

Health Care Reform

Moral Crisis In State Children Health Insurance (S-CHIP)

by Michael J O'Dea (March 23, 2000)

Introduction

The purpose of this paper is to provide state prolife, profamily, health care professionals and religious leaders factual documentation of the new State Children's Health Program, better known as S-CHIP. It is the author's belief, that in the hands of those who care about the future of the American family, this information will provide the insight needed to reform their state's S-CHIP to protect the best interests of families. The Clinton Administration, having failed with a massive national health care program in 1993, pushed through, piecemeal, many provisions that have resulted in promoting the "culture of death"; the confidential inclusion of abortion, sterilization and contraception for children under 19, in new state children's health insurance (SCHIP). Government bureaucrats slipped a 48 billion dollar provision for fiscal years 1998 through 2007 to help expand health insurance for five million children under nineteen (19) years of age, at or below 200% of the federal poverty level in working families, who do not have creditable health insurance, into the Balanced Budget Act of 1997.

The key to the program becoming a permanent entitlement was to reach out to the middle class. In some states, it was made available to children in families with income up to \$50,000. This program is run by the states, but is heavily funded by the federal government under Title XXI of the Social Security Act. Although the Clinton Administration claims five (5) million children are uninsured, a survey by the Department of Human Services, claims there are 1.3 million under 18, that are uninsured. The average cost of a health insurance plan for a child is \$900, so over a ten year period the program should cost only \$12 billion.(1) Whatever the real cost was, didn't seem to matter. Over a million of American children were uninsured, and how could anyone say no to such a program?

Through this look good State Children's Health Insurance Program (S-CHIP) and use of managed care settings, the radical family planning and abortion proponents, under the leadership of Planned Parenthood and the Alan Guttmacher Institute, silently, cleverly and confidentially accomplished their goal of establishing nationwide subsidized family planning clinics. (2) Their goal of providing more confidential abortion, contraception and sterilization services to our children, funded with tax payers dollars and distributed through schools, churches, county health departments, work force development boards, Head Start, Women, Infant & Children (WIC) programs, hospitals, Child Care Coordinating Councils, medical societies, and health care systems, was accomplished without parental knowledge and/or authority. No where in S-CHIP brochures were children and parents given information that this program provided anti-family reproductive services. Since getting the cooperation of powerful health care interests was critical to the new program's success, fifteen percent (15%) of this new entitlement could go to newly created services, outreach and administrative services for children. (3) How much of this money was and will be used to lure children into the family planning facilities that confidentially provide or refer for abortion, and distribute condoms and chemicals that induce abortion? All fifty states and the District of Columbia have secured federal approval for their plans. (4)

Although not required by Congress, it appears most state plans cover family planning services. The states had three options in determining the program. They could elect to: a) expand Medicaid, b) design their own plan, or c) establish some type of combined plan. The

only known exception to not covering family planning services, from its inception, was the state of Pennsylvania.(5) Presently, the only other state known not to cover abortion and sterilization is Michigan. However, when the Michigan program was first presented in December 1997, it did provide a full range of family planning services to include sterilization, contraception and abortion for rape, incest and life of the mother. **The Engler Administration was lead to believe family planning services were required if they were to secure federal funding. Due to the strong pro family and pro life commitment of Governor Engler and state legislators and the active involvement of concerned citizens, sterilization and abortion were removed respectively in December of 1998 (6) and in May of 1999.(7)**

The new Clinton health care initiative, proposed in January 2000, to commit an additional \$110 billion over the next 10 years to expand the State Children's Health Insurance Program (S-CHIP), provide tax credits for small businesses to buy health insurance, expand access to Medicare and give tax credits for long-term care. The largest item in the proposal would be the creation of a FamilyCare program, increasing federal matching grants to states in order to expand the S-CHIP to provide coverage to the parents of eligible children as well as the children.(8) To even consider funding the expansion of S-CHIP would be a travesty to the children of this generation and future generations. At the very minimum, Congress should not even discuss further funding S-CHIP until these abhorrent, non health care procedures of abortion, sterilization and contraception are removed from all children's health plans.

