



The Moral Dimensions of Health Reform

How the health reform bills in Congress measure up to Catholic social teachings

Ellen-Marie Whelan and Marta Cook | December 2009

Introduction

The Catholic Church is a long-standing advocate for health care reform in the United States, leading the effort for nearly a century. Given the Church's social justice tradition—with its principles of human dignity, solidarity, special status of the poor, and concern for the common good—the Church's commitment to a more accessible and affordable health care system for all is grounded in centuries-old teachings and traditions.¹ Among these traditions is a commitment to stewardship,² which calls for responsible rather than wasteful spending on health care.

The Catholic Church believes that government has a moral role in society—a duty to “assure opportunity, meet basic human needs, and pursue justice in economic life.”³ The Church also understands that there are some measures of socioeconomic justice that are the proper responsibility of government. Health care is one of these measures. Because of these beliefs, the Catholic Church has been a consistent advocate for comprehensive health care reform, with the government playing a key role in the organization and provision of services.

The Catholic Church is also a key player in health care delivery. In fact, it is the largest provider of nongovernmental health care in the United States. The Catholic Health Association's vision statement notes it aims to be “a vibrant presence in enhancing the health of communities and access to quality care for everyone, with special attention to those who are underserved and most vulnerable.”⁴ The Catholic Bishops have observed that this involvement in the health care system illuminates the strains and stresses related to inadequate health care and the human consequences of a failing system.⁵

Much of the recent debate over health reform has focused on abortion funding and coverage. While both bills in Congress take steps to address the concerns of those who have

The Catholic Church has been a strong advocate for health reform for the past century. Legislation now in Congress reflects the Church's principles for health reform.

a religious or moral objection to abortion—in particular the objections of the Catholic Church—it is helpful to consider the many other criteria presented by the Church for ethical health reform that the bills satisfy. It is also helpful to note that abortion is not the only legislative provision under debate. The Church also stresses the importance of universal coverage for everyone in the United States—including undocumented immigrants—which neither bill fulfills.

This fact sheet lays out in detail how the health care bills now under consideration in the House of Representatives and the Senate reflect the criteria laid out by the U.S. Conference of Catholic Bishops as important to health care reform. The criteria were taken from an [official statement](#) submitted by the USCCB to the Congressional Record on May 20, 2009.⁶

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Endnotes

- 1 United States Conference of Catholic Bishops, “Sharing Catholic Social Teaching: Challenges and Directions” (1998).
- 2 United States Conference of Catholic Bishops, “A Framework for Comprehensive Health Care Reform” (1993).
- 3 United States Conference of Catholic Bishops, “A Catholic Framework for Economic Life” (1996).
- 4 Catholic Health Association of United States, “Our Vision for U.S. Health Care” (2007).
- 5 “Framework for Comprehensive Care,” USCCB.
- 6 United States Conference of Catholic Bishops, “Statement for the Record,” Statement, May 20, 2009.
- 7 Andrew Wilper and others, “Health Insurance and Mortality in US Adults,” *American Journal of Public Health* 99 (12) (2009).
- 8 Joseph Wright, “Reducing Abortion in Kansas: Expanding Jobs and Health Insurance for Families and Opportunities for Children,” (Catholics United for the Common Good, 2007).

A comparison of Catholic teachings and the House and Senate health care reform bills

