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Nina J. Crimm

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# MIGHT HOUSES OF WORSHIP ENABLE CURRENTLY UNINSURED, ECONOMICALLY DISADVANTAGED INDIVIDUALS TO OBTAIN AFFORDABLE HEALTH CARE INSURANCE?

NINA J. CRIMM*

Since Harry Truman assumed the presidency in 1945, U.S. presidents and Congresses have repeatedly attempted, and failed, to make universal health insurance a reality for American citizens.[1] It is no secret to our elected officials that the United States now lags behind other developed, industrialized countries in providing accessible, cost effective, and quality health care.[2] The oratory skills and distant guidance of President Barak Obama, and his executive staff's involvement on Capitol Hill, just may result in the 111th Congress crafting a fix for the country's health care challenges – rising insurance premiums and co-payments, unaffordable individual coverage, denial of individual coverage due to pre-existing conditions, the unavailability of employer-provided policies to all workers,

* Professor of Law, St. John's University School of Law. © Copyright Nina J. Crimm. This essay was written in November 2009 and reflects data and events as of that time. Because approximately one year has elapsed since this essay was written, an Addendum appears at the essay's end to provide updating comments. A significantly scaled down version of the original essay was published as Nina J. Crimm, Potential Experiment for Houses of Worship to Expand Healthcare Coverage, 64 Exempt Org. Tax Rev. 371 (Oct. 2009).

1 The continuous quest for universal health care insurance was described recently in this way:

Universal health care has bedeviled, eluded or defeated every president for the last 75 years. Franklin Roosevelt left it out of Social Security because he was afraid it would be too complicated and attract fierce resistance. Harry Truman fought like hell for it but ultimately lost. Dwight Eisenhower reshaped the public debate over it. John Kennedy was passionate about it. Lyndon Johnson scored the first and last major victory on the road toward achieving it. Richard Nixon devised the essential elements of all future designs for it. Jimmy Carter tried in vain to re-engineer it. The first George Bush toyed with it. Bill Clinton lost it and then never mentioned it again. George W. [Bush] expanded it significantly, but only for retirees.

Robert B. Reich, *Critical Care*, N.Y. TIMES BOOK REVIEW, Sept. 1, 2009, at 1 (reviewing DAVID BLUMENTHAL & JAMES A. MORONE, THE HEART OF POWER (Univ. of Cal. Press 2009)).

2 The Commonwealth Fund Commission on a High Performance Health System, *Framework for a High Performance Health System for the United States*, THE COMMONWEALTH FUND, Vol. 29 (Aug.2 2006) [hereinafter *Framework*], *available at* http://www.commonwealthfund.org/content/publications/fund-reports/2006/aug/framework-for-a-high-performance-health-system-for-the-united-states.aspx (last visited July 20, 2010).

and access to cost contained, quality health care.[3] Such a legislative solution will be none too early.

There are a shocking number of uninsured individuals. There are a stunning number of especially vulnerable individuals – children, women, and certain ethnic and racial groups – who are uninsured or underinsured. There are staggering numbers of unemployed losing health insurance coverage daily.[4] And, the escalating unemployment levels do not portend well for the future. The data speak for themselves.

Since the new millennium arrived, the number of uninsured has risen steadily, but counts diverge and statistics are gathered on differing population cohorts.[5] Last year, the Bureau of Census calculated that there were as many as 45.7 million uninsured individuals in the United States in 2007.[6] Although some analysts assert that the estimate of the Bureau of Census may be inflated by between 2.5 million and six million,[7] the resulting numbers of uninsured Americans is no drop in the bucket. The Agency for Healthcare Research and Quality estimated that in the first half of 2007, approximately 27% of the total non-elderly U.S. population was uninsured.[8] A 2006 study, based on 2003 data, reported that 16% of the

[3] A problem anticipated over the upcoming fifteen years is a doctor shortage, particularly primary care physicians. The shortage is projected to be exacerbated if universal health care coverage becomes a reality. *See* Michelle Andrews, *Doctor Shortage Is Projected*, N.Y. TIMES, Sept. 6, 2009, at A22.

