



CATHOLIC MEDICAL ASSOCIATION

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

PRESS RELEASE

For Immediate Release

STATEMENT ON HEALTH-CARE REFORM

Philadelphia, PA – July 29, 2009 – The Catholic Medical Association (CMA) calls upon President Obama and Congress to “hit the reset button” in their attempts to address the serious problems in the nation’s health-care financing and delivery systems. The CMA is concerned that the bills that have emerged from House and Senate Committees to date are too flawed, and the process too rushed, to provide meaningful reform.

“While health-care reform is more important than ever, existing legislation in the House and Senate—combined with President Obama’s push for hasty action—could make our current, flawed system even worse,” said Catholic Medical Association representative R. Steven White, M.D., in a statement released on July 29, 2009. “Sound reform must be based on sound ethics and economics; but so far, the House and Senate bills meet neither standard.” The

CMA is particularly concerned about two significant ethical issues (1) respect for the conscience rights of health-care providers; and (2) a mandate to finance and provide abortion.

According to the CMA’s executive director, John F. Brehany, Ph.D., the conscience rights of health-care providers are not adequately addressed in any current legislation. “The House Tri-Committee bill does not even mention the topic of conscience rights of health-care providers, and Democrats on the Senate H.E.L.P. Committee voted against an amendment that would have prohibited forcing health-care providers to perform or participate in abortion,” stated Brehany. Brehany continued, “This issue is very timely, since the department of Health and Human Services canceled a Conscience Protection Rule earlier this year and has not announced what will replace it. Yet polls show that patients want physicians who are committed to ethics and who share their values. Coercing health-care providers to deny their deepest values and ethical commitment to patients’ well-being will harm the medical profession and undermine trust in the provider-patient relationship.” Brehany concluded, “In a July 2 interview, President Obama promised a ‘robust conscience clause.’ We think it is time to deliver the text of that conscience clause and make conscience protection an integral part of any health-care reform legislation.”

Abortion is another key ethical concern for the CMA and for most Americans. CMA President Louis C. Breschi, M.D., is alarmed that White House officials and the Senate H.E.L.P. Committee have refused to exclude abortion from health-care legislation. The House Tri-Committee bill never mentions the word “abortion, but most analysts think that, without explicit exclusion, abortion will be mandated by the Secretary of HHS and/or by the courts. According to Breschi, “Few people realize that, as things stand, abortion could be a required benefit in all health insurance plans, and it would be subsidized not only in health-care premiums, but also through taxation. This unjust mandate must be excluded.”

Apart from ethical concerns, the CMA finds significant shortcomings in the economic and clinical aspects of current legislation. First, as the Congressional Budget Office points out, the legislation does nothing to reduce long-term costs. Rather, current legislation increases costs by hundreds of billions of dollars even after tax increases and creative accounting measures. Second, the bills’ attempts to control costs and increase access rely on heavy-handed government control that is antithetical to the rights of patients and physicians, and to good clinical care. Dr. White commented: “Unprecedented powers are entrusted to the Secretary of Health and Human Services (as evidenced by over 1,120 references to the ‘Secretary’ and his/her powers in the House bill) and to a new authority—the ‘Health

Choices Commissioner.’ Moreover, a Federal Coordinating Council on Comparative Effectiveness was created and funded, without adequate debate, by the Stimulus Bill; and there are valid concerns that the FCCCE could soon start regulating medical treatments based not only on clinical, but also ‘economic’ criteria.”

This heavy-handed federal control is made worse by two additional provisions. First, House bill regulations make it almost impossible for any current health insurance plan to survive in a new government-controlled regime. This would break President Obama’s repeated promise that Americans could keep their doctors and health-care plans—and remove the means for people to choose insurance which accords with their values and priorities. Second, House and Senate bills plan to extend health insurance coverage to millions of people by moving them onto the Medicaid rolls. However, the flaws of Medicaid are well-known—its costs have run out of control in most states, and 40% of physicians are compelled to refuse Medicaid patients because Medicaid’s low reimbursement rates do not even cover the overhead cost of office visits. Adding millions of people to this flawed system will not constitute meaningful health insurance coverage.

These problems would be exacerbated by a “public option” plan which would “compete” with private health insurance, as called for in the House Tri-Committee bill. But there is no way that private companies can fairly compete with the federal government. The government can establish below-market rates for insurance premiums and provider reimbursement and shift costs onto private companies. The government also can increase taxes or the federal deficit to absorb losses. The result is that everyone, sooner than later, will be forced to become participants in the “public option” plan and fully subject to the costs and regulations of government health care. When this happens, the American people will have lost the freedom to make important decisions about their life and health.

The Catholic Medical Association supports health-care reform that increases access and quality, and respects the values of providers and patients. These goals can best be achieved by legislation that empowers people to own their health insurance policies (as contrasted with government- or employer-controlled health-care insurance), and using targeted measures to help people who cannot afford the entire cost of their insurance premium. Legislation addressing some of these goals already has been introduced into Congress and should be reviewed to either improve or replace the current House and Senate bills.

In the meantime, current bills require such substantial amendment that it would be better to scrap them and start again. According to Dr. Breschi, it is critical for Congress to take the time necessary to address the complex economic and ethical issues involved, and to give the American people an opportunity to review any proposed legislation. Health-care reform encompasses both individual rights and the common good, ethical issues surrounding life and death, and economic issues ranging from taxes and property to economic competitiveness. It is essential that Congress first “do not harm” and then enact measures that can respect all of these complex goods.

About the Catholic Medical Association: Founded in 1932, the Catholic Medical Association is the largest association of Catholic physicians in North America. The mission of the CMA is to assist physicians in upholding the principles of the Catholic faith in the science and practice of medicine and in witnessing to these principles within the medical profession, the Church and society at large. The CMA also publishes *The Linacre Quarterly*, the oldest continuously published journal of medical ethics in the United States. For more information, go to www.cathmed.org.

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