As a prolife, profamily movement we must be the voice for our children and parents from being undermined by those who want to solve social problems through eliminating children and undermining parental authority. Timing is critical to reform S-CHIP, state by state, and to educate policymakers, religious leaders, health care professionals and prolife, profamily activists on the need to join us in this movement. The federal government did not require states to pay for such repugnant procedures that destroy and undermine the American family, the future for keeping this nation the great moral and free giant our founding forefathers designed it to be.

Planned Parenthood Shapes S-CHIP

Managed Care and S-CHIP

If managed care truly put patient care first, it would be a great asset to slowing down the unnecessary expenditures of health care. However, **in many cases, the managed care that is now being implemented by employers, health care providers, and governments, enslave America? For the reproductive rights proponents, managed care became an excellent vehicle to subtly implement and keep confidential abortion, contraceptive and sterilization services.** Managed care requires less and less accountability of children by other parents. Because of the way HMO's function, they are well suited to address the abortion proponents agenda, particularly in S-CHIP. For example, "71% of HMO's allow a spouse or dependent that is at least age 18 to receive confidential care; in these instances a dependent that can prove enrollment may obtain services, either pays the copayment if one is required or elect to be billed directly for the copayment amount, and ask that no written statement be sent to the employee indicating that services have been rendered". (9)

According to the Alan Guttmacher Institute (AGI) 1993 health care reform report, "Uneven and Unequal - *Insurance Coverage and Reproductive Health Services*" confidentiality of abortion services is "more important to reproductive services than to other types of medical care". **This**

study reported that 71% of HMOs allowed confidential reproductive services for spouse and non spouse dependents 18 and over, and 64% for nonspouse dependents under 18. (Figure 7) According to this same report, the minimal criteria for any healthcare reform package must cover : 1) full range of reproductive health care services (abortion, sterilization, contraception, 2) dependents 3) reproductive health services that are confidential to all individuals covered under the plan, and 4) **preventive reproductive services, without deductibles and copays to assure confidentiality.** The health care plan designers don't want to allow mothers and fathers to know if their daughter is pregnant, but will pay for the killing of their grandchild. The ultimate goal of the subsidized family planning clinics, through S-CHIP is to make all reproductive services confidential and routine health care in both the private and public sectors.

Knowing how managed care works, Planned Parenthood, along with the reproductive rights proponents, continue to successfully expand confidential reproductive services in managed care settings. S-CHIP is another example. Interestingly, the promotional pamphlets for S-CHIP, state they cover procedures, such as well-child care, physical examinations, emergency care, prescription drugs, outpatient surgery, inpatient hospital medical or surgical care, immunizations, diagnosis and treatment of illness and injury, mental health and substance abuse. (10) Not a word is mentioned to parents that confidential services are available for abortion, sterilization and contraception.

Furthermore, if parents sign up their child for this insurance, it is unclear if parental consent is necessary for an abortion to be performed, even in a state that has parental consent. How will legislators and parents hold administrators accountable if reproductive procedures are performed on children without parental consent? Still another organization, the **U.S. Preventive Services Task Force**, is also teaming up with the family planners and health care plan designers to eliminate the most innocent and vulnerable of our society through promoting the use of prenatal genetic testing and genetic abortion. This is already routine practice in HMO's and POS networks. As a result, preborn children with high cost medical problems are at great risk. **Are pregnant teenagers enrolled in S-CHIP going to be subtly coerced by health care providers to abort children with genetic abnormalities?**

Recently, evidence was uncovered favoring counseling for abortions in the instances of defects: lifetime cost of Down's syndrome is pegged at \$410,000 per case, and spina bifida cost is said to be \$258,000 (based on 1988 cross-sectional studies). The U.S. Preventive Services Task Force, Guide to Clinical Preventive Services (1996 edition) edition states "Counseling regarding screening should include information on the procedure itself, the likelihood of follow-up testing with amniocentesis and its associated risks, **as well as a full discussion of the potential outcomes associated with delivering a child with Down syndrome and of aborting a Down syndrome fetus...**"

With this type of counseling, statistics clearly show that an overwhelming number of mothers choose to abort. With sterilization also part of children's insurance, could these children with genetic defects be encouraged to be sterilized? Payment for these life and death decisions, that children make in crisis situations, are made by administrators and bureaucrats based on managing dollars, not on the welfare of what is moral or what is in the best interest of children and their parents?

