

Declaration 2007 to Reform State Children Health Insurance Program (S-CHIP)

The federal government established the State Children's Health Insurance Program (S-CHIP) in 1997 to expand health care insurance coverage to children under 19 whose parents earn up to 200% of the poverty level. 48 billion dollars have been allocated to this program over 10 years (1998 to 2007), with the basic stipulation that covered services would include physician and hospital care, laboratory, X-ray services, well-child care and immunizations. **While the major goal of this program is to make health care affordable to lower income families, the reality is that millions of dollars from S-CHIP are being channeled into the promotion and provision of confidential family planning services that include sterilization, contraception, and abortion.** Teenage females can be signed up for a CHIP program by schools, family planning services, and social service organizations and given contraceptives, and abortions without their parent's knowledge or consent. Our tax dollars are subsidizing these services, thereby violating millions of American's deeply held moral convictions and threatening religious liberty guaranteed by the constitution. **This declaration seeks your written support to encourage lawmakers to reform S-CHIP at either the federal or state levels by specifically removing coverage of contraception, sterilization, and abortion.**

Why are Family Planning Services covered by S-CHIP?

Reasons that confidential family planning services for teenagers have been slipped into state CHIP programs comes from 1) the choices the federal government gave the states to implement the program 2) the vague and confusing manner in which S-CHIP was presented to state legislators and 3) the powerful lobby of pro-abortion organizations. **Although not required by Congress, it appears that most state plans cover family planning services.** All 50 states have used the federal funds to either expand their Medicaid program (21 states), develop their own program (16 states) or by a combination of Medicaid and a state designed program. (13 states).¹ Because Medicaid is mandated to cover family planning services, the states that chose to expand Medicaid (AK, AR, DE, HI, ID, IL, IN, KS, LA, MD, MN, MO, ND, NE, NM, OH SC, SD, TN, WI + DC)² were required cover these services. The states that opted to develop their own program were not mandated to cover family planning services. Though S-CHIP legislation states that "such funds **may** include coverage of abortion only if necessary to save the life of the mother or if the pregnancy is the result of rape or incest," coverage or the exclusion of specific family planning services are not mentioned.³ Despite this, 48 out of 50 states took the liberty to offer full confidential family planning services to minors. "Reproductive rights" and abortion advocate groups must be pleased with this outcome. Recommendations of the Alan Guttmacher Institute (AGI), the research arm for Planned Parenthood, state that "*all managed care plans should cover the full range of reproductive health services for all enrolled individuals and all dependents of reproductive age*" and that if providers have religious or moral objections to offering these services "*plans must have a bypass mechanism to help enrollees access covered services*".⁴ Additionally, AGI's goal of maintaining confidentiality at all phases of family planning services, including referral, billing without deductibles or copays, accreditation standards, and the establishment of nationwide subsidized family planning clinics,⁴ has also been embraced by most S-CHIP plans.

Unhealthy consequences of family planning services.

While brochures describing the S-CHIP program sound benevolent, parents may be uninformed that their daughters may receive contraceptive and abortion services without their knowledge or consent.⁵ This is particularly detrimental given the long lasting, life threatening psychological and physical complications of abortion and contraception. **Compared to women who have given birth, the suicide rate of women who have undergone abortions is at least 6 times higher⁶ and the overall death rate in the year following an abortion is 4 times higher.⁷** Substance abuse, post traumatic stress disorder, depression and a host of other psychiatric problems are common in women who have undergone abortion.⁷ Abortion is also associated with an increased risk of cervical incompetence, ectopic pregnancies, infection, and other physical complications which reduce a woman's chance of later having a wanted child.⁷ Twenty-seven out of thirty-three studies have shown a positive link between abortion and breast cancer with the overall increased risk being 30.8%.⁸ **In young women who have had multiple abortions and never have had a full term**

