

Ensuring a “Right-Sized” Religious Conscience Exemption to Vermont’s Individual Health Insurance Mandate

The Christian Science Committee on Publication for Vermont respectfully requests that the Individual Mandate Working Group recommend language implementing a religious conscience exemption that is similar to the language used in Massachusetts’ existing individual health insurance mandate legislation.

What is Christian Science?

- Christian Science is a Bible-based religion and system of spiritual healing grounded in the teachings of Jesus. It was founded in the late 1800s by Mary Baker Eddy. There are branch churches in about 70 countries, including seven churches in Vermont.
- Although the Christian Science church does not dictate the health care choices of its members, individuals who practice Christian Science generally turn to prayer (and, when needed, the services of religious nonmedical providers) for health needs because they have found it to be effective.
- Christian Science practitioners, Christian Science nurses, and Christian Science nursing facilities provide religious nonmedical services to individuals who have chosen to rely on Christian Science for their health needs. These services are covered in varying degrees under public and private insurance plans like Medicare, TRICARE, select Federal Employees Health Benefit program plans, some State employee health plans, and employer group health plans.

The Affordable Care Act (ACA) does not currently meet the needs of those who rely on religious nonmedical care

- The religious exemption in the ACA is narrow. It only applies to religious groups that are doctrinally opposed to the acceptance of private or public insurance benefits, such as the Amish and certain Mennonites. It excludes religious groups that do not have this doctrinal prohibition, even though individuals within such groups may hold equally sincere religious objections to maintaining minimum essential coverage.
- Currently, none of the individual health plans available through Vermont Health Connect cover the religious nonmedical health care services that Christian Scientists actively use.
- **Therefore, limiting Vermont’s religious conscience exemption to that provided in the ACA would require Christian Scientists to both pay a penalty if they do not maintain coverage, and pay out-of-pocket for care they actually use because of their religious beliefs.**

What are some possible solutions to achieve a “right sized” religious exemption?

- Massachusetts (MA), the first State to implement an individual mandate, has had an inclusive religious exemption since its inception in 2007. (See attachment)
- The MA exemption was designed to be broad enough to prevent giving preferences to particular religious beliefs, yet narrow enough to deter others from misusing it to avoid purchasing health insurance.
- According to Massachusetts’ annual report, 0.1% of the state population applies for the religious exemption each year, reflecting minimal impact on the risk pool while protecting minority rights and religious freedom.
- At the federal level, there’s also a broadly supported bipartisan proposal currently before Congress to similarly amend the existing religious conscience exemption in the ACA.

(b) Exemption from Coverage Requirement Based upon Religious Belief.

1. General. An individual will generally be exempt from the penalty under M.G.L. c. 111M, § 2 if he or she files a sworn affidavit with his or her personal income tax return stating that he or she did not have creditable coverage and that his or her sincerely held religious beliefs are the basis of the refusal to obtain and maintain creditable coverage during the 12 months of the taxable year for which the return was filed. Claiming the religious exemption on Schedule HC along with the signature of the taxpayer on his or her personal income tax return fulfills the affidavit requirement.

2. Scope of Exemption. No Meaningful Benefit from Coverage. The individual health care mandate in Massachusetts is a requirement to maintain health insurance coverage. The Department interprets the religious exemption as a legislative acknowledgement that maintenance of health insurance would provide little benefit to an individual whose sincerely held religious beliefs would cause the individual to object to substantially all forms of treatment that would be covered by the insurance. It is appropriate for the religious exemption from the individual mandate to be available to such a person. On the other hand, health insurance may provide a substantial benefit to an individual who would object to certain specific treatments, such as blood transfusions, but who would otherwise seek standard medical treatment of conditions such as a broken bone or an infection. Thus, a claim of religious exemption in the latter situation would not be appropriate.

Sincerely held religious beliefs, including the scope of objections to various potential health care treatments, will vary among individuals. Thus, whether health insurance would provide no meaningful benefit to an individual, such that a claim of religious exemption from the individual mandate would be appropriate, is a matter of individual conscience. However, the Department may question a claim of exemption where facts are sufficiently extreme as to cast doubt on the sincerity of the religious beliefs asserted.

3. Medical Health Care. Any individual who claimed a religious exemption from the individual mandate but received medical health care during the taxable year for which the return is filed shall be liable for providing or arranging for full payment for the medical health care and be subject to the penalty assessed under M.G.L. c. 111M, § 2. For purposes of 830 CMR 111M.2.1(5)(b)3., the Department will interpret "medical health care" as health treatment by or supervised by a medical doctor and customarily covered by health insurance policies qualifying as minimum creditable coverage. Medical health care includes, without limitation, acute care treatment at hospital emergency rooms, walk-in clinics, or similar facilities. Medical health care excludes treatment not administered or supervised by a medical doctor, such as chiropractic treatment, preventive dental care, midwifery, personal care assistance, and eye examinations in situations not customarily covered by basic health insurance policies. Medical health care will also exclude physical examinations where required by third parties, such as a prospective employer, and vaccinations.

4. Self-insurance Is Not an Alternative to the Individual Mandate. The health care individual mandate does not give individuals the alternative of self-insurance. Where maintenance of health insurance would provide meaningful benefit to an individual, taking that individual's religious beliefs into account, separate payment by the taxpayer or others for medical health care services does not remove the statutory requirement for insurance coverage or the penalty for failure to obtain required coverage.