If payment were not so easily and confidentially available for devices, pills and surgical procedures that kill and mutilate human beings, children would turn to their parents and family members, or caring and loving counselors for help. It's the caring and compassionate people

that need to be involved in their lives that will support their best interests over the long term of their crisis. “Out of site, out of mind”. When kept behind the close doors of managed care, expedience and extermination of the helpless becomes a quick easy solution to containing costs, responding to social needs and controlling population growth.

State Models for S-CHIP Reform

Michigan

On Monday Nov 10, 1997, a concerned citizen, husband and father read an article in the Detroit Free Press describing a new state sponsored children’s health insurance program that was soon to be made available to children under the age of 19 in the state of Michigan. (11) The program was to be run by the state of Michigan, but heavily funded by the federal government under Title XXI of the Social Security Act. Based on a formula included in federal law, it was estimated that Michigan received 91.6 million in federal matching dollars in 1998. (12) Michigan has been a national leader in providing insurance for all age groups. It ranks among the top eight states with the lowest number of uninsured children. With the availability of this new federal funding from the Balanced Budget Act of 1997, the purpose of this program was to further help children by providing affordable health insurance to working class families.

Although this concerned father applauded the goals of caring for the health care needs of uninsured children, he was troubled by the idea that the state was going to provide applications for this new program, through schools. Understanding the long range implications of state run educational institutions intruding into the privacy of families and undermining parental authority, he decided to investigate to uncover the truth about this new children’s health insurance program.

Also, knowing the goals of Planned Parenthood, and the 1996 proposal “ Improving the Fit – *Reproductive Health Services in Managed Care Settings*”, The Alan Guttmacher Institute (AGI), aided by Linda A. Bergthold, vice president Lewin-VHI, Amy Bernstein, senior associate, Group Health Association of America, AMCRA, Elizabeth Buechler, chief of obstetrics and gynecology, Harvard Community Health Plan, Cynthia Costello, research director Women’s Research and Education Institute; Suzanne Delbanco, program officer of, The Henry J. Kaiser Family Foundation,; Julie Gazmararian, research scientist, The Prudential Center for Health Care Research; Terry German, medical director, U.S. Health Care Research; Ruth Kaltz, director of public health programs, The Henry J. Kaiser Family Foundation; Dorothy Mann, executive director, Family Planning Council of Southeastern Pennsylvania; Lois Quam, vice president, public sector services, United Health Care; Sara Rosenbaum, senior research staff scientist, Center for Health Policy Research, The George Washington University; and Linda Williams, executive director, Planned Parenthood Mar Monte; prepared a report recommending the establishment of nationwide subsidized family planning clinics in managed care settings, he decided to examine Michigan’s new program in it’s entirety.(13)

In his initial contact with the Michigan Community Department of Health in November of 1997, he was assured that Michigan’s State Children’s Health Insurance Program, known as MICHild, would not cover any procedures that would be destructive to or undermine the family. Having great confidence in the Engler Administration, his worries about AGI, Planned Parenthood and the authors of “Improving the Fit” accomplishing their goals, in Michigan, were put to rest.

However, in April of 1998, he received a copy of the plan design for MICHild. In analyzing MICHild's plan design, he was outraged to find that everything he feared and more was included in the program. He discovered that most of what AGI proposed for children's reproductive health services, in their 1996 report "Improving The Fit, *Reproductive Health Services in Managed Care Settings*, was included in MICHild.

Michigan's state children's health insurance initially provided for the following: (14)

- Sterilization
- Termination of Pregnancy: when determined medically necessary to save the life of the mother, and/or the pregnancy is the result of rape or incest.
- Family planning services as defined within MICHild benefit. (This is essentially distribution by the state of contraceptives.)
- Applications will be distributed by state approved HMOs, PPOs, county health departments, family planning clinics and schools.
- Health care providers must agree to pay for the above services to qualify for participation.

On April 17, another interesting development was discovered. As proposed as one of the necessary conditions by The Alan Guttmacher Institute in their 1993 report "Uneven & - *Insurance Coverage and Reproductive Health Services*", (15) keeping reproductive services confidential in any health care reform package, the Michigan Department of Community Health requested an amendment to MICHild that would eliminate all copays for MICHild covered services.(16)

After discovering that these antifamily procedures were covered, he contacted the Michigan Department of Community Health, Right To Life of Michigan (RTLTM), and his state legislators to find out how this ever happened. The state legislators that were contacted said they never voted for inclusion of these procedures as part of MICHild. RTLTM was aware of the inclusion of these procedures and was not happy, but they agreed to accept it. Because it was a federal program, RLM was under the impression, with Bill Clinton in office, these antifamily procedures could not be excluded. Obviously, the Michigan Community Department of Health was under the same impression as RTLTM.

