

## Health care: 'Moral imperative, urgent national priority'

Jerry Filteau | Nov. 24, 2009



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**WASHINGTON** -- The U.S. Conference of Catholic Bishops regards health care reform as 'a moral imperative and an urgent national priority,' John Carr, the bishops' executive director of Justice, Peace and Social Development, said in a media teleconference Nov. 23.

But he said the bishops cannot back a reform that expands federal funding of abortion or fails to protect consciences of health care workers and institutions on key issues of medical ethics. Other criteria for the bishops' support are whether the bill makes health insurance generally affordable and spreads costs equitably, and the degree to which it meets the church goal of universal coverage, including coverage for immigrants, he said.

Carr was the lead panelist on a fast-moving, hard-hitting half-hour teleconference Nov. 23 in which four top bishop conference staffers working on health care reform described to journalists, concisely but with precision of detail and nuance, the bishops' positions on the complex proposals before Congress.

The panelists highlighted principles that the bishops want to see in four key areas of health care reform:

- No new federal funding of abortion, but rather a continuation in the reform package of the federal principles upheld since the Hyde Amendment in 1976 that no taxpayer funds shall be spent on abortions except for relatively rare Medicare abortions in cases of rape, incest or danger to the life of the mother. The current House version of the reform has such provisions, the committee version coming up for debate in the Senate does not.
- Truly universal, affordable health care coverage -- a position advocated in universal church teaching and by the U.S. bishops for decades -- or at least a reform that comes as close to that ideal as is currently feasible politically. The current House version would exclude about 18 million people in the country from health insurance coverage, while the proposed Senate version would exclude about 24 million -- both major improvements over the current national disaster of an estimated 46.3 million Americans without health insurance. But both versions still fall far short of the goal in Catholic teaching and are 'unacceptable' to the nation's bishops, according to Kathy Saile, director of the bishops' Office of Domestic Social Development.
- Provisions of health insurance coverage for immigrants, ideally for all immigrants but at least making federal subsidies of coverage available to all legal immigrants and allowing undocumented immigrants to

- purchase health insurance.
- Conscience protection barring discrimination against health care workers and institutions not only on the issue of abortion, but on other issues involving Catholic teaching such as artificial contraception, contraceptive sterilization, and other beginning- and end-of-life issues.

For Americans confused about the barrage of political and ideological charges and countercharges surrounding the reform debate and the Catholic church's role in it, the teleconference presented the clearest, most detailed explanation yet of exactly where the USCCB, the collective voice of the nation's bishops, stands on current legislation on Capitol Hill.



Carr pointed out that for decades, as a matter of fundamental Catholic social teaching that

adequate health care is a human right, the U.S. bishops have advocated for major health care reform in the United States.

The bishops have consistently approached the issue as leaders of "a community of faith, not a political interest group," he said.

### **Unique perspectives, everyday experience**

"They bring unique perspectives and everyday experience to their support for genuine health care reform," he said.

"We provide health care," he added. "The Catholic church is the largest nongovernmental provider of health care in the nation, with 600 hospitals and 1,000 long-term care facilities and countless clinics and ministries.

"We purchase a lot of health care for our employees, tens of thousands of them who work in our schools and our parishes, our charitable works and our other ministries.

"And perhaps most importantly, we pick up the pieces of this failing health care system. The sick and uninsured are in our emergency rooms and shelters, on our parish doorsteps and in our schools every day."

"As pastors and teachers, the bishops both preach and teach that health care is a basic human right, not a privilege; a service, not a commodity. Access to health care for all is essential to protect human life and dignity and an essential element of the common good in a decent society," he added.

But then he added the bishops' cautions about the reform packages on the Hill: "Health care should protect life, not destroy it. We believe health care legislation must respect the consciences of health care providers, taxpayers and others, not violate them. We believe health care reform must keep in place the longstanding and widely supported federal policies reflected in the Hyde Amendment, which do not require by law that people pay [through taxes] for elective abortions or for plans that include elective abortions.

"We believe universal coverage should be truly universal, not deny health care to those in need because of their conditions, age, where they come from or when they arrived here.

