Children's Healthcare Is a Legal Duty, Inc.

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We urge opposition to HR1814 and S.862, which exempt from the federal individual insurance mandate those with "sincerely held religious beliefs" against medical health care.

The Congressional Budget Office estimates that these bills will increase the number of uninsured persons by 500,000 each year and cost the nation \$1.5 billion dollars over ten years.

We are particularly concerned about uninsured children. We believe that parents should get health insurance for their children regardless of their religious beliefs. A plethora of data show that children and adults are healthier and live longer if they have health insurance.

Our organization has information on hundreds of American children who have died because of their family's religious objections to medical care. There are, for example, 177 minor children and stillborns buried in one cemetery used by Idaho religious objectors. 30% of the graves in the cemetery are of minor children and stillborns.

Many other children get to the emergency room at the last minute, and their medical care is much more expensive than it would have been if the children had a medical home and routine basic care.

We feel that at least some of the religious objectors would have gotten timely medical care for their children if they had been required to have health insurance for them. HR1814 increases the risk to children in faith-healing sects and the cost to the state if the children do get medical care.

The Affordable Care Act is a careful balance of many factors and requires a basically universal mandate to control costs. The U.S. Supreme Court has ruled that the mandate is a form of taxation. We need everyone to pay the tax to make universal health care a reality.

Some complain that their church members should not have to pay for health care that they won't use. But insurance works on the assumption that many in the pool of policyholders will not draw from it. Most people with fire insurance don't have their homes burn, for example.

We also have to pay taxes for many services we may not personally use. Millions of Americans, for example, pay taxes for public schools even though they don't have children in public schools. We have to pay taxes for many government programs and actions we may disagree with.

These bills set a very dangerous precedent for tax law. We have over a thousand religious denominations in this country; we would have anarchy if everyone was exempt from paying a tax on religious grounds.

As Congressmen Waxman and Levin said on the House floor, HR1814 and S.862 would be impossible to enforce. The House recently passed HR 2531, the Protecting Taxpayers from Intrusive IRS Requests, which prohibits the Internal Revenue Service from asking any questions about a taxpayer's religious, social, or political beliefs. When the taxpayer claims sincere religious beliefs against medical care, the state will simply have to give him the exemption. The government cannot ask whether the beliefs are really religious, whether they are sincere, or whether the person objects to all medical care or just one kind of care. Such an exemption will be financially convenient for many people to claim.

It is likely that some will claim the religious exemption to save money but later get medical care at the public's expense. While the law provides that getting "voluntary" medical care forfeits the exemption, the cost of the medical care they get may be more than the penalty for not having insurance. Furthermore, they can claim the exemption again for the next year after forfeiting it one year.

Additionally, the law allows the exempted persons to have involuntary medical care and still keep their exemption from having health insurance. For example, if a religious objector got emergency medical care that he was incapable of consenting to, he could continue to avoid buying health insurance and the public would have to foot the bill for the emergency medical care. If a state law requires parents to provide medical care for their children, such care is by the bills' definition "involuntary." If Child Protection Services intervenes to get medical care for a sick child in a faith-healing sect, the parents will not be required to get health insurance for this "involuntary" medical care and the state will have to pay for the medical care the child needs.

Although HR1814 and S.862 purport to provide "equity" for religious objectors, they impose an extra burden on the rest of us by removing hundreds of thousands of people from the insurance pools, thereby raising premiums, and by forcing the public to pay for medical care that would have been covered by insurance policies.

The Affordable Care Act does not discriminate against Christian Scientists. It is a neutral tax of general applicability. As Congressman Levin pointed out, Christian Scientists can find insurance policies meeting the standards of the Affordable Care Act that also reimburse the bills sent for spiritual "treatments" and care by the church's unlicensed nurses. Nobody is stopping them from practicing their religion or having an insurance company reimburse bills their healers send for prayers.

The bill is modeled on Massachusetts' religious exemption from its mandate. In 2007, about 9,700 Massachusetts residents claimed a religious exemption from the mandate. A data match done that year showed that 745 of them had nevertheless received publicly-funded medical care during the year.

The state has done no data match since 2007. It relies solely on self-reporting by the taxpayers. And, although Massachusetts law states that religious exemptors who get medical care must pay a penalty as well as forfeit the exemption, a Massachusetts Department of Revenue official has told us that the state does not enforce the penalty.

It is, after all, awkward psychology to punish a person for getting medical care by imposing a fine. Although Congressman Schock said the bill imposes "a stiff penalty" when an uninsured religious objector obtains voluntary medical care, the bill does not mention any penalty beyond losing the exemption for the year.

Proponents of HR1814 and S.862 argue that all religious objectors should have an exemption because the Amish got one. The Amish exemption, however, is not a justification for these bills. The Amish have a religious objection to insurance not medical care. They generally get medical care for their children, and they have a long tradition of the whole community helping to pay a member's medical bills. Furthermore, their exemption is strictly confined to their church members and is easy to enforce while HR1814 and S.862 allow everyone to self-select the exemption.

We predict widespread abuses of the law with the self-selection provided in the bills and the government's lack of authority to evaluate claims. The general public will perceive the exemption as unfair to the rest of us, and it will lower the public's respect for the law. Above all, the exemption puts children at risk.

The Congress has caused a lot of harm by hastily passing religious privilege bills. In 1971 it passed a private bill granting a special extension of copyright on the Christian Science textbook. No debate or discussion was allowed on the private bill. The church used this law to suppress earlier editions of the textbook. A dissident group who wanted to be able to read the earlier editions had to spend hundreds of thousands of dollars in attorneys' fees to get the law overturned as unconstitutional. In 1994 the U.S. House passed in a package of "non-controversial amendments" with no floor discussion or committee hearing an amendment by Christian Science Congressman Lamar Smith that prohibited the federal government from setting any requirements for state child abuse programs as to "the adequacy, type, and timing of health care (whether medical, non-medical, or spiritual)." The policy of making "spiritual health care" a legal substitute for medical care has cost the lives of hundreds of children.

Please vote "no" on HR1814 and its companion S.862. This bill puts children at risk and increases insurance costs for all of us.

Written by Rita Swan, President of CHILD

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