CARONDELET HEALTH
a member of Ascension Health

September 21, 2011

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9992-IFC2
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Interim Final Rules defining Religious Employer Exception for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act, RIN 0938-AQ07

Dear Sir or Madam:

On behalf of Carondelet Health, I am writing to urge you to broaden the proposed definition of "religious employer" to ensure conscience protections that will allow us to continue operating our health ministry in a manner consistent with the dictates of our Catholic religious and social/moral teachings, which oblige us as Catholic employers. The Sisters of St. Joseph of Carondelet opened St. Joseph Hospital, the oldest private hospital in Kansas City, in 1874 and the Sisters of St. Mary established St. Mary's Hospital in 1909. These facilities, now known as St. Joseph Medical Center and St. Mary's Medical Center, are owned by Carondelet Health, a Health Ministry of Ascension Health, and continue to provide health services to those in need within the Kansas City metropolitan area. Our commitment to human dignity compels us to provide compassionate, quality health care for body, mind and spirit with a special concern for the poor and to serve the needs of all people from conception to death.

Catholic healthcare has long worked to ensure that everyone has access to the healthcare they need. For this reason, we welcome the Administration's decision to require health plans to cover women's preventive services, such as critical screenings that will make preventive care more widely available and affordable.

However, while the Interim Final Rule acknowledges the need for conscience protections, we are deeply concerned that the proposed religious exception falls far short of the level of protection needed. The inclusion of provisions for contraceptive services that the Catholic Church finds morally objectionable, including sterilization and drugs that could have post-fertilization effects interfering with nidation (morally equivalent to an abortion), makes it imperative that the Final Rule include broader conscience protections.

The proposed definition of "religious employer" would actually *re*-define our religious organization – whose stated purpose includes the inculcation of religious values – as a "non-religious" employer for the purposes of conscience protections, thereby no longer exempting it from providing coverage of contraceptive services that are against its religious teaching. The proposed definition as written is narrower than any conscience clause ever enacted in federal

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law. As currently written, the definition of religious employer would not consider Catholic healthcare institutions—including Catholic hospitals and long-term care facilities—as religious employers. This runs contrary to a 40-year history of federal conscience statutes that have been in effect to protect individuals and organizations like ours from being required to participate in, pay for, or provide coverage for certain services that are contrary to our religious beliefs or moral convictions.

The proposed definition would require religious employers to "primarily serve persons who share its religious tenets." For over 200 years, Catholic healthcare providers have served the common good of our nation and its citizens by caring for persons of **all** ages, races and religions, in a manner consistent with our religious and moral convictions.

These convictions are the source of both the work we do and the limit on what we will do. Our ethical standards in healthcare flow from the Catholic Church's teachings about the dignity of the human person and the sanctity of human life from conception to natural death. These values form the basis for our steadfast commitment to the compelling moral implications of our ministry—from insisting on the right of all to accessible, affordable healthcare, to caring for persons at the end of life, to defending and preserving the conscience rights of all, including but not limited to Catholic organizations.

The definition that has been proposed is not drawn from current federal law and is instead lifted from the narrowest state definition of a religious employer—found only in three states in the nation. I request that the definition be rewritten using the principles behind the "church plan" exemption found in section 414(e) of the Internal Revenue Code, which was developed specifically to avoid church-state entanglements in religious governance relative to pension, health and welfare plans offered by religious entities. Section 414(e) of Title 26 considers whether an organization or institution "shares common religious bonds and convictions with a church" when determining if the organization qualifies as a "religious employer." This definition more adequately defines religious employers to include all employers that work in ministries of the church.

Our country has acknowledged and respected the rights of conscience since its founding, and our society's commitment to pluralism lies at the heart of our diverse and vibrant nation. I request that you broaden the definition of "religious employer" as described above and as specifically laid out in the comments of the Catholic Health Association of the United States.

Sincerely,

Fleury Yelvington
President and CEO
Carondelet Health

FY/cb