated treatment facility. Several studies have estimated the per household amount of additional premium costs added to our plans by the insurance companies to cover their losses is about \$1,000 a year. So, we pay that way. We also pay more because hospitals and clinics need to cover their costs. The charges they set for care are increased to account for those who get care without paying. And, we pay a third time because all of us pay our regular federal income taxes each year. A portion of those taxes now go to states in the form of assistance for Medicaid expansion. So, for Mainers, we pay into the system and get NOTHING back.

When I was studying economics as an undergrad, my conservative Christian, free market, capitalist, laissez-faire professor explained three reasons citizens ought to support a strictly limited and well-regulated welfare state.

1. It is the right thing to do. We are Christians and our faith teaches us that we must care for our neighbors.
2. It makes economic sense. There are always costs associated with the poor and an organized approach to meeting those costs is better for economic planning and stability.
3. It reduces crime. Desperate people do desperate things. If, in the final analysis, you cannot agree to help the least of our brothers and sisters because it is the right thing to do or because it is ultimately less expensive, then do it to save your own life and well-being.

Forty years later, I remember this teaching. We widen our circle of care for one of three reasons. Faith. Failing that argument, then Reason. If that argument also fails to persuade, then finally, it is pure Selfishness. For me, reason one is sufficient: faith.

Our faith calls us. **Love** is the doctrine of this church and service is our law. The first century Christians called us out on this very point. The writer of John's letters puts it well.

**How does [God's] love abide in anyone who has the world's goods and sees a brother or sister in need and yet refuses help?**

We are people of faith who preach the gospel of universal love. For this reason alone we are called to vote YES on referendum question 2.

We are citizens of a great nation and we have a voice in our affairs – let us then exercise the rights and responsibilities of citizenship.

John O'Donohue writes:

**That we may have courage  
To turn aside from it all  
And come to kneel down before the poor,  
To discover what we must do,  
How to turn anxiety  
Back into anger,  
How to find our way home.**

Our way home is toward wholeness and compassion; toward stability and right relations.  
We can do this hard thing.

Let me finish with something that Brooke Tenney said to me when I asked her about her thoughts regarding Medicaid expansion. She said that there are many compelling economic and healthcare reasons to support this vote. Ultimately, she said, we simply must find a way for all people to have a life.

To that I can only add ... Blessed Be. I Love You. Amen.

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<sup>i</sup> This story comes from Elaine Gerard-Climo and her experience as a nurse.

<sup>ii</sup> Ibid.

<sup>iii</sup> Dr. Robert Holmberg offers this account from his years of pediatric practice in Maine.