Since this program was so destructive and so little was known about it, a group of concerned Michigan concerned citizens formed the MICHild Reform Committee. Bob Collins, director for a local crisis pregnancy center, agreed to act as Chairman. The purpose of this committee was to remove contraception, sterilization and abortion from MICHild and to see that none of the money allocated for Administrative expenses would be used for sex education or lure children into family planning clinics. Their first step was to contact the Heritage Foundation to find out why a prolife/profamily Congress would approve funding for a children's health insurance that paid for abortion, contraception and sterilization (this is not health care), and allow government intrusion of privacy and undermining parental authority.

On, May 8, 1998, Carrie J. Gavora, Health Policy Analyst, Domestic Policy Studies, wrote the following to a committee member:

I'm writing to follow up on our recent conversation regarding federal requirements on funds made available to states in the new State Child Health Insurance Program (S-CHIP) approved by Congress last summer as part of the Balance Budget Act of 1997.

Specifically, I'd like to address the issue of use of funds for abortions and related reproductive health services under the new Title XXI child health program.

The S-CHIP legislation codified for the first time in federal law permanent prohibition on the use of federal S-CHIP dollars to pay for abortions except in the cases of rape, incest or threat to the life of the mother. As you know, this permanent codification is not in the Medicaid statute. Each year, language must be added to the appropriations bill to maintain this prohibition on federal Medicaid funds.

Beyond this prohibition on the use of federal S-CHIP funds for abortion coverage, the federal law is silent with regards to other types of coverage, such as contraceptives and sterilization services. Decisions to include these benefits are solely up to the individual state. The intent of the legislation, and one I support in principle, is to give states maximum flexibility in determining the type of program and benefits to be offered.

Along with this letter Ms. Gavora included the following information that was provided by the U.S. House Commerce Committee regarding the law's treatment of abortion coverage. (See attached Summary of Abortion – related Provisions, House Committee on Commerce, Balanced Budget Act of 1997).

The MICHild Reform Committee forwarded this information, provided by the Heritage Foundation, to state legislators and to the Right To Life of Michigan. Even with this information, the above leaders were still confused and maintained that the State of Michigan was still required by the Clinton Administration to provide contraception, sterilization, and abortion for rape, incest and life of the mother, if they wanted the federal funding allocated through S-CHIP. The next step was to get further clarification from The Heritage Foundation. The following was the information that was received:

Carrie J. Cavora, Health Policy Analyst, Domestic Policy Studies, The Heritage Foundation, July 1, 1998 “I received your fax and have not had the opportunity to go through the entire document. However, on this issue of whether it is a “federal mandate” to cover abortion for rape, incest or threat to the life of the mother (Hyde language) in the SCHIP law, that is untrue. **As you will read in the attached section of the law governing this issue, it says, “such funds may include coverage of abortion....”**”.

Attachment to Ms. Cavora's fax c) LIMITATION ON CERTAIN PAYMENTS FOR CERTAIN EXPENDITURES- General Limitations – Funds provided to a State under this title shall only be used to carry out the purposes of this title (as described in section 2101), and any health insurance coverage provided with such funds may include coverage of abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest.

Upon getting this clarification, it was forwarded on to Right to Life of Michigan with the returned response as follows:

Kevin T. Kelly, Director, Right To Life of Michigan, July 2, 1998.

Regarding the memo from the Heritage Foundation on the following page, this is an argument that has been made and lost.

On July 18, 1994, U.S. District Court Judge Menjamen Gibson overruled Michigan Public Act 59 of 1987 (which prohibited tax dollars for elective Medicaid funds for women seeking abortions resulting from rape or incest. Planned Parenthood and other filed suit in April of 1994 after governor Engler refused to follow a Clinton Administration mandate that state must fund abortion for rape and incest or jeopardize all their federal Medicaid reimbursements. The federal Hyde Amendment was changed in 1993 allowing federal Medicaid dollars to pay for abortions in cases of rape and incest, along with abortions to save the mother's life. Though not stated in the Hyde Amendment, the Clinton Administration issued a mandate that all states must provide matching Medicaid funding for abortions in cases of rape and incest.

