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CATHOLIC HEALTH EXECUTIVES COMMITTEE

Michael Sheedy
Associate Director for Health

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sponsors of Florida's Catholic
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St. Joseph's North Hospital
St. Joseph's Women's Hospital
St. Joseph's John Knox Village*

St. Mary's Medical Center

St. Vincent's Health System

*St. Vincent's Medical Center
St. Luke's Hospital
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September 27, 2011

The Honorable Kathleen Sebelius, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Religious Employer Exception to Mandatory Coverage of Preventive Services/File Code CMS – 9992IFC2

Dear Secretary Sebelius:

As chairman of the Florida Catholic Health Executives Committee and President of St. Anthony's Health Care in St. Petersburg, I respectfully write to raise my deep concern about the Interim Final Rules issued by the Department of Health and Human Services (HHS) on August 1, 2011.

The new health plan coverage guidelines issued by the Health Resources and Services Administration of HHS require most individual and group health plans—including plans offered by religiously affiliated employers—to cover all FDA-approved contraceptive methods and sterilization procedures. As the document is currently written, Catholic healthcare organizations must either pay for contraception and sterilization in plans offered to employees, in direct violation of the Church's moral teaching, or terminate those health care plans.

While there is an exemption for certain religious employers from these requirements, the current "religious employer" exemption is too narrow to alleviate this conflict of conscience for us. The vast majority of Catholic health ministries would not meet the exemption, with the rule's requirement to serve and employ "primarily" those who share our faith. Our institutions endeavor to engage in service to *all people*, and invite others into this work who seek to advance this mission.

At minimum, the existing religious employer exemption should be expanded to eliminate the conflict. Specifically, it needs to include nonprofit charitable religious institutions beyond simply churches and religious orders. The definition should be broad enough so that institutions such as ours, sharing religious bonds and convictions with the Catholic Church, are included whether or not we necessarily have a majority of Catholic employees, patients or residents.

These changes to the existing exemption would also fulfill commitments made around passage of the Affordable Care Act, to ensure that employees (and students) can remain part of their existing health plans.

Thank you for your consideration of these comments on this weighty matter.

Sincerely,

William Ulbricht
Chair, Catholic Health Executives Committee (CHEC)