?It is the strong and universal position of the United States Conference of Catholic Bishops that health care reform which clearly protects the lives, dignity, consciences and health of all is a moral imperative and urgent national priority.?



Saile, the bishops' domestic social development director; Kevin Appleby, director of migration

policy and public affairs of the USCCB Migration and Refugee Services; and Richard Doerflinger, associate director of the USCCB Secretariat of Pro-Life Activities, were the other panelists on the media teleconference.

### **Bills leave too many uncovered**

?The House and Senate bills make great progress in covering the people of our nation,? Saile said. ?However, the Senate bill would still leave 24 million people in our nation without health insurance, whereas the House bill covers 96 percent of those eligible for coverage but would still leave 18 million people without insurance. This is not acceptable. Even if a final bill is passed and does not cover 100 percent of all people, we must continue to strive for full coverage.?

On coverage of the poor, she said, ?The bishops support the expansion of Medicaid eligibility minimally for people living at 133 percent or lower of the federal poverty level.?

She said the House bill exceeds that, setting 150 percent of poverty level as the standard for Medicaid eligibility.

On affordability, she said the House bill offers credits that ?will help lower-income families purchase insurance through the health insurance exchange. However, the Senate bill would still leave lower-income families, earning between 133 [percent] and 250 percent of the federal poverty level financially vulnerable to health care costs.?

?Over-all,? she added, ?the average subsidy provided for in the Senate bill is \$1,300 less than the average subsidy in the House bill. Improvements should be made to the [Senate] bill so that low-income families have reasonable out-of-pocket expenses for health care. No family should have to choose between safe and decent housing and health care coverage for their children. No family should face financial ruin because of a health need.?

Saile said both the Senate and House bills have a number of positive aspects long advocated by the Catholic church to strengthen families and protect low-income and vulnerable people: ?Elimination of the denial of coverage based on pre-existing conditions, including pregnancy, elimination of lifetime caps, offering long-term disability services, and extending dependent coverage to uninsured young adults. These are all significant steps toward genuine health care reform, and we urge Congress to maintain these provisions in any final bill.?

?These moral criteria and policy objectives are not marginal issues or special-interest concerns,? she said. ?This legislation is about life and death. It is about who can take their children to the doctor and who cannot. It is about decent health care coverage and who is left to fend for themselves.?



Doerflinger said the bishops support health care reform "because access to health care is a basic human right, an aspect of the fundamental right to life."

"A health care bill that weakens or reverses protections for life itself would not be authentic reform in our view, and we would have to oppose it," he said.

"Long-standing current laws governing Medicaid, federal employees' health benefits programs, children's health insurance program and other major federal health programs all prevent federal funds from supporting elective abortions or benefits plans that include such abortions," he added. "The current Senate bill violates that long-standing policy. Its government-run health plan, the community health insurance plan -- what was called the "public option" in the House bill -- allows the secretary of HHS [Health and Human Services] to mandate elective abortion coverage throughout the program nationwide.

"Federal subsidies can also be used in the bill to support privately offered plans that include elective abortions," he continued. "The bill includes a mandatory abortion surcharge for all purchasers of these plans. So the money that people are forced to pay for other people's abortions can be called a "premium" rather than a "tax." But what it's called completely misses the point of federal abortion-funding policy -- which is to prevent people from being forced to pay for such abortions in the first place.

### **The Stupak amendment**

"The Stupak amendment, passed by the House, is the only language so far that actually complies with current federal policy," he said, referring to an amendment introduced by Rep. Bart Stupak, a pro-life Democrat from Michigan, that would allow private insurance plans to cover elective abortion but prohibit such coverage in any federal or federally subsidized plan.

Doerflinger noted that the Senate last year approved language nearly identical to the Stupak amendment in the Indian Health Service reauthorization bill "with support from Majority Leader Harry Reid [D-Nev.] and other Democrats."

"The Senate can do so again" in the health care reform bill, he said.