Governor Engler and the State of Michigan appealed this ruling in the 6th Circuit Court of Appeals and lost. Governors in several other states, which refused to follow the mandate, were also sued, and also lost their challenges.

Despite the wording of the Hyde language, and despite the analysis offered by the Heritage Foundation, Michigan is currently under court order to pay for Medicaid abortion in the cases of rape or incest. The implications for MIChild remains as I pointed out in my letter of June 29, 1998.

Disagreeing with the analysis made by Right TO Life of Michigan, the MIChild Reform Committee contacted local Michigan Congressman Joseph Knollenberg for his opinion.

On October 8, 1998 Congressman Knollenberg wrote:

As you know, the Balanced Budget Act of 1997 included \$24 billion dollars for states to establish a health care program to provide coverage to low-income children not covered by Medicaid. This money was provided in the form of a block grant and provided the state with a great deal of flexibility in designing a system that would provide affordable health coverage to low-income children. In establishing the program, state were directed to pattern the program after one of the following four options: the federal employees health plan, the largest HMO plan in the state, the plan provided to state employee, or the Medicaid program in the state.

Michigan chose to pattern the MIChild program on the benefit plan provided to state employees. The plan provides for abortion services in the case of rape, incest, or in pregnancies where the life of the mother is endangered. Contraceptive and other family planning services are also provided.

It is important to note that there was no federal government requirement for the state of Michigan to provide coverage for these benefits. As you know, I am strongly opposed to using federal funds for abortion. I have consistently supported the Hyde Amendment and opposed funding for family planning services.

On October 17, MIChild Reform Committee wrote Michigan Legislators expressing their concern of MIChild including sterilization, contraception and abortion to "save the life of the mother or in cases rape and incest" They also express their concern about undermining parental authority and forcing health insurance companies to agree to provide these services if they want to participate in this program. **On October 20, 1998, the Congressional Record reported that on October 15, 1998 Donna Shalala responded to The Honorable Don Nickles, Assistant Majority, U.S. Senate, Washington, DC:**

Dear Senator Nickles:

I wanted to provide further information with respect to issues discussed in our recent correspondence. **States are not required to provide coverage of abortion services, including abortion services for which is permissible under Title XI of the Social Security Act, under any of the S-CHIP benefit package options in section 2103. No state shall be denied approval of its S-CHIP plan because its benefit package under section 2103 does not include coverage of abortion services, including abortion services for which coverage is permissible under XXI."**

To many, the idea of providing insurance coverage abortion for rape and incest is a compassionate thing to do. On the other hand, most compassionate counselors, at loving and caring crisis pregnancy centers have found that rape becomes a quick, easy way to avoid facing the very serious responsibility of carrying for their baby. Over the long run, woman that have used rape as a way out suffer terrible emotional after effects. Frequently, even those who have been raped, later on in their life, wish they would have had access to more compassionate counseling and care when they were facing their crisis. How can anyone determine whether or not a woman has been raped? To have made this a part of S-CHIP takes away the need for pregnant teenagers and parents to be more responsible and caring of one another. It also takes away the opportunity to build a more loving and compassionate society.

The MICHild Reform Committee forwarded the above information on to numerous state legislators and the RTLM, who agreed to revisit this matter with Mr. James Haveman, Director for the Michigan Department of Community Health.

On October 19, CREDO printed the story "MICHild – *New state healthcare program violates Church teachings*" by Dianne Morey Hanson.(17)

State Rep. Nick Ciaramitaro, D-Roseville, one of the sponsors of the bill in the House. said the program was patterned after the state employees' health benefit plan, independent of Medicaid, because Governor Engler was concerned some families might not take advantage of the program due to the stigma associated with being on a Medicaid program, theoretically, because federal funding could be eliminated for Medicaid.

"It was benchmarked to the qualified health plan" explained Ciaramitaro. ***"The qualified plan does not cover any abortion except for the life of the mother."*** He said abortions for reasons of rape or incest had been removed from the MICHild program. Sterilization and contraceptive coverage remain, however. Ciaramitaro said the program was almost totally funded with federal monies – 90 percent from the Federal government and 10 percent from Michigan. "What the feds did was to say, 'If you want our money, you have to do certain things,'" said Ciaramitaro.

