

# Hill Notes

## February 2011

### Protecting the Life and Dignity of All in Health Care

#### What is the position of the bishops on health care?

The Catholic bishops have advocated for quality, accessible and affordable health care for all for decades. The bishops have consistently insisted that access to decent health care is a basic safeguard of human life and an affirmation of human dignity from conception until natural death. Health care policy should be supported that:

- 1) Ensures access to quality, affordable, life giving health care for all;
- 2) Retains longstanding requirements that federal funds not be used for elective abortions or plans that include them and effectively protects conscience rights; and,
- 3) Protects the access to health care that immigrants currently have and removes current barriers to access.

Providing affordable and accessible health care that clearly reflects these fundamental criteria is a public good, moral imperative and urgent national priority.

#### What is the experience of the Church?

Health care is not just another issue for the Church. It is a fundamental issue of human life and dignity. Health care ministry is one way the Church continues Jesus' mission of healing and care for the "least of these" (Mt. 25). The Catholic Church provides health care, purchases health care and picks up the pieces of a failing health care system. The Catholic community sees and serves the sick and uninsured in our emergency rooms, shelters and on the doorsteps of our parishes. One out of six patients is cared for in Catholic hospitals. We bring strong convictions and everyday experience to the issue of health care. Our faith requires Catholics to join with others in public debate and to share Catholic teaching and experience in the search for effective health care reform.

#### What are the facts about the health care reform law?

Following enactment of the health care reform legislation, the challenges are formidable but in some ways are simpler. Since the battle over the bill is over, the defects can be judged soberly in their own right, and remedies can be advanced in Congress while retaining what is good in the new law. Indeed, failure to address these problems would provide ammunition for those who seek total repeal of the law.

The Catholic bishops opposed final passage because there is compelling evidence that it would expand the role of the federal government in funding and facilitating abortion and plans that cover abortion. The statute appropriates billions of dollars in new funding without explicitly prohibiting the use of these funds for abortion, and it provides federal subsidies for health plans covering elective abortions. Its failure to preserve the legal status quo that has regulated the government's relation to abortion, as did the original bill adopted by the House of Representatives in November 2009, undermined the law of our land and threatened the consensus of the majority of Americans: that federal funds not be used for abortions or plans that cover abortions. Additionally, the statute forces all those who choose federally subsidized plans that cover abortion to pay for other peoples' abortions with their own funds.

The statute is also profoundly flawed because it has failed to include necessary language to provide essential conscience protections (both within and beyond the abortion context). As well, many immigrant workers and their families could be left worse off since they will not be allowed to purchase health coverage in the new exchanges to be created, even if they use their own money.

The consistent moral criteria insisted upon by the bishops included expanding access to quality health care and the elements of the health care reform measure signed into law advanced this essential goal. These elements and provisions of the new law should be maintained and strengthened where possible in the implementation process.

### **Can problems in the health care law be fixed?**

Three bills currently in the U.S. House of Representatives would help ensure that adequate protections are in place for the consciences of taxpayers and health care providers and against federal funding of abortion. The Protect Life Act, H.R. 358, would address flaws in the new health care reform law and bring it into line with policies on abortion and conscience rights that have long prevailed in other federal health programs. It would do so by preventing funds under the new law from subsidizing abortion or health care plans that cover abortion, protecting the consciences of health care providers who decline to participate in an abortion, and ensuring that the law doesn't override state laws on abortion and conscience.

The Abortion Non-Discrimination Act (ANDA), H.R. 361, will codify into law the longstanding policy of the Hyde/Weldon amendment and give health care entities that do not provide abortions legal recourse when faced with government-sponsored discrimination. The Office for Civil Rights at the Department of Health and Human Services would be designated to investigate complaints.

The No Taxpayer Funding for Abortion Act, H.R. 3, would write into permanent law a policy on which there has been strong popular and congressional agreement for over 35 years: The federal government should not use taxpayers' money to support and promote elective abortion. Even public officials who take a 'pro-choice' stand on abortion, and courts that have insisted on the validity of a constitutional 'right' to abortion, have agreed that the government can validly use its funding power to encourage childbirth over abortion. This agreement is so longstanding that, during the health care debate, many assumed it was already in place at all levels of the federal government, when in fact the Hyde amendment is only a rider to the annual Labor/HHS appropriations bill and only governs funds under that act. The benefit of H.R. 3 is that it would prevent problems and confusions on abortion funding in future legislation.

It is also essential to pursue that legislation remove the five-year barrier to Medicaid for legal immigrants that is in current law. Future legislation on immigration reform or health care reform should expand access to health care for all immigrants.

### **What do the bishops mean by “ensuring access to quality, affordable, life giving health care for all?”**

All people need and should have access to comprehensive, quality health care that they can afford. Access to health care should not depend on a person's stage of life, where or whether one works, how much one earns, where one lives, or where one was born. Health care is a social good, and accessible and affordable health care for everyone benefits both individuals and society as a whole. The moral measure of any health care reform proposal is whether it protects human life and dignity and offers affordable and accessible health care to all.

For more detailed analysis and to read the bishops' statements and correspondence on health care, please visit [www.usccb.org/healthcare](http://www.usccb.org/healthcare).