[4] Every day, fourteen thousand Americans lose their health care insurance coverage. President Barack Obama, *Health Care Speech to Congress*, Sept. 9, 2009, *available at* http://www.nytimes.com/2009/09/10/us/politics/10obama.text.html.

[5] *Testimony: The Growing Problem of Underinsurance in the United States: What It Means for Working Families and How Health Reform Will Help*, at Chartpack, Figure 1 [hereinafter *Testimony*], *available at* http://www.commonwealthfund.org/Content/Publications/Testimonies/2009/Oct/The-Growing-Problem-of-Underinsurance.aspx (last visited July 20, 2010) (showing 38 million uninsured in 2000 and rising in years thereafter). The Robert Wood Johnson Foundation reported in May that the ranks of the uninsured non-elderly grew from 44.4 million in 2007 to 49.1 million individuals in 2009. JOHN HOLAHAN, ET AL., THE ROBERT WOOD JOHNSON FOUND., HEALTH REFORM: THE COST OF FAILURE 6-7, (May 21, 2009), http://www.rwjf.org/pr/product.jsp?id=42970. The Agency for Healthcare Research and Quality estimated that in the first half of 2007, nearly 54 million non-elderly Americans were unemployed. *See* MARY C. CHU & JEFFREY A. RHOADES, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, THE UNINSURED IN AMERICA, 1996-2007: ESTIMATES FOR THE U.S. CIVILIAN NONINSTITUTIONALIZED POPULATION UNDER AGE 65 (July 2008), *available at* http://www.meps.ahrq.gov/mepsweb/data_files/publications/st214/stat214.pdf; *see also infra* notes 6-10 and accompanying text.

[6] DENAVAS-WALT, ET AL., U.S. CENSUS BUREAU, INCOME, POVERTY, AND HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2007 (Aug. 2008).

[7] Carl Bialik, *The Unhealthy Accounting of Uninsured Americans*, WALL ST. J., June 24, 2009, at 5, *available at* http://online.wsj.com/article/SB124579852347944191.html. The inflation of up to six million, results from an estimate of the number of illegal aliens possibly included in the figures of the Bureau of Census.

[8] *See* CHU & RHOADES, *supra* note 5; *contra, Health Care Since the Clinton Era*, N.Y. TIMES, Sept. 6, 2009, at A20 (asserting approximately 20% of all 18 to 64-year-old adults in 2007 were uninsured); *see also* Mark Moran, *Number of Uninsured Appears Poised for Dramatic Surge*, 44 PSYCHIATRIC NEWS 14, 12 (July 17, 2009), *available at* http://pn.psychiatryonline.org/cgi/content/full/

U.S. population was uninsured, but that figure did not reflect the millions of individuals who "endure a period without insurance during the year . . . ."[9] Indeed, "almost one in three civilian, non-institutionalized citizens under the age of 65 was uninsured for a period of at least one month in 2003."[10] There is a glimmer in the insurance coverage story. The New York Times recently reported more specifically that the Children's Health Insurance Program established in 1997 "has significantly reduced the number of low-income children who are uninsured."[11] Nonetheless, a *Health Affairs* study that did not take children into account, predicted that based on historical data, and not current unemployment trends, the number of uninsured adults would rise from forty-five million in 2003 to fifty-six million by 2013.[12]

With nominal national unemployment rates ticking up—topping 9.7% this past August,[13] 9.8% in September, [14] and 10.2% in October,[15] levels not experienced in decades, despite the availability of Cobra which allows the previously employed to purchase a continuation of their employer-provided health care insurance for up to thirty-six months,[16] one can only imagine how many citizens on this day in November 2009 fail to carry

44/14/12-a (suggesting in a *Health Affairs* study that in 2007, approximately 17% of non-elderly adults were uninsured).

9 *Framework*, *supra* note 2, at 12.

10 CHU & RHOADES, *supra* note 5.

11 Despite the reduction in uninsured children, research has revealed that uninsured children who are hospitalized have a 60% greater risk of death than insured children, which is a tremendous cost of lives. *See* Roni Caryn Rabin, *THE UNINSURED; Costs of Another Kind*, N.Y. TIMES, Oct. 31, 2009, at A12, *available at http://query.nytimes.com/gst/fullpage.html?res=9E01EED7163CF932A05753C1A96F9C8B63&ref=johns_hopkins_university*.