Although the program passed the state the House and Senate with very little opposition, according to Ann Sands, president of Right to Life – Lifespan for the Metro Detroit area, ***"Even the legislators are incredulous. They ask, "Is that even there?"***

To find out that most legislators did not even know what they voted on, and that even one of the sponsors did not realize that abortion for reasons other than the exception for life of the mother was included in MICHild, shows grave misunderstanding of this new children's health insurance

program. MICHild Reform Committee continued to educate and dialogue with Right to Life of Michigan and state legislators to reform MICHild.

On December 18, 1998, Mr. James K. Haveman, Director, Michigan Department of Community health wrote:

Dear Legislator:

You may have recently received a letter circulated by the 'MICHild Reform Committee'... This letter is intended to clarify issues that have been raised by the MICHild Reform Committee letter. The MICHild Reform Committee state that the State of Michigan has approved and provides for abortions, contraception and sterilization. Voluntary abortions are not covered under MICHild. The only exceptions are related to saving the life of the mother or for rape and incest.

The statement made by the MICHild Reform Committee on voluntarily providing contraception requires further understanding. The MICHild program has been modeled after the state health plan as allowed under federal law and, therefore, provides the same coverage for contraceptives that the state health plan provides.

Finally the MICHild Reform Committee implies that the state is advocating for sterilization through the MICHild program. This is simply not true. There is no advocacy for sterilization, intended or otherwise, by the state. Sterilization is listed as a covered service plan because the MICHild is modeled after the State health plan. MICHild does not cover elective sterilizations for children. This is a serious medical procedure requiring medical necessity. Sterilization procedures are not dependent upon the presence or absence of insurance.

MICHild REFORM COMMITTEES' ANALYSIS OF JAMES HAVEMAN'S DECEMBER 18, LETTER TO LEGISLATORS RE MICHild (SCHIP)

Abortion For Rape Incest And Life Of The Mother Abortion is not required by S-CHIP for any reason. Mr. Haveman's letter to the Legislators on December 18, 1998 stated that MICHild did not cover "voluntary abortions". **He also affirmed that MICHild provides coverage for "saving the life of the mother, or for rape and incest". In the provisions of S-CHIP, the federal government did not require states to provide abortion coverage for any reason.** It surely is not in the best interest of our children to have an insurance program for children under 19 that pays for any abortion. Mr. Haveman also stated that the Engler Administration "has been very clear in its policy against abortion". If that the case, then they should not have any problem in supporting an amendment that would eliminate this coverage and the use of any federal or state money for the payment of and promotion of abortion services, for any reason, in MICHild.

Contraception It should be a great concern to Michigan legislators that support family values and prolife initiatives that Mr. Haveman, in his December 18, 1998 letter to legislators, stated that "the MICHild program has been modeled after the same health plan....that provides the same coverage for contraceptives that the state health plan provides", when it was not required by the federal law in S-CHIP to provide coverage for contraceptives. **For money, to be made available to those who provide and promote the use of contraceptives to children under 19 years of age, without parental consent, undermines parental authority.** There are many other parents that would also be outraged if they knew the state government was using tax

money to fund contraceptives to children, even with parent's consent. Since Mr. Haveman and Governor Engler are looking out for the best interest of the children in Michigan, they should not have any problem in supporting an amendment that would eliminate any state or federal money for the payment of or promotion of contraception in S-CHIP.

Sterilization Mr. Haveman's letter of December 18 affirmed that "sterilization is listed as a covered service because MICHild is modeled after the State health plan...". **Mr Haveman went on to say that "sterilization procedures are not dependent on the presence or absence of insurance". Why, then, is sterilization included in MICHild**, when it is not a requirement by S-CHIP? If "sterilization procedures are not dependent upon the presence or absence of insurance", Mr. Haveman and should not have any problem in supporting an amendment that would eliminate any state or federal money for the payment of or promotion of sterilization.

