

REFORM UPDATE

CHA GIVES FIRM "NO" TO MANDATED INSURANCE COVERAGE FOR ABORTION

With the vote on whether to include mandated insurance coverage for abortion in the healthcare reform benefit package looming, William J. Cox, CHA's vice president, Division of Government Services, has urged CHA members to meet with their members of Congress on targeted committees to drive home the message that such coverage should be excluded from healthcare reform legislation.

CHA has drawn up a list of "talking points":

- *Federally mandated abortion insurance coverage is morally wrong.* The federal government should not force employers and individuals to purchase a

benefit that a substantial portion of the population finds ethically wrong. Nor should taxpayers be forced to finance abortion coverage through individual and small business subsidies.

- *Most Americans reject federally mandated abortion coverage.* Although public opinion is deeply divided on the legal right to an abortion, the vast majority of Americans do not want the procedure in a mandatory insurance package. A *New York Times*/CBS poll on the "basic benefits" to be guaranteed all citizens found "only 23 percent said it should cover abortion, while 72 percent said those costs should be paid for directly by the women who have them."

- *Federally mandated abortion coverage is politically untenable for many employers.* Political resistance to an employer mandate is already formidable. Why further jeopardize it by forcing employers to finance a morally objectionable procedure? It is simply unrealistic to force thousands of employers who find abortion morally unacceptable to cover it for their employees. This includes not only secular businesses, but also the many employers associated with faith traditions. These employers include local and national church offices, individual churches, charitable organizations, religious schools, hospitals, nursing homes, retirement communities, and religious associations.

- *Federally mandated abortion coverage would severely handicap religious healthcare organizations.* A basic premise of most reform proposals is cost containment through enhanced competition among healthcare provider networks and

BISHOPS OPPOSE ABORTION MANDATES, CALL FOR UNIVERSAL COVERAGE

The U.S. Catholic bishops expressed their concern over the direction of healthcare reform legislation in a July 13 letter to U.S. House and Senate leaders. The bishops called on Congress to pass comprehensive healthcare reform that "includes real universal coverage and excludes abortion mandates." These "two essential priorities," they said, are "at the core" of the Catholic community's advocacy on reform.

The bishops promised "vigorous opposition" to any legislation that includes mandates for abortion coverage as a basic health benefit. They said abortion mandates will destroy the chances for real reform because they turn "millions of advocates into adversaries of reform." The mandates, they said, would force individuals and organizations to subsidize abortion in violation of their consciences.

Likewise, the bishops voiced disappointment in growing indications that universal coverage is not an objective of some members of Congress. "We will continue to work for genuine universal coverage and for the means and investment to bring it about, not for vague promises or future commission reports," they said. "People's healthcare should not depend on where they work, where they come from, or how much income their parents make. Legislation that falls short of a genuine commitment to universal coverage does not represent real reform and will not have our support."

Signed by Abp. William H. Keeler, president of the National Conference of Catholic Bishops; Card. Roger Mahony, chairman of the Pro-Life Activities Committee; and Bp. John H. Ricard, chairman of the Domestic Policy Committee, the letter urged congressional leaders to "rise above partisan and special interest pressures" and bring to the floor comprehensive reform that assures "decent coverage for all and will not force Americans to participate in the destruction of unborn children."

To mandate abortion coverage would be an unprecedented change in federal policy.

other managed care plans. Hospitals—including many of CHA's 900 Catholic facilities—are already forming partnerships with physicians and other providers in order to offer a continuum of benefits to an enrolled population. If abortion coverage becomes a mandated component of a basic benefit package, the healthcare plans and networks will have to provide it. This would prevent Catholic and many other religious facilities from organizing or participating in these new competing net-

works, threatening the future of the Catholic healthcare ministry. Survival will often depend on hospital leadership in forming these new networks or on hospital attractiveness as network partners—neither of which is likely for a facility precluded from providing a mandated benefit for abortion. Religiously sponsored healthcare organizations can and should continue to play a vital role in our nation's healthcare system—a role that

should not be unfairly hobbled by abortion coverage.

• *The abortion issue should not be allowed to derail reform.* This debate is not about the legal status of abortion. Under healthcare reform, abortion would still be legal, and employers and their employees would still be able to purchase abortion services (or supplemental insurance) on their own—just as they can today. To mandate coverage for

abortion, however, would be a wholesale and unprecedented change in federal policy—a change that would render the system unacceptable to large numbers of people and businesses. We face a once-in-a-generation opportunity to bring everyone under the healthcare tent and end burdensome cost increases for families, households, and government. Let's not squander the opportunity by trying to change federal precedent on the emo-

A MORAL CHALLENGE TO THE NATION

Healthcare reform is fundamentally a *moral*, rather than a *political*, issue, Card. Joseph Bernardin said in a May address at the National Press Club. The need for reform challenges "defenders of human life" to find "the values and vision to reshape a major part of national life in order to protect better the life and dignity of all."

Over the past decade Card. Bernardin, who is archbishop of Chicago and a member of the Catholic Health Association's Board of Trustees, has been articulating a "consistent ethic of life." Based on the conviction "that all human life has an inalienable dignity that must be protected from conception to natural death," the ethic helps himself and others analyze various ethical and public policy issues.

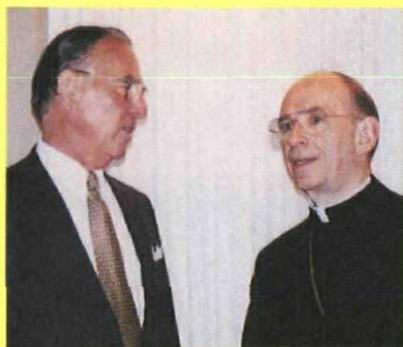
"For advocates of a consistent life ethic," Card. Bernardin said, "the national debate about healthcare reform represents both an opportunity and a test. . . . It is a test in the sense that we will be measured by how comprehensive are our concerns and how consistent are our principles in this area."

