



ARCHDIOCESE OF BALTIMORE + ARCHDIOCESE OF WASHINGTON + DIOCESE OF WILMINGTON

June 16, 2010

Via Electronic & Regular Mail

Health Care Reform Coordinating Council
State of Maryland
201 West Preston Street
Baltimore, Maryland 21201

RE: Request for Public Comment – Health Care Reform Coordinating Council

Dear Lieutenant Governor Brown and Members of the Council:

The Maryland Catholic Conference is the public policy arm of the Catholic Bishops of Maryland, whose three (arch)dioceses serve 1 million Catholics in Maryland within the Archdioceses of Baltimore and Washington and the Diocese of Wilmington. For several decades, the Catholic Church has been a leading voice in urging political leaders to enact universal health care.¹ The Church has a tradition of advocacy on this issue because the Church “considers health care to be a basic human right which flows from the sanctity of human life.”² The Church therefore seeks health care that respects the life, health, and conscience of all.

The Health Care Reform Coordinating Council has proposed two questions for public comment regarding Maryland’s implementation of the federal Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA).

In answering these two questions and as Maryland prepares to implement the federal health care acts of 2010, the Maryland Catholic Conference strongly urges the Health Care Reform Coordinating Council to uphold *five* moral imperatives:

- (a) maximizing the landmark and very important expansion of health care access;
- (b) securing health care coverage for at-risk populations, including lower-income families, homeless persons, immigrants, and non-English speakers, in recognition of their inherent human dignity and value;
- (c) prohibiting direct or indirect public funding of abortion consistent with the goal of maintaining the principles of the federal Hyde Amendment as stated in President Barack Obama’s March 24, 2010 Executive Order entitled *Ensuring Enforcement and Implementation of Abortion Restrictions in the Patient Protection and Affordable Care Act*³; and

¹ United States Catholic Conference, *Health and Health Care – A Pastoral Letter of the American Catholic Bishops*, November 19, 1981.

² *Id.*

³ Exec. Order No. 13535, 75 Fed. Reg. 15599 (March 29, 2010) (*Ensuring Enforcement and Implementation of Abortion Restrictions in the Patient Protection and Affordable Care Act*).

- (d) maintaining and ensuring conscience protections and the religious liberty of Maryland hospitals, health care providers, insurance companies, and medical personnel who have moral or religious objections to certain procedures and who make up an indispensable pillar of the Maryland health care delivery system; and
- (e) approaching health care delivery systems, long term care, general cost issues, and administration of health care benefits for Maryland's elderly, disabled, terminally ill, and other medically vulnerable in a manner prioritizing and respecting their human dignity.

Applying these principles, we address the two questions proposed by the Health Care Reform Coordinating Council ("Council").

- 1) What are the critical decisions Maryland must make and the Council should address?

The Maryland Catholic Conference believes the Council must address seven critical decisions necessary to increasing health care access and respecting the human dignity of every person:

- i. **Coordination and Integration between Federal and State Health Benefits:** The Council must determine how to coordinate (a) new federally funded health care benefits and private insurance reforms with (b) state funded/ administered programs without decreasing the health insurance benefits of Marylanders currently receiving state or locally funded/administered medical care.
- ii. **Maximum Health Care Insurance Coverage and Health Care Delivery for At-Risk Populations:** The State of Maryland should determine how to implement high-risk insurance pools, prospective health insurance exchanges, and Medicaid reforms to achieve maximum insurance coverage and quality health care delivery for at-risk populations including the following: low-income families, low-income childless adults, persons with mental and physical disabilities, immigrants, and non-English speakers.
- iii. **Protecting Health Care Providers Serving Low-Income Populations:** With the coming influx of federal health care subsidies and the dramatic changes in the administration of state and federal subsidies, the Council and Maryland must ensure that these changes do not have the unintended consequence of adversely effecting the financial operations of hospitals and other health care providers serving lower-income patients.
- iv. **Achieving Broad and Targeted Expansion of Primary Care:** Maryland should fully leverage federal funding to meet the urgent need for primary care doctors, primary care nurses, and other accompanying primary care personnel.
- v. **Prohibiting Direct or Indirect Public Funding of Abortion:** Consistent with the goal articulated by President Obama in his March 24, 2010 Executive Order and in keeping with the principles of the longstanding annually-approved federal Hyde Amendment, Maryland should administer federal health care funding and the prospective state health care exchanges according to the Hyde Amendment's dual principle that: (a) federal funds should not be used to fund abortions, and (b) federal subsidies should not be appropriated to insurance plans that provide abortion coverage. Likewise, there should be no accompanying expansion of state funding of abortion.

- vi. **Moral and Religious Conscience Protections:** The State must continue to protect the right of health care providers, medical personnel, insurance companies, and employers to practice their professions without being forced to promote or participate in procedures they find objectionable on moral or religious grounds.
 - vii. **Protecting Human Dignity:** Maryland must determine how to operate prospective health insurance exchanges, manage health care costs, and administer federal subsidies while simultaneously ensuring that those policies governing the care of the elderly, the terminally ill, and those who are medically fragile respect patients' rights regardless of state and federal fiscal considerations.
- 2) What are suggested workgroups that will need to be created to develop recommendations to the Council on those critical decisions?

The Maryland Catholic Conference suggests that the following work groups are needed to develop recommendation on these decisions:

- i. **Lower-Income and At-Risk Populations Work Group:** this work group would focus on policies, regulations, and mechanisms to maximize health insurance access and health care delivery opportunities for lower-income, immigrant, non-English speaking, and homeless populations.
- ii. **Disabilities Health Care Access and Delivery Work Group:** this work group would work to identify policies, regulations, and administration methods to fully extend increased health care benefits and to preserve those vital state health care benefits for those suffering from mental, physical, and developmental disabilities.
- iii. **Primary Care Work Force Development Group:** this work group would focus on using state resources and federal appropriations under the PPACA and HCERA to dramatically increase the availability of sorely needed primary care physicians, nurses, and other primary care medical personnel in Maryland.
- iv. **Health Care Providers Work Group:** included among the considerations of work groups that address concerns of health care providers should be the issue of ensuring Maryland's continued compliance with all federal and state mandated conscience protections for health care providers, medical personnel, insurance plans, and employers.

The Maryland Catholic Conference, the Catholic hospitals within Maryland, and the Catholic faithful of Maryland are encouraged by the vital gains towards the ultimate goal of true universal health care coverage but stand firm on the principle that respect for human dignity and the sanctity of life is the bedrock of all rights. As His Holiness Pope John Paul II once wrote:

“Above all, the common outcry, which is justly made on behalf of human rights -- for example, the right to health, to home, to work, to family, to culture -- is false and illusory if *the right to life*, the most basic and fundamental right and the condition for all other personal rights, is not defended with maximum determination.”⁴

⁴ Pope John Paul II, *Christifideles Laici, On the Vocation and the Mission of the Lay Faithful in the Church and in the World*, December 30, 1988, <http://www.vatican.va/holy_father/john_paul_ii/apost_exhortations/documents/hf_jpii_exh_30121988_christifideles-laici_en.html>.

We look forward to partnering with the Health Care Reform Coordinating Council and many others as they work to expand health care coverage for all while respecting the human dignity of all.

Respectfully,



Mary Ellen Russell
Executive Director
Maryland Catholic Conference



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