

Catholic Medical Association

Statement on House Repeal Vote on PPACA

January 19, 2011

Bala Cynwyd, PA – January 19, 2011.

CONTACT: John Brehany, Ph.D., S.T.L. Executive Director & Ethicist

Today, the House of Representatives voted to repeal the Patient Protection and Affordable Care Act of 2010. In response to the vote, the Catholic Medical Association issued the following statement:

America still needs health care reform. Unfortunately, the Patient Protection and Affordable Care Act (“PPACA,” widely known as ObamaCare), pushed through Congress in a slipshod, partisan manner and against the will of the American people, is not capable of delivering true reform of America’s health care financing and delivery systems. It must undergo substantial change so authentic reform measures can be enacted and implemented. If today’s vote is a part of a constructive process of change and improvement, it is worthy of support. The reasons are as follows:

The PPACA already is failing to live up to its promised benefits and protections. President Obama repeatedly made three significant promises to persuade the public to accept his health care legislation:

- Americans’ health insurance premiums would be reduced;
- The PPACA would reduce the rate of spending on health care and would not add to the national deficit; and
- People satisfied with their current health insurance plans and physicians could keep them.

Each one of these promises has been, or inevitably will be, broken unless the PPACA undergoes substantial change. The reason is clear. Rather than address the factors contributing to high costs and unrestrained spending, the PPACA focused on increasing “access” to health insurance coverage, hoping to deliver this through massive enrollments in Medicaid and through health insurance mandates and subsidies. Americans already are seeing significant [increases in their health insurance premiums](#), with more to come, [due in large part to the requirements of the PPACA](#). The Centers for Medicare and Medicaid reported in April 2010 that the PPACA would [add \\$250 billion to the deficit](#) and in September 2010 that total health care expenditures [will rise more each year](#) than if the law had not been passed. And already millions of people, [ranging from seniors on Medicare Advantage](#) to the working poor covered by “mini med” insurance plans, are in danger of losing the coverage they have, with even [more significant disruptions to come](#).

Of even greater significance, the PPACA fails to respect important ethical, constitutional, and social principles. For example:

- *The PPACA funds abortion.* Advocates for the PPACA fought efforts to effectively exclude funding for abortion under the new law. Now, analysts ranging from the [United States Conference of Catholic Bishops](#), to the [National Right to Life Committee](#), to [Planned Parenthood](#), to the [Congressional Research Service](#) agree that funds appropriated under the PPACA can be used to

fund abortions.

- *Protections for conscience rights were not secured as an integral part of the new law.* Some conscience protections, such as those in the Weldon Amendment, were not codified, but left to the uncertainties of the appropriations process, while the protections of state laws were left uncertain by the poor process of drafting the law.
- *The PPACA fails to respect the value of subsidiarity, an important principle of social ethics.* The law vests vast and unprecedented powers in the Secretary of Health and Human Services, giving the federal government the authority to dictate every aspect of health care financing and delivery. The PPACA creates two new bureaucracies with powers to impose future rationing (the Patient-Centered Outcomes Research Institute and the Independent Payment Advisory Board). And the Congressional Research Service reports that it is impossible to estimate the dozens, if not scores, of new agencies and programs and the influence they will have in the future. The weight of this centralized, distant, and unaccountable bureaucracy is a threat to the patient-physician relationship.

Government leaders can and must enact health care legislation that respects our deepest human and constitutional rights—the right to life, to respect for conscience, and to religious freedom; that respects the patient-physician relationship and fosters innovation and quality in health care services; that respects the principle of subsidiarity in decision-making across the spectrum of choices in health insurance and health-care services; that ensures that all people have access to health care, particularly the poor and vulnerable; and, finally, do this in a way that is economically sound and sustainable.

It is clear from the very terms of the PPACA and from the initial period of implementation, that it can do none of the above. Now it is important to begin an effort to achieve authentic health care reform.

Founded in 1932, the Catholic Medical Association is the largest association of Catholic physicians in North America. For more information, go to www.cathmed.org.

###