



CATHOLIC MEDICAL ASSOCIATION

Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine

January 15, 2008

CONTACT: John Brehany, Ph.D., S.T.L.
Executive Director & Ethicist

STATEMENT ON SCHIP REAUTHORIZATION

DATELINE January 15, 2008 – Reauthorizing the State Child Health Insurance Program (SCHIP) is a high priority for the federal government and the American people, but the House of Representatives voted yesterday without adequate consideration. The Catholic Medical Association (CMA) advances the following recommendations to ensure that SCHIP truly serves the health of America’s children.

1. *Insuring access to basic health care services for all children is an ethical obligation and wise public health care policy.* In America’s system of health care financing and delivery, too many people fall through cracks of eligibility and enrollment. This is a particular problem for children, who need a wide range of preventive services to grow into healthy adults. Studies show that children who lack health insurance also lack regular access to the health care services they need. Stable funding to ensure predictable access is essential and ethical.
2. *Public funding of SCHIP must respect justice and the common good.* While the provision of adequate funding is necessary, abuses of the funding process should be avoided. First, SCHIP funding should go to children and not to adults. Currently six states cover more adults than children with SCHIP funds, and more states divert at least some SCHIP dollars to adults. Second, SCHIP funding should go to truly needy children. If SCHIP reauthorization attempts to cover middle/upper class children and adults (and proposals in 2008 included families up to 400% of federal poverty levels and children up to age 25) then truly needy children will be crowded out and federal funding quickly will be exhausted as more families sign up for “free” health care benefits. Third, before attempting to expand the original terms of SCHIP coverage, we should ensure that children currently eligible for SCHIP and Medicaid funding are covered. Too many children who currently qualify for Medicaid and SCHIP are not enrolled. Finally, the SCHIP program should fairly compensate physicians, hospitals, and others who provide health care services.
3. *The SCHIP program should not undermine America’s families, their beliefs, and the health of children.* Most states use SCHIP funds to pay for abortion, contraception, and sterilization which, under current law and Medicaid regulations, can be offered to children without the knowledge or consent of parents. While SCHIP funds should not be used for these purposes because they are unethical and have an adverse impact on children’s physical, emotional and spiritual health, at a minimum, state and federal regulations should permit parents to have access to SCHIP funds to enable them to choose health insurance coverage that does not conflict with their values and that does not separate funding mechanisms from parental oversight.

Consistent and sufficient funding for health care coverage for poor children is too important to delay. But Congress should ensure that needy children are helped in a way that truly serves their health and does not undermine the dignity and beliefs of families.