The MICHild Reform Committee continued to meet, educate and dialogue with Right To Life of Michigan, Lifespan, and the Michigan state legislators. **Having cleared up the misunderstanding of what the federal government was requiring and not requiring, the Michigan Department of Community Health, under the leadership of Mr. James Havemen and legislative direction, amended the State of Michigan's Title XXI State Plan removing sterilization on December 21, 1998 (18) and allowing coverage for abortion only to save the life of the mother on May 28, 1999.(19)**

The citizens of Michigan, along with dedicated policy makers and the Engler Administration reinforced its commitment to protect children and families. This process of democracy and states rights, in action, that was experienced in Michigan is an example how freedom requires responsibility and hard work. The MICHild Reform Committee has now joined together with other organization to complete the task of removing contraception from MICHild. These organizations are: Christus Medicus Foundation, Catholic Campaign for America, Michigan Catholic Conference, and Michigan Family Forum. Pennsylvania

Pennsylvania is the only state that appears not to cover any family planning services. **Why Pennsylvania and not other states?** The non coverage of morally objectionable family planning services was accomplished by the vigilant eye and consistent monitoring of the Pennsylvania Catholic Health Association (PHCA) and the Pennsylvania Catholic Conference (PCC). The Pennsylvania Catholic Health Association is a statewide organization that represents the Catholic health ministry in public policy matters and numbers among its members twenty-eight hospitals, thirty-eight hospitals, thirty seven long term care facilities, numerous related health entities that include six national health care systems, and sponsoring congregations and dioceses. The Pennsylvania Catholic is the public affairs arm of Pennsylvania's Catholic bishops and their ten dioceses that speaks for the Church in public policy matters affecting the common good, and its ministry interests concerning morality, health, welfare, education, and human and civil rights. On behalf of the (PHCA) and the (PCC), Sister Clare Christi Schiefer, President of PHCA, presented to Ms. Patricia H. Stromberg, Executive Director, Children's Health Insurance Program (CHIP) a letter, dated December 18, 1998, in relation to the "**Concept Document – A Proposal for Improvement of the Children's Health Insurance Program**". The following are excerpts from Sister Clare Christi's letter: (20)

PCHA and PCC have a common goal of securing health care coverage for children. The points advanced by the Pennsylvania Partnership for Children, in review of the Children's Health Insurance Program concept document, are good. However, PCC and PHCA wish to further comment on this paper.

While the benefits offered in CHIP should be comprehensive in scope and duration, PCHA and PCC wish to strongly urge that such benefits should not cover abortion, or other morally objectionable services. The ideal for the plan is to protect life and health when it is most vulnerable and in need of care – children in the womb, disabled children, children with chronic diseases and those with limited access to basic services (for example, homeless children). This plan should not become a means to assure that abortion services are covered, nor should it be used as a means to increase the availability of and payment for contraceptives and abortion counseling...

It is imperative that families with eligible children have an adequate choice of providers and health plans, as well as built-in protections to ensure access to high-quality health care. If this program is to be workable, it must allow and protect participation by Catholic-sponsored providers and plans without requiring that they offer morally objectionable services, some of which might be included in a “core” benefit package.

The above letter set the stage for assuring that morally objectionable services were not part of S-CHIP. In addition to this letter, PCHA and PCC continued ongoing communication with the Pennsylvania Department of Insurance and closely monitored the benefit package provided by S-CHIP contractors. PCHA and PCC should be congratulated for their persistent, non-compromising and positive dialogue with the policymakers in the state of Pennsylvania. Thanks to their successful efforts, there has been a precedent set for all morally objectionable family planning services do be removed from S-CHIP.

Maryland

Health Plan's Abortion Plank Alienates Catholic Conference

"Ours was a pained advocacy position," said Richard Dowling, the group's executive director, who told lawmakers of the group's position in hearings last week. "We've asked the legislature to remove the abortion thorn." The proposal may have seemed like a natural for the Maryland Catholic Conference after they have spent years pushing for the state to provide more affordable health care. But they won't be supporting this year's legislation that would expand the pool of residents eligible for the state's Children and Families Health Insurance Program. It's not the bill's \$20 million price that has the Catholic Conference turning its back. It's a provision that allows the coverage to be used toward an abortion. Dowling said his organization struggled with the decision to oppose the insurance proposal, given that the Catholic Church has placed universal coverage high on its list of political priorities. In most respects, he said, the proposal being weighed in Annapolis this year is a major step forward--it will make it easier for people to qualify for Maryland's insurance program, qualifying anyone living at up to 300 percent of the poverty level. Under the current program, a family of four would be eligible with an annual income of \$33,400 or less. Under the new plan, the same family would qualify with an income of up to \$50,100.