Criteria for health care reform according to the U.S. Conference of Catholic Bishops	House bill Affordable Health Care for America Act (H.R. 3962)	Senate bill Patient Protection and Affordable Care Act (H.R. 3590)
<p>“Access for all”</p> <p>The Church considers health care a human right. This means that all people should have access to affordable, quality health care.</p>	<ul style="list-style-type: none"> Covers 96 percent of Americans Improves everyone’s health insurance plans. Specifically: <ul style="list-style-type: none"> No one will be denied coverage because of a pre-existing condition No one will be dropped from a health plan if they become sick No annual or lifetime limits on benefits No co-pay on preventive health services Expands coverage for an additional 36 million Americans, but does not provide health coverage for undocumented immigrants Bars undocumented immigrants from receiving federal subsidies to purchase health insurance Does not explicitly bar undocumented immigrants from purchasing health insurance with their own money in the exchange 	<ul style="list-style-type: none"> Covers 94 percent of Americans Improves everyone’s health insurance plans. Specifically: <ul style="list-style-type: none"> No one will be denied coverage because of a pre-existing condition No one will be dropped from a health plan if they become sick No arbitrary annual or lifetime limits on benefits No co-pay on preventive health services Expands coverage for an additional 31 million Americans, but does not provide health coverage for undocumented immigrants Bars undocumented immigrants from receiving federal subsidies to purchase health insurance Bars undocumented immigrants from purchasing health insurance with their own money in the exchange
<p>“Comprehensive benefits”</p> <p>The Church supports reform that promotes good health and provides preventive care and treatment for disease, injury, and disability.</p> <p>Health reform should also provide care for those who are chronically ill or dying.</p>	<p>Essential benefits package</p> <ul style="list-style-type: none"> Requires all qualified health benefits plans to provide coverage that meets or exceeds the standards of an “essential benefits package” Requires an essential benefits package to, at a minimum, cover: <ul style="list-style-type: none"> Hospitalization, outpatient hospital, and clinic services Professional services of physicians and other health professionals Prescription drugs Rehabilitative services Mental health and substance use disorder services Preventive services, maternity care, well-baby and well-child care Medical equipment Establishes a Health Benefits Advisory Committee to make recommendations regarding what should be included in the essential benefits plan Promotes the use of preventive services by eliminating cost-sharing for patients in all insurance plans for recommended preventive services Establishes a Center for Medicare & Medicaid Innovation to develop and test innovative payment and care delivery models that emphasize coordination of care, quality improvement, and efficiency, especially for those with chronic illnesses Improves community care and support for the elderly and people with disabilities. Supports continued provision of hospice care 	<p>Essential benefits package</p> <ul style="list-style-type: none"> Requires all qualified health benefits plans to provide coverage that meets or exceeds the standards of an “essential benefits package” Requires an essential benefits package to, at a minimum, cover: <ul style="list-style-type: none"> Hospitalization, outpatient hospital, and clinic services Professional services of physicians and other health professionals Prescription drugs Rehabilitative services Mental health and substance use disorder services Preventive services, maternity care, well-baby and well-child care Medical equipment Establishes a Health Benefits Advisory Committee to make recommendations regarding what should be included in the essential benefits plan Promotes the use of preventive services by eliminating cost-sharing for patients in all insurance plans for recommended preventive services Establishes a Center for Medicare & Medicaid Innovation to develop and test innovative payment and care delivery models that emphasize coordination of care, quality improvement, and efficiency, especially for those with chronic illnesses Improves community care and support for the elderly and people with disabilities. Supports continued provision of hospice care
<p>“Priority concern for the poor”</p> <p>The Church supports reform that gives priority to providing quality care for the poor and underserved.</p>	<p>Expands Medicaid program</p> <ul style="list-style-type: none"> Expands coverage up to 150 percent of the federal poverty level <p>Individual subsidies</p> <ul style="list-style-type: none"> Provides affordability credits to individuals and families with incomes of up to 400 percent of the federal poverty level, or about \$43,300 for an individual or \$88,200 for a family of four Provides subsidies to low- and middle-income individuals and families to help pay out-of-pocket costs. <p>Small businesses</p> <ul style="list-style-type: none"> Provides tax credits for certain small businesses that offer health insurance to their employees 	<p>Expands Medicaid program</p> <ul style="list-style-type: none"> Expands coverage up to 133 percent of the federal poverty level <p>Individual subsidies</p> <ul style="list-style-type: none"> Provides affordability credits to individuals and families with incomes of up to 400 percent of the federal poverty level, or about \$43,300 for an individual or \$88,200 for a family of four Provides subsidies to low- and middle- income individuals and families to help pay out-of-pocket costs. <p>Small businesses</p> <ul style="list-style-type: none"> Provides tax credits for small businesses that offer health insurance to their employees

A comparison of Catholic teachings and the House and Senate health care reform bills (continued)