He said the Senate's reform bill "is also very deficient in the area of conscience rights. Its conscience clause on abortion is much weaker than current law -- actually protecting abortion providers more strongly than it does providers who decline to be involved in providing abortion. It contains no conscience rights beyond the issue of abortion.

"For example, religiously affiliated health plans and employers could be penalized or discriminated against for offering coverage that is consistent with their moral and religious convictions," he said.

He said the House bill has a number of conscience protections "that are not reflected in the Senate bill." For example, he said, the House bill provides "that no state, federal or local government getting federal funds under this act can discriminate against a health care provider for declining any involvement in abortion. That's not in the Senate bill."

"The Senate bill says that no one -- even private actors, it seems -- may discriminate against a provider, for any reason, who's doing abortions, and no one may discriminate against a provider that doesn't provide abortions,

but that provider has to offer a moral or religious conviction? as a reason for not doing abortions, Doerflinger said. ?The problem with that is, it?s not even-handed. That means that all the public, secular, community hospitals have just been denied protection [against doing abortions], because they can?t cite a consensus on a specific moral or religious view on abortion. That?s much weaker than current law that allows providers to decline involvement in abortion for any reason.?

### **Senate bill doesn?t measure up**

In that area the Senate bill ?does not live up to either? current law or the House bill, he said.

He said the Senate bill also threatens conscience rights of Catholic institutions as employers and providers of health plans with a provision ?that says any employer has to be willing to provide its employees with at least the essential benefits that the federal officials end up defining for the basic health plan, or they?ll be fined \$750 a year per employee. If contraception or sterilization, for example, become a basic benefit, then any Catholic employer that offers coverage without that is going to get hit with a very stiff fine for following its religious convictions.?

He said there are a number of similar areas where the current provisions of the Senate bill ?just need to be brought up to conformity with current law and current policy.?



Appleby highlighted the bishops? support for a reform that would include health care coverage for immigrants, both legal and undocumented. He noted that every day Catholic health facilities across the nation serve ?immigrants who have no coverage or not enough coverage, and who suffer because of it.?

?In our advocacy efforts we want legal immigrants -- who are on a path to U.S. citizenship and pay taxes -- to have access to health care coverage equal to [that available to] U.S. citizens,? he said. ?Undocumented immigrants, the vast majority of whom work and contribute to our economy, should not be denied the opportunity to purchase their own health care coverage.?

?For legal immigrants, Congress has yet to write the right prescription,? he said, noting that neither the House or Senate versions lift the ban, imposed by welfare reform legislation in 1996, on legal immigrants enrolling in Medicaid.

?For many of these poor legal immigrants and their families, Medicaid is their best option for coverage,? Appleby said. ?In fairness, they should be eligible for the programs for which they pay taxes, and we will be supporting efforts to lift the ban in the Senate debate.?

### **Bishops side with immigrants**

He said even though the House bill allows no federal funding of health care for undocumented immigrants, at least it ?rightly? permits them to purchase health care coverage with their own money. ?The Senate bill does not, which we believe is contrary to the general public health and sound public policy,? he said. ?Without primary and preventative care, their health conditions will certainly be more serious and worsen, and more costly when they show up in emergency rooms.?

?By letting the undocumented buy into the exchange (proposed to expand coverage of the currently uninsured), the risks and costs of the new health care system will be borne by more participants, keeping the cost of the

system lower for everyone," he added. "This is sound public policy, which should take priority over divisive politics."

Because current federal policies on health care access for immigrants are so negative, in the reform bill "the only way we can go is up," he said.

Doerflinger said the bishops should not be expected to endorse some final version of health care reform legislation, even if it meets all the moral criteria they have laid out, because the bishops are not experts in vast areas of efficiency, cost-effectiveness and other complex issues addressed by the legislation.

"We've never really endorsed an over-all health care bill that has a million things in it, as this bill surely will, but we're perfectly capable of saying very favorable things about what has been done to bring it into line with what we believe are minimal moral requirements," he said.

"Among the favorable things that we could say," Carr interjected, "is what the bishops have already said -- that genuine health care reform, which reflects these principles, is a moral imperative and urgent national priority."

[Jerry Filteau is NCR Washington correspondent.]

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