



# CATHOLIC MEDICAL ASSOCIATION

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

September 22, 2017

Dear Senator,

Over the past decade the Catholic Medical Association has applied a core set of principles to the array of health care reform proposals that have been debated across the country and in Washington, D.C. Application of those principles to our existing health care system has never been a simple task, and it is especially challenging today given the aftermath of the 2010 reform legislation that, despite several laudable goals, aggravated conflicts with those core principles: subsidizing the taking of innocent human life; decreasing family, individual and institutional conscience rights; attacking the sacred physician-patient relationship and subjecting the poorest and most vulnerable to the social and budgetary priorities of remote government bureaus; diminishing the financial prerogatives of the insured to obtain coverage that matches their needs and values; and undermining the role of the physician as healer and advocate for true patient well-being.

As we have acknowledged, given the state of American health care, a single acceptable measure to remedy these conflicts is not a precondition for our encouragement and support. "Reform legislation," we have stated, "should [focus on] specific issues; not on replacing or overhauling the entire health-care system at one time." In light of that consideration and the urgency of current problems under the Affordable Care Act (ACA), the Catholic Medical Association (CMA) endorses the passage of the Graham-Cassidy health care reform legislation as unveiled this week.

First and foremost among the features of this proposal recommending our support is its adoption of policies securing respect for the sanctity of human life from conception to natural death. The incorporation of subsidies for abortion, whether via direct expenditures or tax preferences, undermines the central purpose of health insurance, which is to honor and protect human life, especially the most vulnerable. By channeling its primary expenditures through an existing program that already includes Hyde amendment protections barring the financing of abortion, Graham-Cassidy avoids this outcome and ensures that federal tax dollars will not underwrite insurance plans that treat abortion as a form of health care. Graham-Cassidy likewise sunsets the existing scheme of premium tax credits, which, due to the inadequacies of the ACA, currently provides federal support for nearly 1,000 private plans that include elective abortion.

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Just as important, the Graham-Cassidy proposal follows through on the commitment of Congress, expressed in the passage of reconciliation legislation in 2015, to end Medicaid funding of the Planned Parenthood Federation of America, the leading practitioner of abortion in the United States. Graham-Cassidy will also make new funds available to community health centers, locally governed entities that have operated under a national commitment to exclude abortion from their program of service. Finally, Graham-Cassidy eliminates the system of mandates that operate like pincers, both narrowing the choice of health insurers and requiring small businesses and individuals to purchase policies that include morally offensive “preventive services.”

These provisions alone might justify support for Graham-Cassidy. But other provisions of the proposed law accord with, and represent first steps toward, the restoration of the core principles the CMA has consistently enunciated.

First, this legislation takes a dramatic step toward reestablishing subsidiarity as a rule of operation in health care management. The ACA created literally dozens of boards and commissions and imposed thousands of pages of new regulations, many of them injurious to the work of Catholic health care providers and additions to the cost of care. By channeling block grants to the states and offering them a potentially generous system of waivers from existing federal requirements, Graham-Cassidy provides the best chance for public and private entities closest to the people to experiment with options that maximize the ability of patients to choose providers who share their convictions regarding Hippocratic medicine. Moreover, the formulas established for block grants under the bill represent an equalization of federal financing, ending the trade-off under current law whereby states were induced to accept expanded Medicaid funding in exchange for constraints on their ability to provide care for the traditional Medicaid population, including the disabled and single mothers.

For these reasons, Graham-Cassidy constitutes a significant improvement over the status quo regarding the principles of subsidiarity and a preferential option for the poor that animate the involvement of the CMA in today’s debates. We remain concerned that many states under this legislation, including California, New York, and Oregon, will continue to devote public funds to requirements that infringe on conscience and continue to drive insurers, including religiously grounded ones, out of business or into increasingly narrow niches. While Graham-Cassidy could be vastly improved by inclusion of new protections in this realm, we note that existing federal law, including the Church and Weldon amendments and the Religious Freedom Restoration Act, offer substantial protections that inexplicably await enforcement by the current Administration.

We therefore call on the Congress as well to adopt with dispatch the Conscience Protection Act, H.R. 644, to make these protections permanent and to recognize the right of institutions and individuals to vindicate decisions of conscience concurrently with review by the Office of Civil Rights and the Department of Justice. This measure remains an urgent priority for us.

We look forward to favorable consideration of the principles of Graham-Cassidy under the reconciliation processes of the Senate, and we urge the adoption of this legislation subject to favorable review of the provisions we cite in the parliamentary review to come.

On behalf of the Board of Directors,



Marie-Alberte Boursiquot, M.D., F.A.C.P.  
*President*



Most Reverend James D. Conley, D.D., S.T.L.  
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