12 Todd Gilmer & Richard Kronick, *It's The Premiums, Stupid: Projections Of The Uninsured Through 2013*, HEALTH AFFAIRS at 143-144 (2005)(analyzing health care coverage with a historical perspective on unemployment trends).

13 BUREAU OF LABOR STATISTICS, U.S. DEP'T OF LABOR, THE EMPLOYMENT SITUATION SUMMARY- AUGUST 2009, *available at* http://www.bls.gov/news.release/archives/empsit_09042009.pdf (last viewed July 20, 2010). The figure does not include individuals who, for a variety of reasons, have not actively looked for work during the prior four weeks. Moreover, it does not include individuals who have stopped looking for work altogether. If the unemployment rate were to include all of these "marginally attached" workers, it would have been 11% in August 2009. *See* Michael Luo, *Out of Work, and Too Down to Search On*, N.Y. TIMES, Sept. 7, 2009, at A1, A11.

14 BUREAU OF LABOR STATISTICS, U.S. DEP'T OF LABOR, EMPLOYMENT SITUATION SUMMARY-SEPTEMBER 2009, *available at* http://www.bls.gov/news.release/archives/empsit_10022009.pdf.(last visited July 20, 2010).

15 BUREAU OF LABOR STATISTICS, U.S. DEP'T OF LABOR, EMPLOYMENT SITUATION SUMMARY-OCTOBER 2009, *available at* http://www.bls.gov/news.release/archives/empsit_11062009.pdf (last visited July 20, 2010). Economists had long projected national unemployment would hit 10.2% in 2010. *See* Phil Izzo, et al., *Economic Confidence Rebounds*, WALL ST. J., WEEKEND ED., Sept. 11, 2009, at A1; Patrick McGeehan, *Unemployment Hits 10.3% in New York City*, N.Y. Times, Sept. 17, 2009.

16 INSURANCE DEP'T, NEW YORK STATE, STATE CONTINUATION COVERAGE EXTENSION TO 36 MONTHS, *available at* http://www.ins.state.ny.us/cobra/cobra_ext_36.htm (last viewed July 20, 2010).

health care insurance for short or long periods. The Kaiser Family Foundation has estimated that for every 1% increase in unemployment, there is a 0.59% increase in uninsured non-elderly individuals.[17] A study published earlier this year, when unemployment rates were lower than the August level, projected that the effects of the 2008-2009 "Great Recession" will directly cause almost seven million Americans to lose their health care insurance by 2010.[18] Conceivably, 57 to 60 million Americans will be uninsured by the end of this year.[19]

Moreover, since 1999, health insurance premiums have grown 120% cumulatively.[20] The growth in the cost of health insurance has led to vast numbers of adults, who are more likely to be underinsured and have health insurance plans with limited coverage and high deductibles.[21] Moreover, those who have purchased individual health insurance policies, as opposed to employer-provided policies, are more likely to be underinsured.[22]

Considerable disparity in health care insurance coverage is reported among ethnic and racial groups of adults considered as "working-age" (ages 19 to 64), whether having income levels significantly above or below the federal poverty level. The title of a news release in 2006 by The Commonwealth Fund said it in stark terms: *Hispanic and African American Adults Are Uninsured at Rates One-and-a Half to Three Times Higher Than White Adults*.[23] It reported that of working-age adults, 62% of Hispanics, approximately 15 million individuals, were uninsured at some time during 2006, as compared to 33% of African-Americans, and 20% of whites.[24]

Women are also a group susceptible to being uninsured and

17 *See* Moran, *supra* note 8, at 12.

18 T.P. Gilmer and R.G. Kronick, *Hard Times and Health Insurance: How Many Americans Will Be Uninsured By 2010?*, 28 HEALTH AFFAIRS 573 (2009). The Urban Institute estimated that an additional six million Americans could lose their health care insurance if the unemployment rate reaches 10%, which has occurred. HOLAHAN, ET AL., *supra* note 5, at 14.

19 *Id.* at 7; President Barack Obama, *Health Care Speech to Congress*, Sept. 9, 2009, *available at* http://www.nytimes.com/2009/09/10/us/politics/10obama.text.html.

