



Health Care

Subsidizing health care for low- and moderate-income people

[AB-174 \(Wood\)](#) [SB-65 \(Pan\)](#) [SB-175 \(Pan\)](#)

Background

There are currently about 2.4 million Californians who purchase health insurance in the individual market, of which a majority are enrolled in Covered California. Costs for individual insurance plans have escalated steeply in recent years. Consequently, a growing number of low-middle income families can no longer afford health insurance. Additionally, the 2017 federal tax law undercut the individual mandate of the Affordable Care Act by eliminating the tax penalty for not having insurance. This is predicted to cause many people to drop their health insurance.

Legislative Summary

This legislative package has two major components:

1. AB-174 (Wood) and SB-65 (Pan) will provide subsidies in the individual market for families with adjusted incomes of 250-600% of the federal poverty level
2. SB-175 (Pan) will fund these subsidies by reinstating the individual mandate tax penalty

The proposed subsidies would help hundreds of thousands of low- and middle-income Californians obtain affordable health insurance, resulting in a significant decrease in the number of uninsured people state-wide. Furthermore, reinstatement of the individual mandate will help stabilize prices in the market by keeping healthy young people in the insured pool.¹

This legislative package, which closely resembles Governor Newsom's proposal, would help 648,000 Californians obtain affordable health care. Although funds coming from enforcement of the individual mandate will be helpful, maximal

¹ https://hbex.coveredca.com/data-research/library/CoveredCA_Options_To_Improve_Affordability.pdf

effectiveness of the proposal will require additional support from the state General Fund. The state should commit additional funds and include subsidies for people with incomes in the 138-250% of the federal poverty level range.

Jewish Values

Two central ideas underlie the abiding Jewish commitment to provide health care to all of God's children. The first is Judaism's teaching that an individual human life is of infinite value and that the preservation of life supersedes almost all other considerations. We are constantly commanded "not to stand idly by the blood of our neighbors" (Leviticus 19:16). The second is the belief that God has endowed us with the understanding and ability to become partners with God in making a better world. The use of that wisdom to cure illnesses has been a central theme in Jewish thought and history.

Three health care obligations flow from these core values:

First, physicians have an obligation to heal. As Moses Maimonides concluded in Commentary on Mishnah Nedarim 4:4: "It is obligatory from the Torah for the physician to heal the sick and this is included in the explanation of the phrase: 'and you shall restore it to him' meaning to heal the body." So honored a profession was that of physician that during the Middle Ages as many as half of the best known rabbinic authors and scholars were also physicians.

Second, patients have an obligation to obtain health care. Our bodies and souls belong to God, and we have to ensure that they are cared for. The verse in Deuteronomy (4:15) "You shall indeed guard your souls," has traditionally been interpreted as commanding us to protect our health. Furthermore, based on the passage in the Talmud, "Whoever is in pain, lead him to the physician," (Baba Kamma 46B), the rabbis concluded that Jew should live in cities where doctors live, in order to have access to health care.

Third, providing health care was not just an obligation for the patient and the doctor, but for the society as well. It is for this reason that health care is listed by Maimonides among the ten most important communal services that had to be offered by a city to its residents. (Mishneh Torah, Sefer Hamadda IV:23). During the long history of the self-governing Jewish community, almost all such communities set up societies to ensure that all their citizens had access to health care. Doctors were required to reduce their rates for poor patients and, where that was not sufficient, communal subsidies were established (Shulchan Aruch,

Yoreh Deah 249:16; Responsa Ramat Rahel of Rabbi Eliezer Waldernberg sections 24-25).

From these themes, we must conclude that when members of a society at large are ill, our responsibility — not only of the medical profession but of all of us — expands to ensure that medical resources are available at an affordable cost to those who need them. This principle is also embodied in the concept of *mipnei tikkun ha-olam* — what we are obliged to do in order to repair the world in which we find ourselves.