



Christus Medicus Foundation

Declaration 2000 supporting

Health Care Right of Conscience for all Americans

Recently enacted health care legislation violates the religious liberty and rights of American citizens by, 1) requiring health plans to cover prescription contraceptive methods and contraceptive drugs and devices that induce abortion (laws in 13 states), 2) paying for "confidential" abortions, contraception, and sterilizations for teenagers without parental consent. (S-CHIP 1997), 3) using our tax dollars to pay for contraceptive and abortifacient drugs for federal employees (FEHBP 1999), and 4) using our tax dollars to reduce the population of our nation's poor by paying for abortion, sterilization, and contraception services (Medicaid 1993).

The Christus Medicus Foundation seeks your written support to reform these flaws in health care by educating lawmakers, political candidates, and religious, pro-life and pro-family organizations about the need for "Health Care Right of Conscience" legislation that will protect insurance companies, employers, institutions, individual physicians, employees of health care facilities, and taxpayers from paying, providing, arranging, and/or referring for services that are against their moral or religious beliefs. Please read and sign the statement below in support of this goal.

I agree that federal "Health Care Right of Conscience" legislation must be enacted to protect:

- **The rights of participating health care insurers not to provide, pay for, arrange for, and/or refer for morally objectionable services.**
- **The rights of health care providers and insurers to participate in the free market of health services by providing morally acceptable and ethical health care alternatives.**

_____ signature _____ date

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Please include any statement you would like to make supporting this declaration.
Please complete, sign, fax, email or mail to Michael J. O'Dea at the address below:

Christus Medicus Foundation

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Supporting Document for Health Care Right of Conscience for all Americans

Recently passed federal and state health care laws violate the religious liberty and rights of American citizens by legally preventing health care providers from offering health insurance plans that are consistent with their religious and moral convictions. The 1999 Federal Employee Health Benefit Plan (FEHBP) and state and pending federal Equity in Prescription Insurance and Contraceptive Coverage (EPICC) legislation mandate contraceptive coverage, while most state Children Health Insurance Programs (S-CHIP) provide confidential family planning services to teenagers without parental consent. So-called religious exemptions contained in some of these bills offer little or no protection for health insurance providers to reject covering these services. This document accompanies "Declaration 2000-Health Care Right of Conscience for all Americans" to provide information supporting the need for legislation that will protect insurance companies, employers, institutions, individual physicians, employees of health care facilities, and taxpayers from paying, providing, arranging, and/or referring for services that are against their moral or religious beliefs.

Health Care Mandates:

- State **Equity in Prescription Insurance Contraceptive Coverage (EPICC)** laws have been modeled after federal EPICC legislation that was introduced in Congress in 1999, but not yet passed. Thirteen states (MD, CA, CT, GA, HI, ME, NV, NH, NC, VT, IA, DE, and RI) have subsequently passed laws modeled after the federal bill, while similar legislation has been introduced in 34 states.¹ Passed into law in 1999, the California EPICC legislation, AB 39, requires *"every individual health care service plan contract (that has prescription coverage)...to provide coverage...for a variety of federal Food and Drug Administration approved prescription contraceptive methods."* The "religious exemption" in this legislation is specific only for religious employers who meet all the following criteria: *"The inculcation of religious values is the purpose of the entity. The entity primarily employs persons who share the religious tenets of the entity. The entity serves primarily persons who share the religious tenets of the entity. The entity is a nonprofit organization..."*² This exemption is unacceptably narrow. Catholic schools and hospitals do not even qualify with this criteria.
- The 1999 **Federal Employee Health Benefit Plan (FEHBP)** has mandated contraceptive coverage for all FDA approved contraceptive drugs, including those that induce abortion. Except for an exemption for religious organizations, all health plans must provide coverage of contraceptives if they are to participate in FEHBP.
- The 1997 **State Children's Health Insurance Program (S-CHIP)** allocated 48 billion dollars from the Federal Government to the 50 states to provide health insurance to children of working class families under age 19. Though not required by Congress, most S-CHIP plans pay for promoting and providing confidential family planning services to minors.
- The tax-funded **Medicaid** program was amended in 1993 to include coverage for family planning services, including abortion for rape, incest, or to save the life of the mother. Taxpayers are funding morally objectionable services.

Why have these mandates been passed?

The powerful lobby of "reproductive rights" and abortion advocates have played a major role in the formation of these recent health care mandates. Published recommendations of the Alan Guttmacher Institute (AGI), the research arm for Planned Parenthood, state that "all managed care plans should cover the full range of reproductive health services for all enrolled individuals and all dependents of reproductive age" and that if providers have religious or moral objections to offering these services "plans must have a bypass mechanism to help enrollees access covered services."³ Additionally, confidentiality at all phases of family planning services and establishing nationwide subsidized family planning clinics is another goal of the AGI³ that is being embraced by federal, state and private health plans.