20 *Health Care Since the Clinton Era*, N.Y. TIMES, Sept. 6, 2009, at A20. The average cost of a health care insurance policy for a family now exceeds $13,000 annually, and premiums are increasing faster than overall inflation and workers' wages. Reed Abelson, *Insurance Premiums Rising*, N.Y. TIMES, Sept. 15, 2009, at A20.

21 CHU & RHOADES, *supra* note 5; *Testimony*, *supra* note 5, at Chartpack, Figure 4.

22 *Testimony*, *supra* note 5, at Chartpack, Figure 6.

23 THE COMMONWEALTH FUND, HISPANIC AND AFRICAN AMERICAN ADULTS ARE UNINSURED AT RATES ONE-AND-A HALF TO THREE TIMES HIGHER THAN WHITE ADULTS, Aug. 1, 2006, [hereinafter HISPANIC UNINSURED], *available at* http://www.commonwealthfund.org/Content/News/News-Releases/2006/Aug/Hispanic-and-African-American-Adults-Are-Uninsured-at-Rates-One-and-a-Half-to-Three-Times-Higher-Tha.aspx (last visited July 20, 2010).

24 *Id.*

underinsured. The National Women's Law Center ("N.W.L.C.") notes that women are more at risk of not being able to obtain individual health care insurance policies that cover all their needs, such as maternity care.[25] If individual coverage is available, it may not be affordable because of the so-called gender rating charge.[26] And, insurance companies charge higher premiums to young women than to young men for the same coverage. In a sampling of the capital city of forty-seven states and the District of Columbia, the N.W.L.C. found significant discrepancies in premiums charged to women and men. For example, the N.W.L.C. "found that insurers who practice gender rating charged 25-year-old women anywhere from 6% to 45% more than 25-year-old men; charged 40-year-old women from 4% to 48% more than 40-year-old men. . . ."[27]

Because many older Americans are not retiring due to their economic situations, the younger generation is finding itself either unemployed or sporadically employed. And, when employed, these young people often are not covered under employer health care insurance plans. A recently released Kaiser Family Foundation study reported that "only 19 percent of uninsured childless [working-age] adults have an offer of employer-sponsored coverage. . . ."[28] Those who find themselves unemployed after having a job with insurance coverage often do not have the financial resources to utilize Cobra. Indeed, the Kaiser Family Foundation found that in 2007, an economically flush year, of the 46 million uninsured population, over half (25.1 million) were young adults aged 19 to 24.[29] The study reported that nearly 60% of uninsured childless adults ranging from 19 years-old to 34 years-old portrayed themselves as in very good or excellent health and another 30% classified their health as good.[30] Yet, according to The Commonwealth Fund, African-Americans experience health problems at a significantly greater level than Hispanics and Whites.[31]

Finally, statistics indicate that uninsured adults have greater cost-related problems to accessing adequate health care than those who are insured,

25 NATIONAL WOMEN'S LAW CTR., NOWHERE TO TURN: HOW THE INDIVIDUAL HEALTH INSURANCE MARKET FAILS WOMEN 4 (2008).

26 *Id.*

27 *Id.* Notably, 55 year-old women incurred premiums that were 22% less to 8% more than comparably aged men. *Id.*

28 LISA DUBAY, ET AL., KAISER FAMILY FOUND., HOW WILL UNINSURED CHILDLESS ADULTS BE AFFECTED BY HEALTH CARE REFORM? 1-2 (Aug. 2009).

29 *Id.* at 3-4.

30 *Id.* at 8.

31 THE COMMONWEALTH FUND, HISPANIC UNINSURED, *supra* note 23.

even if they are underinsured.[32] Overall, 71% of the currently uninsured have failed in the past year to see a specialist when needed, fill a prescription, undergo medical tests, treatments, or follow-up procedures, or despite a medical problem, seek medical care (or in combination of these).[33]

From this data we can deduce much, some of it difficult to swallow and some of it more promising. First, the costs to the health of uninsured people, and ultimately to their welfare as productive contributors to society, are enormous. Second, several categories of individuals – particularly Hispanics, African Americans, women, and the unemployed – are especially vulnerable to being uninsured. Indeed, even in economically prosperous times, there was a large group of young uninsured Americans. A significant proportion was African-Americans, many of whom were not in good health. Nonetheless, overall young American uninsured, childless adults were in good to excellent health. The number of adults in these categories likely has been forced up during the "Great Recession."

