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Legislation aims to free up faith-based health care options in Alaska

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Alaska Senate Majority Leader John Coghill (R – North Pole) has introduced a bill to exempt religious-based health care sharing ministries (HCSMs) from being regulated as health insurance in Alaska.

A distinctive and attractive aspect of HCSMs for many Catholics and non-Catholic Christians alike is that HCSMs are not subject to federal or state contraceptive or abortion mandates.

Senate Bill 18 would define HCSMs in the state, whereas now these ministries are ambiguous when it comes to state law. While not health insurance, membership in a HCSM satisfies the federal health care law's (Affordable Care Act) requirement that all individuals purchase health insurance or pay a penalty tax, via the act's penalty exemptions. HCSMs first came to Coghill's attention via his long-time affiliation and employment at Bible Baptist Church in Fairbanks and more recently via an article in a Rutherford Institute publication. HCSMs allow individuals of a common set of beliefs to share in health care costs via a "co-op" of sorts. After learning of the Affordable Care Act's penalty exemption for members of HCSMs the senator and

his staff did a little digging and found that while there was nothing preventing HCSMs from operating in Alaska, there was also nothing in place to protect these ministries from being treated like health insurance in an Alaska court of law.

“Our law is silent; nothing is quantified,” Coghill told the Catholic Anchor. “This is a good opportunity to solidify the definition of health care sharing ministries, to define it in Alaska.”

Both Samaritan Ministries International and Christian Care MediShare, which make up the Alliance of Health Care Sharing Ministries, have ministry members in Alaska. Each ministry provides health care cost sharing arrangements among Christians who have opted out of the insurance-based model of health care for a more personal, faith-driven approach to their own health care needs and that of sharing the cost of health care for others.

While based on the principle of shared burden bearing rooted in early Christianity, HSCMs’ modern-era roots date back to the 1960s’ Old Order Amish Church’s communal practice of shared medical costs. Nowadays, HCSMs have a pool of voluntary members who agree to pay a set monthly amount, called a “share,” to help members pay for medical expenses. Qualifying needs are published in a monthly newsletter; members without needs for that month are assigned a specific person to send their share to. Money, and usually prayers and letters, are sent directly from those who have a need and those who desire to share the burden of those expenses.

Samaritan Ministries International currently has more than 150,000 people participating in the ministry, with more than \$10 million available for needs each month. More than 350,000 people are served nationwide between the two ministries.

While members have a large portion of their medical costs covered by others willing to share, HSCMs are not insurance companies. There is no guarantee of payment, no risk assumed by a federally-regulated business — each month’s share payment is completely voluntary. Yet the Alliance of Health Care Sharing Ministries states that these ministries work because of the ecumenical sharing of not only the need but of the actual person who has the need; it makes Christian charity very tangible, both for the receiver and the recipient, who in turn could switch places the following month.

The health care sharing model has fiscal advantages as well; as high premiums, in-network provider limitations and increasingly large deductibles continue to frustrate many seeking health insurance. Because HCSMs are not-for-profit, membership shares are typically cheaper than for-profit health insurance. Share amounts depend on household types, with lower shares associated with singles, single-parent families and families with young parents (age 25 and younger).

This fall Samaritan Ministries International teamed with Christ Medicus Foundation to create the Catholic Living Health Care Ministry, or CMF CURO. CMF CURO is managed in compliance with Catholic moral teachings and the Ethical and Religious Directives of Catholic Health Care. CMF CURO Director Louis Brown was quoted in the National Catholic Register last October as stating that his group “will allow Catholics to practice their faith, utilize affordable access to health care for themselves and their family, protect religious liberty and the individual right of conscience and, most importantly, affirm the gospel of life.”

Monthly shares with CMF CURO are \$264 a month for individuals; a two-parent family’s share is \$489. Shares do not increase in HCSMs without a member vote. Qualified medical expenses between \$300 and \$250,000 are shared among members. Members are responsible for their first \$300 of their first three published needs, after that all published expenses are 100 percent shared. Medical costs greater than \$250,000 are shared through a separate SMI program, Save to Share, which all CMF CURO members are enrolled in. CMF CURO does not publish medical costs associated with procedures at odds with Church teaching, such as abortion or sterilization. Catholic members of CMF CURO must attend Mass regularly (at least three times a month) and all members — the ministry is available to non-Catholics as well — must pledge to abstain from sinful practices, such as sexual immorality, drug abuse, smoking tobacco — except for the occasional celebration smoke — and must either abstain from alcohol or from drinking to the point of drunkenness. A pastor or church leader must attest to the members’ adherence to these lifestyle choices in the form of a signed letter. CMF CURO is available in all 50 states.

If SB 18 passes, Alaska would be the 29th state to protect HCSMs from being regulated as an insurance provider. Coghill says he feels confident the bill will pass.

“When people help each other out they don’t need to be regulated,” said Coghill. “It’s not done under the business model of insurance ... unlike insurance, you’re taking some of the risk as an individual; it’s done by faith.”