Unhealthy consequences of contraception and abortion

In addition to the outright killing of our unborn, the adverse consequences of abortion and contraception to women's health have been well documented. These effects can be long lasting and life threatening. **Compared to women who have given birth, the suicide rate of women who have undergone abortions is at least 6 times higher⁴ and the overall death rate in the year following an abortion is 4 times higher.⁵** Substance abuse, post traumatic stress disorder, depression and a host of other psychiatric problems are common in women who have undergone abortion.⁵ Abortion is also associated with an increased risk of cervical incompetence, ectopic pregnancies, infection, and other physical complications which reduce a woman's chance of later having a wanted child.⁵ Twenty-seven out of thirty-three studies have shown a positive link between abortion and breast cancer with the overall increased risk being 30.8%.⁶ In young women who have had multiple abortions and never have had a full term pregnancy, the breast cancer risk is increased several fold.⁷ Since 1980, 18 out of 20 studies have shown the oral contraceptive pill to add a significant risk of developing breast cancer.⁸ Most of the studies have shown the increased risk to be in the range of 40%⁹ to 88%¹⁰, with the greatest risk (210%) being in teenage women.¹¹ Because breast cancer is the leading cause of cancer in women (1 in 8 American women will develop breast cancer in her lifetime)¹², oral contraception and abortion put young women at extremely high risk. The contraceptive pill is also associated with a significant increased risk of blood clots, stroke, heart attacks, and cancers of the cervix and liver.¹³ Health care providers should not be required to provide or include "non-health" services such as contraception, sterilization and abortion.

A model conscience clause

A solution to these problems is readily available. In July of 1997, the state of Illinois passed the "Health Care-Right of Conscience Act" stating *"It is the public policy of the State of Illinois to respect and protect the right of conscience of all persons who refuse to obtain, receive or accept, or who are engaged in, the delivery of, arrangement for, or payment of health care services and medical care whether acting individually, corporately, or in association with other persons; and to prohibit all forms of discrimination, disqualification, coercion, disability, or imposition of liability upon such persons or entities by reason of their refusing to act contrary to their conscience or conscientious convictions in refusing to obtain, receive, accept, deliver, pay for, or arrange for the payment of health care services and medical care."*¹⁴ The Illinois law could serve as a model for future legislative initiatives. Legal experts have already prepared comprehensive drafts of conscience legislation that would ensure protection for religious liberty.

A United Front...

If no action is taken to correct these legislative flaws, it is reasonable to suppose that insurance programs will soon be broadened to include subsidizing in-vitro fertilization, artificial insemination, cloning, assisted suicide, euthanasia, inappropriate withdrawal of nutrition, hydration, and termination of life-support systems, organ tissue donation from aborted babies, and various forms of medical experimentation.

The Christus Medicus Foundation seeks to educate lawmakers, political candidates and religious organizations about the need to pass state and federal conscience clauses. Through private or public health insurance programs, Americans must not be forced to provide, arrange, refer, or pay for non-health services that promote and provide procedures contrary to their religious beliefs and moral convictions, and destroy the sacredness of marriage and family.

Footnotes

1. Christus Medicus Foundation Vol 2 No1 April 2000 p. 42. California AB 39 Section 2 (2) (b) 3. Uneven & Unequal-Insurance Coverage and Reproductive Health Services, The Alan Guttmacher Institute 1993; The Alan Guttmacher Institute-Reproductive Health Services and Managed Care Plans: Improving the Fit, March 1996
4. Gissler, British Medical Journal 313:1431-4, 1996
5. Elliot Institute www.afterabortion.org/complic./html
6. J.Brind, J. of *Epidemiology and Community Health* 1996, 50: 481-496.
7. H.Howe, *International Journal of Epidemiology* Vol 18, No. 2, P 300-304
8. Kahleborn, C., *Breast Cancer and its link to abortion and Birth Control Pill*, Publ: One More Soul, Fall 2000.
9. Wingo, P.A., et al *Cancer* (supplement) 1993; 71: 1506-1517.
10. Rosenberg, L., et al, *American Journal of Epidemiology*. 1996; 143: 25-37.
11. Brinton, LA, et al. *JNCI*. 6/7/1995; 87: 827-835.
12. American Cancer Society
13. Physician's Desk Reference 1998
14. Illinois Rev. State Ch 745 & 70/2 Findings and Policy II.

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