Rather than assuming a non-constructive focus, let's think about the upside of the data. Even accounting for the applicability of Medicaid to some of today's working-age individuals, there is a substantial group of employed, young, uninsured, healthy Americans who could have a significant impact on the affordability of health care insurance premiums. If Congress mandates some form of universal health care insurance coverage, the risk pool would be flooded with these individuals. Their presence in the pool would temper the risks associated with insuring the currently unhealthy, uninsured Americans. If Congress fails to mandate such a plan, those healthy young individuals would still be present and might be lured to acquire private health care insurance. If so, they would diversify the risk pool and could be a moderating influence on insurance premiums.

For decades, religious institutions, which compose an important part of the nonprofit sector, have been vocal in pushing for improved health care for all Americans. For example, the United States Conference of Catholic Bishops has lobbied the federal government to provide universal health insurance, particularly for Americans who are economically disadvantaged.[34] But in August, some leaders within the Conference publicly reconsidered their positions. They now are lobbying U.S. officials

32 *Testimony, supra* note 5, at Figure 17.

33 *Id.*

34 David D. Kirkpatrick, *Despite Church's Push on Issue, Some Bishops Assail Health Plan*, N.Y. TIMES, Aug. 8, 2009, at A1.

as well as asking their parishioners to engage in grass-roots lobbying of their members in Congress to tell them "[n]o health care reform is better than the wrong sort of health care reform."[35]

Some commentators have suggested that due to constituent and other interest group pressures, economics, and the existence of real limitations within the current provider system, ultimately the 111th Congress may be unable to devise wholesale legislative reformation.[36] A scaled-down,[37] step-by-step approach might be required so that over time the dots are connected and in due course the final picture achieves its whole – a total reformation our health care system.

But, even as Congress is readying its final legislative health care package, whether or not it achieves wholesale reformation, we and our religious institutions must not sit in wait. Whatever health care reform legislation Congress finally enacts and regardless of who and what might be taxed to pay for it, there will be adults without employer-provided health insurance policies who will need to purchase affordable health insurance policies on an individual basis. Currently, that task is difficult for many Americans. Indeed, the Commonwealth Fund recently found that 73% of adults who attempted to purchase health insurance policies in the open market over a three-year period never purchased a policy. They either could not afford to do so or could not find a policy satisfying their medical needs, or they were refused coverage.[38] So, besides lobbying, there may be a contribution that religious organizations, particularly houses of worship, can make to the cause of enabling segments of the public to purchase quality health care insurance at manageable premiums. To do so, the wheel would not need to be created anew. Currently, experimental initiatives exist within the nonprofit sector to provide affordable insurance and health care. These should not only continue, but should be expanded.

The admirable Wisconsin Jewish Group Benefits Plan is one such initiative; it is a collaborative effort of numerous Milwaukee area synagogues and Jewish charities that under one umbrella provides their network of employees affordable health care insurance.[39] Perhaps this collaboration, and others like it, might consider another experiment:

35 *Id.* (quoting Bishop R. Walker Nickless of Sioux City, Iowa).

36 *See, e.g.*, Jim Rutenberg & Gardiner Harris, *Conservatives See Need for Serious Health Debate*, N.Y. TIMES, Sept. 3, 2009, at A23; David Leonardt, *Changing Health Care By Steps*, N.Y. TIMES, Sept. 2, 2009, at B1.

37 *Id.* at B4.

38 *Testimony*, *supra* note 5.