pregnancy, the breast cancer risk is increased several fold.⁹ Since 1980, 18 out of 20 studies have shown the oral contraceptive pill to add a significant risk of developing breast cancer.¹⁰ Most of the studies have shown the increased risk to be in the range of 40%¹¹ to 88%¹², **with the greatest risk (210%) being in teenage women.**¹³ Because breast cancer is the leading cause of cancer in women (1 in 8 American women will develop breast cancer in her lifetime)¹⁴, oral contraception and abortion put teenagers at extremely high risk. The contraceptive pill is also associated with a significant increased risk of blood clots, stroke, heart attacks, and cancers of the cervix and liver.¹⁵ “Safer Sex” advocates claim condoms provide protection from HIV virus and pregnancy. Given the naturally occurring voids or “channel like defects” in latex used in condoms that are between 10 to 700 times larger than the HIV virus, and the actual breakage rates of condoms being approximately 5%, reproductive rights advocates have erroneously lead the lay public into believing that “safer sex” is 100% effective.¹⁶ “Non-health” services such as contraceptives and abortions should not be paid for with tax dollars, and parental consent must be required to protect our teenagers and our unborn.

States that removed Family Planning Services from S-CHIP coverage.

Groups in Pennsylvania and Michigan have successfully removed family planning services from their S-CHIP programs. In 1998, the Pennsylvania Catholic Health Association (PCHA) and the Pennsylvania Catholic Conference (PCC) jointly sent a proposal to the Executive Director of the Pennsylvania Children’s Health Insurance Program (CHIP) which stated **“It is imperative that families with eligible children have an adequate choice of providers and health plans, as well as built-in protections to ensure access to high-quality health care. If this program is to be workable, it must allow and protect participation by Catholic-sponsored providers and plans without requiring that they offer morally objectionable services, some of which are included in a “core benefit package.”**¹⁷ Pennsylvania appears to be the only state which does not pay for any family planning services with federal S-CHIP funds.

In Michigan, the Engler Administration was initially under the impression that to receive federal funding, the state’s (CHIP) program would have to include family planning services. The initial *MiChild* program provided coverage for family planning services, including abortions. Concerned citizens, and organizations together formed a *MiChild* Reform Committee which educated lawmakers on S-CHIP point by point. As a result, *MiChild* has been amended to remove the coverage for sterilization and abortion except to save the life of the mother. The current focus of the *MiChild* Reform Committee, Michigan Chapter of the Catholic Campaign for America, and the Christus Medicus Foundation is to encourage the Engler Administration to pass an amendment which would remove federal and state funding of contraceptives, currently distributed to children under 19 years of age without parental consent.

A United Front...

The Christus Medicus Foundation seeks to educate lawmakers, political candidates and religious organizations about the need for the reform of (S-CHIP) as well as other state and federal health care laws which interfere with religious and moral freedom. Our tax dollars must not pay for coverage that is contrary to our moral convictions, religious beliefs, and undermines parental authority. Please sign on to this declaration in support of the Christus Medicus Foundation’s goal of reforming S-CHIP. Thank-you.

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Richard Meyers, JD
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American Bioethics Advisory Commission
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Footnotes

1. The Guttmacher Report on Public Policy June 2000, p.5
2. The Guttmacher Report on Public Policy, Oct. 1999, p.7.
3. Section 2101 S-CHIP
4. The Alan Guttmacher Institute-Reproductive Health Services and Managed Care Plans: Improving the Fit, March 1996, p. 2
5. Governor George E. Pataki, “Your kids need health care, Now you can afford it!” (New York, Child Health Plus, April, 1998)
6. Gissler, *British Medical Journal* 313:1431-4, 1996
7. Elliot Institute www.afterabortion.org/complic.html
8. J.Brind, *J. of Epidemiology and Community Health* 1996, 50: 481-496.
9. H.Howe, *International Journal of Epidemiology* Vol 18, No. 2, P 300-304
10. Kahleborn, C., *Breast Cancer and its link to abortion and Birth Control Pill*, Publ: One More Soul, Fall 2000.
11. Wingo, P.A., et al *Cancer* (supplement) 1993; 71: 1506-1517.
12. Rosenberg, L., et al, *American Journal of Epidemiology*. 1996; 143: 25-37.
13. Brinton, LA, et al. *JNCI*. 6/7/1995; 87: 827-835.
14. American Cancer Society
15. Physician’s Desk Reference 1998
16. R. Smith, JD Catholic Medical Association Annual Conference Buffalo, NY. October 1999
17. Sister Clare Christi Schiefer, “Letter to Ms. Patricia H. Stromberg”, (CHIP, PA, Dec. 17, 1998)