It's hard to oppose something like that, but the church's position is that abortion is not health care," Dowling said. "Health care is life giving, advancing and protecting, not life taking. As a policy matter, we believe the state ought to separate the two." Abortion rights advocates say lawmakers should ignore the church's objections."This is a bill that's going to have a wide-ranging positive impact," said Nancy C. Lineman, political director for the Maryland affiliate of the National and Reproductive Rights Action League.

"The fact that the Catholic Conference is opposing it on the ridiculous notion that it will increase the number of abortions is appalling. (21)

Seeing that the family planning proponents have been using Maryland as a model state for Medicaid Managed Care family planning services, MCC has provided powerful leadership in Maryland to keep from happening in S-CHIP what has happened in Medicaid services for children. For example, in the April 1999 Guttmacher Report on

Public Policy, reported on the a model program from 1994 to the end of 1997 in Rhode Island (RI), where \$5.7 million was spent for Rite Care family planning services. State estimates that this helped prevent 1,443 deliveries to Medicaid-eligible women. Prevention of births, state estimated saving \$14.3 million. (22) How much of this money was used for abortion, sterilization, abortive/contraceptive devices and consultation; and how many children were involved without parental knowledge? Maryland Catholic Conference needs to be congratulated. This is another example of strong leadership on life issues. Religious organizations, prolife, and profamily groups must provide courageous leadership and STOP the attack on women and children. The anti-family, prodeath health care planners are manipulating health care programs to undermine parental authority.

Conclusion

The profamily leadership in Michigan, Pennsylvania and Maryland need to be expanded into all states. State by state, it is time for religious leaders, policymakers and God loving Americans in their schools, churches, places of work, and communities to follow the lead set by these three states and remove all reproductive services that destroy life, provide contraception and sterilization, promote illicit sex, invade the privacy of the family and undermine parental authority from S-CHIP. If this leadership is not provided now, parents can expect to have their health insurance undermine their parental authority as recently reported by the Sacramento Bee. Ranging in age from 11 to 19, girls are flocking one day a week to the Kaiser Permanente Medical Center in Roseville, Calif., for confidential pregnancy and STD screening, the Sacramento Bee reports. Kaiser Permanente is part of a larger national trend of private hospitals that are offering services to adolescent girls, ranging from just providing information to offering tests or birth control. Specialists say the efforts are targeting a "vulnerable population" of at-risk teens "for whom obtaining preventive services has traditionally been difficult and sometimes intimidating." Dr. Nichole Zidenberg, head of the Roseville clinic, said, "We emphasize confidentiality. That's a really critical issue for these kids. Most of them are petrified at the idea of talking to an adult, much less their parents, about these issues." She added, "This clinic allows us to identify [huge risk factors] early and deal with them right here... before they become a crisis." Under California law, teens have access to reproductive health services, including contraception and abortion, without parental consent".(23)

Two businessmen met, while traveling on a Southwest Flight began talking about their children. One man shared his life as a father with adopted children and his work in helping unwed mothers have their babies, rather than abort them. The other man shared a story about his daughter that was pregnant and unmarried. One year later, the adopted father received a voice mail from this father with the pregnant daughter "I just wanted you to know that you never know when you can make a difference. My daughter did not have the abortion. She gave birth and placed her baby for adoption with a wonderful married couple. Your conversation with me had an influence. I thought you would like to know".

There is so much proponents for the family and religious values can do to reform S-CHIP and make it totally life giving as health insurance should be. This effort must begin with each and everyone of us. Now that you have a better understanding of the manipulation that has taken place in your state children's health insurance plan, you can make a difference. Sometimes it is as simple as sharing your story as the traveling businessman did. God has created us in His image and likeness and wants us to give witness to His truth.. When people see the truth, it sets them free. The graces God gives and the models that have been described in this paper provide the direction for us to form coalitions or S-CHIP Reform Committees in every state. For our children's sake we must let our policy makers, health care providers and religious leaders know that we do not support S-CHIP or any federal or state funded health care reform until abortion, contraception and sterilization are removed from children's state health insurance programs. To be faithful money matters. To be good and faithful stewards we must be good stewards of our money and see that it is channeled to "choose life not death".

For more information on forming a S-CHIP Reform Committee in your state, contact:

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