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Employers eye self-insurance

States can't force contraceptives in self-insured plans

WASHINGTON — When the California Supreme Court said Catholic Charities of Sacramento may not be exempted from a law requiring employers to include contraceptives in workers' prescription-insurance plans, the lone dissenting judge suggested an alternative.

Justice Janice Rogers Brown said in the March 1 ruling that religious organizations were left few options by the majority's decision; the 1999 law gives only extremely narrow exemptions for employers who object to providing contraceptives on moral grounds. One possibility, dropping prescription coverage, also would be unacceptable to church-based employers on social-justice grounds, Catholic Charities argued in opposing the law.

But some church entities around the country have already turned to Brown's other suggestion — dropping out of the traditional health insurance funding system and self-insuring.

As Brown put it, "such employers would not be subject to mandatory prescription coverage, they would not be subject to any of California's more restrictive insurance regulations." That also would apply to similar laws in about 20 states that mandate coverage of contraceptives and any other state requirements that a religious employer finds objectionable.

Self-insured entities instead fall under the federal Employee Retirement Income Security Act, known as ERISA,



Some U.S. Catholic employers already have dropped out of the traditional health-insurance funding system and opted for self-insurance so they are not subject to state laws requiring they provide contraception coverage to employees. Some Catholic doctors, such as Dr. Mary Martin of St. Margaret Mercy Healthcare Center in Hammond, Ind., follow the teachings of the Catholic Church and will not prescribe contraceptives to patients even if they do have coverage.

which pre-empts state regulation, Brown pointed out. ERISA brings its own requirements, such as mandatory minimum hospital stays for women who give birth, but those provisions are few.

That means an organization large enough to afford self-insurance can have much more latitude in determining exactly what is and isn't covered by the plan.

Bishop Robert F. Vasa said in his Diocese of Baker, Ore., self-insuring to provide health coverage for the 160 employees of parishes and pastoral offices costs perhaps a little more than the traditional fully funded system. Because of his diocese's small size and its

high ratio of older priests with expensive medical needs, self-insurance is not as cost-effective in Bishop Vasa's diocese as it is for larger employers. But it's worth it, he believes.

"It's the only way I can ensure, to the best of my ability, that every dollar we spend on health care is used on health care and procedures that are consistent with Catholic teaching," he said.

Bishop Vasa converted the diocese's coverage to self-insurance after he was appointed bishop there in 2000. He'd learned the ins and outs of insurance when he supervised a change to self-insurance in his former position as vicar general for the Diocese of

Lincoln, Neb.

The plan offered by the Baker Diocese goes beyond simply not covering medical services that run afoul of Catholic teaching about abortion, contraceptives and assisted suicide, which is legal in Oregon. As much as possible, it relies upon health-care providers such as the Providence network, run by the Sisters of Providence, that don't offer such services to anyone, Bishop Vasa said.

Even when a typical big-name insurance company leaves out coverage for things the employer finds objectionable, "you're still paying into a globalized pool, in an industry

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