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Citizens' Health Care Working Group
7201 Wisconsin Avenue
Suite 575
Bethesda, MD 20814

To the Citizen's Health Care Working Group:

Catholics for a Free Choice (CFFC) welcomes the opportunity to submit comments on the Citizens' Health Care Working Group's (CHCWG) *Interim Recommendations* on improving health care for the American public.

CFFC is an organization founded to serve as a voice for Catholics who believe that the Catholic tradition supports a woman's moral and legal right to follow her conscience in matters of sexuality and reproductive health. CFFC shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well being and respect and affirm the moral capacity of women and men to make sound decisions about their lives. Through discourse, education and advocacy, CFFC works in the US and internationally to infuse these values into public policy, community life and Catholic social thinking and teaching.

Our interest in this matter reflects our commitment to shining light on the health care practices of the Catholic health care industry and especially the Ethical and Religious Directives for Catholic health care, the theological guidelines which shape and direct Catholic health care services. CFFC is the recognized leader in challenging these theological barriers to the provision of modern day medicine and in educating the American public about their consequences for religious freedom, for women and for their families. And, as the committee considers the many recommendations that it will receive through the public comment process, it needs to consider that there are more than 600 Catholic health care institutions in the United States, which represents approximately 12% of the total, and about one in six Americans is treated in a Catholic health care institution every year.

CFFC concurs with the CHCWG's findings that the state of our nation's health care system is in desperate need of a complete overhaul. Indeed, CFFC believes that our health care delivery system is in a state of crisis: escalating health care costs have led to the consolidation of services in the hands of fewer and fewer large conglomerates; insurance companies and employers, in an effort to contain costs, have sought to exercise greater control over the choices their clients and employees make in health care; and the

government has been largely unable to deliver quality health care to low income and economically challenged persons living within America's borders.

The legislatively mandated charge to the CHCWG was to discover, through a series of community meetings, the answers to the following (at a minimum) four questions:

- What health care benefits and services should be provided?
- How does the American public want health care delivered?
- How should health care coverage be financed?
- What trade-offs are the American public willing to make in either benefits or financing to ensure access to affordable, high quality health care coverage and services?

We would like to submit comments about the CHCWG's recommendations on a core benefit package for all Americans.

A core benefit health care package for all Americans which seeks to guarantee that every man, woman and child has equal access to the latest in health care innovation and promise is indeed a worthy and plausible goal for a country as rich as the United States. With an unprecedented breadth of diversity and economic resources, we believe that this goal is achievable. There will however be significant challenges—especially as regards reproductive health care.

An example of the challenges to providing quality and comprehensive reproductive health care services has already appeared in the form of industry trade representatives seeking to influence the CHCWG's report. We understand that the Catholic Health Association of the United States has provided talking points for its members to submit to the working group and is encouraging its membership to say that "Any basic benefit package should not include the provision of abortion, euthanasia, and other procedures prohibited by the Ethical and Religious Directives for Catholic Health Care Services."

If such an exemption were granted it would lead to the exclusion of a significant number of core, basic health care services that are essential to women's health. For example, Catholic health care providers would be free to exclude routine family planning services; voluntary sterilization service when women decide they have completed their families; most forms of assisted reproduction; education about and the provision of condoms as a method of preventing sexual transmitted diseases; as well as abortion even when medically indicated.

While many religious health care providers, including those affiliated with the Catholic tradition, provide excellent maternity-related services and are committed to caring for

low-income populations, there are major problems surrounding their inability to recognize pregnancy prevention and infertility treatment as core health care issues for women. In addition, their failure to provide comprehensive services for all forms of sexual expression also raises serious concerns. This inability is often not a matter of personal or hospital ethical principles but a result of the obligatory adherence to a set of ethical principles imposed upon the hospital by a religious, not medical, entity.

Matters relating to the personal conscience of health care providers deserve our attention, but it is far more important that public bodies speak up for the needs of consumers and protect the conscientious decisions of patients, regardless of their faith or the faith tradition of the provider.

Since a core benefit package would carry significant weight, especially for those who cannot afford to purchase private health insurance, the committee should consider the very real scenario where a person is denied the care they need on the core plan because the only hospital within reach is operating under religious principles and not medical ones. The ability to afford choice matters, but unfortunately not everybody can afford choice. For example, a recent study by the nonpartisan Guttmacher Institute revealed that between 1994 and 2001, the rate of unintended pregnancy increased by 29% among U.S. women whose income was below the poverty line, while it decreased 20% among women with incomes at least twice the federal poverty level. The former group will be less likely to be able to afford choice in health care provision and thus more likely to rely on whatever services may be provided by their local hospital. The possibility that these women might be denied essential reproductive health care services based on the tenets of a religion that is likely not even their own is a significant infringement and violation of civil rights.

The solution to ensuring that all, regardless of race, creed or economic circumstance, are treated fairly and without prejudice is to require that the core benefit package does not limit which services are offered depending upon the name or religious affiliation of the hospital facility in which the patient is seeking care. Simply put, hospitals as bricks and mortar institutions should not be permitted to deny patients in need of care access to legitimate services because of the religious tenets of those who own the hospital. Providing reproductive health care services does not violate religious freedoms. Religious freedom in the First Amendment of the Constitution includes the Establishment Clause and the Free Exercise Clause. The Constitution does not include a religious refusal clause that allows religious institutions to be exempt from participating in activities with which they do not agree.

The CHCWG is to be congratulated on a solid preliminary report. However, every effort should be made to broaden the rights of the underserved and the disenfranchised so as to

guarantee that they receive the same medical care as those with private insurance and the choice of a provider. This means creating public policies which ensure there are more choices instead of fewer and which require hospitals that receive public funds to provide the medical care that is necessary, based upon the needs of the patient, not the faith-affiliation of the provider or hospital. Our biggest concern is that the CHCWG will insert language which limits—instead of broadens—access to critical care by those in need of it most.

Sincerely,



Frances Kissling
President