

In Defense of Human Life: Right to Health Care

“Our nation’s health care system serves too few and costs too much.... [T]he disparities between the rich and poor and those with access-and those without are so great that it is clearly unjust.”

(A Framework for Comprehensive Health Care Reform, USCCB, 1993)

Facts:

- o In 2007, 46 million Americans were living without health care coverage. Sixty-four percent of the uninsured are employed full-time, year-round. (US Census Bureau, 2008)
- o Nearly 20 percent of uninsured Americans, or 8.7 million persons, are children. (US Census Bureau, 2008)
- o Ethnic minorities make up a disproportionate percentage of the uninsured population. (US Census Bureau, 2008)
- o In 2009 an estimated 14,000 persons a day lost insurance coverage as a result of the recession. (Center for American Progress, 2009)
- o The poor are more likely to be uninsured. 34% of non-elderly persons below the poverty line are uninsured, compared to 21% of non-elderly persons earning two to three times the poverty line. (Employee Benefit Research Institute, 2009)

8 Criteria for reform

Since 1919, the US Catholic Bishops have supported government-supported health care. The present USCCB echoes the declarations of popes who have declared we are responsible for the entire community and that health care is a basic human right. (www.educationforjustice.org)

The Catholic Church has a long history in teaching that healthcare is a *basic right*. (Pope John XXIII declared medical care and social services as a human right. – “Pacem in Terris”, 1963) The Church also has a long history in providing health care in the United States. Even today Catholic hospitals constitute the largest single group of nonprofit hospitals in the US, with over 11% of the nation’s total community hospitals and 16.2% of the nation’s total community hospital beds. It is estimated that 1 in 6 Americans receives health care in a Catholic affiliated institution.

Tackling the task of informing consciences, the United States Conference of Catholic Bishops (USCCB) (and its predecessor groups) has been writing documents on the Catholic understanding for a long time. In 1981, a Pastoral Letter was written entitled, “Health and Health Care” and a follow up document, “A Framework for Comprehensive Health Care Reform” was written in 1993, not to mention a number of other documents and updates. In both letters the Bishops pointed out areas for reform and policy priorities. In the Framework for Comprehensive Health Care Reform there were 8 Criteria for reform listed. These are

- 1) Respect for Life – from conception to natural death
- 2) Priority Concern for the Poor – we must make sure that the most vulnerable receive care! We must make sure that the poor are receiving care too.
- 3) Universal Access – for everyone in the US.
- 4) Comprehensive Benefits – sufficient to maintain and promote good health; and provide preventative and long term care.
- 5) Pluralism – allow and encourage involvement from the public and private sectors including voluntary, religious and non-profits. and policies must ensure respect for religious and ethical values for consumers, and institutional providers.
- 6) Quality – quality in health services, training, and informed participation.
- 7) Cost Containment Controls – so that people can afford health care.
- 8) Equitable Financing – how ever it happens, but it needs to happen so that health care is accessible to all.

These criteria can be consolidated into 4 key priorities:

4 Key Policy Procedures according to the USCCB

- Respect for Life
- Priority Concern for the Poor/ Universal Access
- Pursuing the Common Good and Preserving Pluralism
- Restraining Costs

Patient Protection and Affordable Health Care Act

The law includes a large number of health-related provisions to take effect over the next four years, including expanding Medicaid eligibility, subsidizing insurance premiums, providing incentives for businesses to provide health care benefits, prohibiting denial of coverage/claims based on pre-existing conditions, establishing health insurance exchanges, and support for medical research. The costs of these provisions are offset by a variety of taxes, fees, and cost-saving measures, such as new Medicare taxes for high-income brackets, taxes on indoor tanning, cuts to the Medicare Advantage program in favor of traditional Medicare, and fees on medical devices and pharmaceutical companies there is also a tax penalty for citizens who do not obtain health insurance (unless they are exempt due to low income or other reasons). The Congressional Budget Office estimates that the net effect (including the reconciliation act) will be a reduction in the federal deficit by \$143 billion over the first decade. (Wikipedia)

The Good:

(Note: these are only a few of the policies in the law! – Another thing to note is that many of these things will happen in a graduated scale, some of them not fully in effect until 2018.)