Criteria	House bill	Senate bill
<p>“Quality”</p> <p>The Church supports reform that promotes standards of quality and equity in health care and in provider training, and standards that encourage informed participation in health care decisions by individuals and families.</p>	<ul style="list-style-type: none"> Includes provisions to improve the quality and delivery of care, and supports research to inform consumers about patient outcomes resulting from different approaches to treatment and care delivery Comparative effectiveness research Establishes a new center to identify priorities for and provide for the conduct of comparative outcomes research, including subpopulations that have traditionally not been included in medical research Enhanced patient decision making Creates a new program within Medicare to better include patients in the decision making for their treatment options Community-based training for physicians Allows medical residents to train and provide care in community-based sites outside hospitals 	<ul style="list-style-type: none"> Includes provisions to improve the quality and delivery of care, and supports research to inform consumers about patient outcomes resulting from different approaches to treatment and care delivery Patient-centered outcomes research Establishes a new center to identify priorities for and provide for the conduct of comparative outcomes research, including subpopulations that have traditionally not been included in medical research National quality strategy Facilitates the creation and adoption of a national quality strategy Community-based training for physicians Allows medical residents to train and provide care in community-based sites outside hospitals
<p>“Respect for life”</p> <p>The Church supports reform that affirms the dignity of human life in all stages.</p>	<ul style="list-style-type: none"> Expands health insurance coverage for millions of uninsured Americans, thereby helping to reduce <u>unnecessary deaths</u>⁷ Expands health insurance coverage for millions of uninsured women, thereby helping to reduce the number of <u>unintended pregnancies and abortions</u>⁸ Prohibits abortion coverage in the public option, except in cases of rape, incest, or threat to the mother’s life. Prohibits abortion coverage beyond the above exceptions in private plans unless a woman can afford to pay 100 percent of her premium without government assistance or uses her own money to purchase separate, stand-alone abortion insurance. 	<ul style="list-style-type: none"> Expands health insurance coverage for millions of uninsured Americans, thereby helping to reduce <u>unnecessary deaths</u> Expands health insurance coverage for millions of uninsured women, thereby helping to reduce the number of <u>unintended pregnancies and abortions</u> Prohibits the use of federal funds to pay for abortion services in public and private plans, except in cases of rape, incest, or threat to the mother’s life.
<p>“Pluralism”</p> <p>The Church supports reform that encourages participation by the private and public sectors. This includes delivery of medical services by voluntary, religious, and nonprofit organizations. The Church also supports respect for a plurality of ethical and religious values in delivering health care and services.</p>	<ul style="list-style-type: none"> Provides the option of choosing a federally run public health insurance option through a new public health exchange for health insurance policies in addition to a number of private health insurance plans Protects only the conscience of those unwilling to provide, pay for, cover, or refer for abortion services 	<ul style="list-style-type: none"> Provides the option of choosing a federally run “Community Health Insurance Option” as a qualified health plan through a new public health exchange for health insurance policies in addition to a number of private health insurance plans, and allows states to enact a law to opt out of offering the option In addition to the public option, allows for the creation of a nonprofit cooperative public health insurance plan Protects the conscience of those willing OR unwilling to provide, pay for, cover, or refer for abortion services
<p>“Cost controls”</p> <p>The Church supports reform that includes measures to reduce waste, unnecessary treatment, and inefficiency—and that provides incentives for the good use of limited resources.</p>	<ul style="list-style-type: none"> Targets waste, fraud, and inefficiency in Medicare and Medicaid to pay for much of bill’s costs Protections against waste and abuse in the new public health insurance option and health insurance exchange will build upon the safeguards and best practices gleaned from experience in other programs Achieves substantial savings by decreasing the cost of prescription drugs for senior citizens Initiates payment reforms that target incentives toward better care. 	<ul style="list-style-type: none"> Targets waste, fraud, and inefficiency in Medicare and Medicaid to pay for much of bill’s costs Protections against waste and abuse in the new Community Health Insurance Option and health insurance exchange will build upon the safeguards and best practices gleaned from experience in other programs Creates an independent body to make recommendations to help extend the solvency of Medicare, get better value for Medicare dollars, and improve quality and affordability for Medicare beneficiaries Includes a plan to develop payment measures in Medicare, which will take into account payment based on achieving certain quality measures, and will help insure that quality is improved while growth in health care costs is reduced. Initiates payment reforms that target incentives toward better care
<p>“Equitable financing”</p> <p>The Church supports reform that finances universal access to health care on a societywide, equitable basis and does not create barriers to effective care for the vulnerable and poor.</p>	<p>The bill is paid for and will not add to the nation’s growing deficit</p> <ul style="list-style-type: none"> Costs \$1.042 trillion over 10 years and will reduce the federal deficit by \$139 billion over that time Much of the bill is paid for by eliminating inefficiencies in government health care spending <p>Balanced financing</p> <ul style="list-style-type: none"> Requires employers with payrolls over \$750,000 a year to provide coverage or contribute to the cost of coverage for their employees Applies a surcharge to the wealthiest 0.3 percent of Americans, based on the portion of their income above \$1 million for couples and \$500,000 for individuals. These revenues will help make health insurance affordable for the middle class and small businesses. 	<p>The bill is paid for and will not add to the nation’s growing deficit</p> <ul style="list-style-type: none"> Costs \$849 billion over 10 years and will reduce the deficit by \$127 billion over that time and more beyond that Much of the bill is paid for by eliminating inefficiencies in government health care spending <p>Balanced financing</p> <ul style="list-style-type: none"> Forbids employers from shifting health insurance costs to the health insurance exchange Raises the Medicare payroll tax by 0.5 percent on individuals who earn more than \$200,000 a year and on families earning more than \$250,000 a year. These revenues will help make health insurance affordable for the middle class and small businesses.