From an ethical perspective, advocacy consists not of supporting a particular legislative plan but of insisting that any reform plan passed achieve certain goals and honor certain principles, Card. Bernardin said. A key principle is

that healthcare is part of the common good—an inalienable right of all citizens because it enables them to realize their fundamental human dignity. As part of a living community, he said, individuals and institutions have a duty to work to secure this common good.

Card. Bernardin emphasized that the only way our society can meet this obligation is through universal healthcare coverage. Mere access to care is not enough, he stressed, warning that some special interests' proposals will lead either to a two-tiered healthcare system or to unacceptably limited coverage. "When I speak of universal coverage," he said, "I do not mean a vague promise or rhetorical preamble to legislation, but the practical means and sufficient investment to permit all to obtain decent healthcare on a regular basis."

In addition to distributing healthcare more fairly, justice demands that we be more effective stewards of the limited resources available for healthcare, Card. Bernardin noted. He said that the task of deciding how to allocate resources should not fall solely to the government. "Institutions and individuals must be involved in reaching a shared moral consensus, which will allow us to reassert the essential value of the person as an individual and as a member of society." In the end, he said, two questions should



CHA President/CEO John E. Curley, Jr., meets with Card. Bernardin.

guide our assessment of any cost-cutting proposal: Does it distribute resources more justly and does it protect the life and dignity of the poor and vulnerable?

A consistent life ethic also requires that we fight attempts to mandate abortion coverage as a part of healthcare reform, the cardinal asserted. Mandated coverage would undermine the ability of Catholic providers to participate in the healthcare system and "coerce millions of people into paying for the destruction of unborn children against their consciences and convictions," Card. Bernardin said. He added that it would also be politically destructive, alienating constituencies that would otherwise be strong supporters of fundamental reform.

tionally charged issue of abortion.

• *Conscience clause protections for individual and institutional providers and accountable health plans are also necessary but not sufficient to protect Catholic and other healthcare providers that find abortion a morally objectionable procedure.* Federally mandated insurance coverage for abortion should be excluded from healthcare reform legislation, and conscience clauses for providers and plans should be included. Conscience clauses are necessary not only in the context of abortion but also for a number of reproductive and other issues. For example,

Conscience clause protections for providers and health plans are necessary but not sufficient.

certain infertility services are morally prohibited from being delivered in a Catholic institution. And if assisted suicide is ever permitted by state laws, Catholic facilities would certainly need to be exempt from providing such treatment.

The talking points are intended to supplement the following arguments against abortion provided by the U.S. Catholic Conference:

- Abortion is ethically wrong.
- Federal precedent is against abortion.
- State precedent is against abortion.
- Public opinion is against abortion.
- The medical profession does not see abortion as an integral part of healthcare.
- Abortion is an "elective" procedure.

For the full text of "Why Not Include Abortion in National Health Care Reform?" contact the Secretariat for Pro-Life Activities, National Conference of Catholic Bishops.



CHA MEMBERS PARTICIPATE IN HOSPITAL CONSTITUENCY DAY

In May Catholic healthcare leaders from targeted congressional districts, as well as members of CHA's Washington staff, participated in "Hospital Constituency Day." After a White House meeting with Vice President Gore and other administration officials, participants proceeded to Capitol Hill to present CHA's advocacy positions to their congressional representatives. Pictured (from left to right) are: **Kevin D. Leahy**, president and CEO, St. Francis Hospital & Health Centers, Beech Grove, IN; **William D. Fuchs**, president and CEO, Saint Joseph Hospital, Lexington, KY; **Carl L. Middleton**, vice president for ethics and leadership, SCN Health System, Nazareth, KY; **Sr. Margaret Ann Hardner, SSJ**, corporate leader, Saint Vincent Health System, Erie, PA; **Joanne Elden Beale**, government liaison, Catholic Health Association, Washington, DC; **Joseph J. Neidenbach**, administrator, St. Vincent Hospital, Green Bay, WI; **Wade Rose**, vice president-external affairs, St. Mary's Medical Center, San Francisco; **Sr. Almeda Golson, DC**, president and CEO, Saint Thomas Hospital, Nashville, TN; **J. Rock Tonkel**, former president and CEO, St. Vincent's Hospital & Medical Center, New York City; **Patricia G. Ball**, vice president of strategic development, Saint Thomas Hospital, Nashville, TN; **Joan M. Waldrop**, vice president-corporate development, St. Mary's Hospital, Amsterdam, NY; **Kevin R. McNamara**, vice president-community and government relations, Hospital of Saint Raphael, New Haven, CT; **Peter E. Capobianco**, president and CEO, St. Mary's Hospital, Amsterdam, NY; **Michael V. Ciccocioppo**, vice president-quality and government relations, Holy Spirit Hospital, Camp Hill, PA; **Edward J. Schlicksup, Jr.**, president, Mercy Hospital, Inc., Charlotte, NC; **Robert G. Brueckner**, president and CEO, St. John's Regional Medical Center, Joplin, MO; **Thomas G. Byrne**, CEO, St. Michael Hospital, Texarkana, AR; **Sr. M. Electa, CSFN**, president and CEO, Bethania Regional Health Care Center, Wichita Falls, TX; **Michael Davis**, government research analyst, Catholic Health Association, Washington, DC; **Christine Marie Kuskowski**, director-government relations, St. John Hospital & Medical Center, Detroit; **R. Timothy Stack**, president and CEO, Borgess Medical Center, Kalamazoo, MI.