Expanded Medicaid eligibility – cover people with incomes of up to 133% of the poverty level with or w/o minor children. Increase will be paid for by federal government. (effective by 01/01/14)

Subsidizing insurance premiums and restrictions to insurers' ability to enforce annual spending caps with prohibition on spending caps by 2014.

Providing incentives for businesses to provide health care benefits – and taxing them for not providing enough coverage.

Prohibiting denial of coverage/claims based on pre-existing conditions. In addition, insurance companies can not cut someone off a plan, except in the case of fraud

Establishing health insurance exchanges – state or federal run – where self insured/small businesses can go for options of insurance programs; lower rates; regulated like other insurance companies. Each state must have an exchange in place by 2014.

Support for medical research – increased funding to Health service corps, and credit program for private research.

Support for pregnant and parenting teens and women, adoption assistance – new Pregnancy Assistance Fund, and increased tax credit for adoptive families.

Continuing to exclude assisted suicide from federal funding

Increased length of coverage for dependent children – starting 09/23/10 dependents can stay covered by their parent's plan until their 26th birthday.

Insurance plans will be required to cover approved preventative care and check-ups without co-pay.

According to Congressional Budget Office estimates, the number of uninsured residents will drop from current levels by 32 million people. This leaves 23 million residents who will still lack insurance in 2019 after the bill's provisions have all taken effect. Among the people in this group will be (Wikipedia):

- Illegal immigrants, estimated at almost a third of the 23 million; they will be ineligible for insurance subsidies and Medicaid.
- Those who do not enroll in Medicaid despite being eligible.
- Those who are not otherwise covered and opt to pay the annual penalty (2.5% of income, \$695 for individuals, or a maximum of \$2,250 per family) instead of purchasing (presumably more expensive) insurance; this might be mostly younger and single Americans.

- Those whose insurance coverage would cost more than 8% of household income; they are exempt from paying the annual penalty.

The Bad

Injustice toward immigrant families, possibility of federally mandated abortion provision, reversal of long standing ban of federal funding of abortion, federally administered abortion plans, insufficient conscience protection. Concerning abortion, there are a number of amendments that are annually attached to certain appropriation bills that control things like Medicaid, Medicare and the Federal Employee Health Benefits Program, among them the Hyde amendment and Smith amendment stipulate that government funding can not go to pay for elective abortions, nor can they pay for plans that cover elective abortion (in the case of rape, abuse or incest – abortion is covered under the amendments).

Regarding insufficient conscience protection, there are currently amendments that give conscience protection for those who object to abortion/sterilization and other procedures in various federal programs. These amendments must be attached to each piece of legislation, and they apply only to the funds/circumstance as it applies to that piece of legislation to which it is attached. This will be made a little more clear in the following notes...

A few pieces of the law that are specifically against Church teaching – or are worded in a way that can be interpreted to go against Church teaching (remember that the courts decide what the intention of the law is).

Community Health Centers – The law appropriates \$7 billion (which was expanded to \$9.5 billion just after the bill was passed) over 5 years to Community Health Centers and \$1.5 billion for construction and renovation of Community Health Centers. The new funds provided by this law for these centers do not have the Hyde Amendment attached to it – therefore this money is not restricted and can be used for abortion. In fact, according to previous court rulings, it would hold up that this money would be required to pay for elective abortion services.

Segregation of Funds – The law requires a segregation of funds for insurance plans that will be included in the newly created insurance exchanges (managed by the government at the state or national level). Insurance plans that cover elective abortions will have to charge two premiums: one premium will specifically just cover the abortions. This premium can not be paid with tax credits and must be paid out of pocket. All individuals on this plan must pay the ‘abortion premium’.

In addition, insurance companies that are receiving federal subsidies will be able to include elective abortion coverage in their plans.

Insurance Exchanges – The law requires newly created insurance exchanges that will allow small businesses/ self insured individuals (or individuals who opt out of their employer’s offered insurance plan plus a few other cases...) to purchase insurance at an affordable cost. That is a good thing, but the regulations/ stipulations put on the exchanges area are a cause for concern.

The Exchanges and the Federal Employee Health Benefits Program will be run the same way. Both programs will contract with private insurers to offer at least two “multi-state plans”. At least one of these plans must not cover elective abortions, and one of these plans must cover elective abortions following the “segregation of funds” policy.

Also, the insurance plans can not advertise that a plan covers abortion. It will be included in the ‘summary of benefits and coverage’, and will show up on the bill.

Essential Benefits – Point of Conscience – Until now, insurers have been free under federal law to accommodate purchasers or plan sponsors who have a moral or religious objection to certain services and those customers could choose not to buy coverage for services they consider objectionable. The law sets a standard across the board for basic ‘essential benefits’ and ‘preventative services’ that must be offered by all plans. The law also specifies that elective abortions can not be included as an ‘essential benefit’. The specifics of ‘essential benefits’ and ‘preventative care’ are to be determined by the Secretary of Health and Human Services. The concern is that there is nothing to prevent abortion coverage from being considered ‘preventative care’.

Also, there is no conscience clause to the section about ‘essential benefits’, leaving the door open for the Secretary to “mandate coverage of drugs or services other than abortion that are against moral or religious objection.”

State Conscience Laws – The law includes a provision that it will not preempt state laws or interfere with federal laws relating to abortion. For example, state procedural requirements for abortion – i.e. parental notification/consent laws – will still apply over the new health care law. However, there is no mention of the authority of state conscience laws or state laws that actually restrict or prohibit abortion – i.e. laws against partial-birth abortions or late-term abortions.

Contraceptive Programs – The new law creates new program of federal grants for ‘comprehensive’ sex education programs. “States will be afforded funds based on their applications reporting pregnancy and birth rates among youth and their plans for reducing these.” Programs must be ‘medically accurate and complete’ and must educate on ‘abstinence and contraception.’ Abstinence only programs will not be eligible for these funds (which comes out to \$75 million over 5 years).

As mentioned before – the law also calls for school based health centers. These centers must, among other things “dispense contraceptive drugs and devices to minors.”

These are just a few of the morally questionable parts of the law or aspects that have loopholes where courts could determine that the law means to support morally objectionable ‘health care’.

‘We may support (or allow the passage of) legislation that improves the order of justice, even if the new law does so imperfectly or incompletely; we may not do so when the law will create new fundamental evils or substantially expand the scope of present evil.’

(*Evangelium Vitae*, John Paul II, 1995, # 72-3)

What Can You Do

Pray for those who do not have access to health care and for a greater respect of all human life from conception to natural death.

Learn about Catholic social teaching and how it is applied to health care. Read the bishops’ statements: “Health and Health Care” (1981), “A Framework for Comprehensive Health Care Reform” (1993)

(www.usccb.org/sdwp/national/health1.shtml) and letters by some bishops concerning the health care reform

(www.usccb.org/healthcare/).

Educate people in your parish or community about Catholic social teaching, the right to health care and respect for life. Visit websites for information about the state of health care in the U.S. and the position of the US bishops on the health care reform. (www.usccb.org/sdwp, www.usccb.org/healthcare/, www.chausa.org)

Advocate for a greater respect of all human life from conception to natural death. Join a legislative network to get ‘Action Alerts’ on law regarding issues related to respect of life and other issues in line with the Catholic Social Teaching (www.txcatholic.org, www.voiceofthepoor.org, www.catholiccharitiesusa.org/advocacy or advocacy.crs.org)

References

Most of these notes came directly from documents that are available on the USCCB website:

www.usccb.org/healthcare

Legal Analysis of the Provisions of the Patient Protection and Affordable Care Act and Corresponding Executive Order Regarding Abortion Funding and Conscience Protection – from the Office of the General Counsel

Issues of Life and Conscience in Health Care Reform: An Analysis of the ‘Patient Protection and Affordable Care Act’ of 2010 – a statement from the Secretariat of Pro-Life Activities

Prayer

Almighty God, help us this day to direct our attention and concern to the poor, needy and sick in our local communities. Let us hear their hopes and their struggles. Help us to respond in an effort to restore their faith and their belief in their human dignity. May we find within ourselves the conviction to always put the powerless foremost in our minds and hearts. Let us so live that all who know us may know that you are a God who cares, when they experience our care and concern. Let us draw strength from each other as we share our talents for the good of the people we serve in all of our facilities. We ask this through Christ our Lord, Amen.