39 Darlene M. Siska, *Collaborating for Coverage*, CHRON. OF PHILANTHROPY, July 23, 2009.

expanding the project to include non-employee members as well. Such a strategy would sweep in many more individuals, who would broaden and diversify the risk pool and could permit coverage of persons now otherwise uninsurable individually due to pre-existing conditions. These structured networks of houses of worship conceivably could be sufficiently large to have the clout and enrollee pools to enable them to obtain low or even wholesale insurance premium rates and benefit coverage levels otherwise available only to the largest American business enterprises.[40] So, despite the absence of tax advantaged employer premium contributions for those who are not employees, the networks could offer possibilities to purchase at manageable premiums policies that provide more than meager, bare bones health care coverage.[41]

There now are between 335,000 and 360,000 houses of worship in the U.S.[42] Suppose a broad segment of houses of worship, regardless of size (small and "megachurch") and spanning membership of various economic means, located within a specific urban area – Milwaukee, New York City, Phoenix, or Atlanta – were to collaborate and permit individual members and employees to form a group for insurance purposes. The same cooperative approach could be utilized by houses of worship across broad rural areas of each state. Some religious denominations might join together in the experimental endeavor; others might determine an interdenominational approach inappropriate because of particular religious tenets and beliefs not shared among denominations. In that event, these religions could confine the implementation of the collaborative effort to

[40] Benefit coverage levels are statistically determined by "actuarial value," which measures "the health care spending for a given population that is covered by a plan." Robert Pear, *In Debate on Health, It's Coverage vs. Cost*, N.Y. TIMES, Oct. 6, 2009, at A12. Of course, what is not covered by the health insurance plan is paid by the insured in the form of deductibles, co-payments and other out-of-pocket fees. The average actuarial value for employer-provided health insurance plans is 80%-85%, whereas the average actuarial value for health care insurance plans purchased in an individual basis currently is 55%-60%. *Id.*

[41] Of course, state laws and regulations would need to be considered, and these vary widely among states. As part of the regulatory structure, states utilize different approaches to permitting private insurance firms to determine premiums. These and other variables clearly will impact the desire of houses of worship from state to state to participate in the experiment.

[42] AMY BLACKWOOD, KENNARD T. WING, ET AL., URBAN INSTITUTE, THE NONPROFIT SECTOR IN BRIEF 1 (2008) (estimating approximately 350,000 congregations); HARTFORD INST. FOR RELIGIOUS RESEARCH, FAST FACTS ABOUT AMERICAN RELIGION, http://hirr.hartsem.edu/research /fastfacts/fast_facts.html (last visited July 20, 2010) (estimating the existence of 335,000 religious congregations in 2009 and indicating congregations newly form and close regularly, accounting for variations in estimates); SUSAN K.E. SAXON-HARROLD, SUSAN J. WIENER, ET AL., INDEPENDENT SECTOR, AMERICA'S RELIGIOUS CONGREGATIONS: MEASURING THEIR CONTRIBUTION TO SOCIETY 3 (2000) (estimating more than 353,000 religious congregations in 1997). Furthermore, because houses of worship neither are required to file an application for tax-exempt status with the I.R.S. nor file annual information tax returns, the I.R.S. cannot provide reliable data. *See* I.R.C. §§ 508, 6033.

houses of worship within the denomination.

Whether or not cross-denominational, at least initially there would be red tape, accounting hurdles, administrative obstacles, and insurance provider impediments.[43] Yet, there is great upside potential for benefit to many uninsured or underinsured individuals. Houses of worship pride themselves on doing "social good." From the early days of the United States republic, Congress never justified the income tax exemption for religious organizations or the contribution deduction for donations to religious institutions on the basis of the specific religious roles, activities, and functions of the benefited entities or on First Amendment Religion Clause grounds. Rather, Congress has relied repeatedly on the financial utility of not taxing nonprofits that expend all revenues for social welfare needs – that is, the expediency of a welfare state fostering these organizations to serve as public welfare providers, the responsibility for which otherwise would fall directly on government.[44] Therefore, theoretically the deservedness of houses of worship to tax-exempt status is a result of the social welfare they contribute, which lessens the burdens on government. Employing my proposed cooperative approach could relieve some governmental burden by reducing the number of uninsured and underserved and their dependence on health care at government hospitals or charity care at governmentally subsidized nonprofit hospitals.

My proposal also would have potential upside for houses of worship. Houses of worship might attract new membership by expanding their outreach to young working-age adults and those of all ages who have eschewed organized religion. It is reported that only twenty cents of every dollar of contributions received by houses of worship supports programs for economically disadvantaged,[45] for which they have been criticized. Providing a means for financially challenged, uninsured individuals to gain affordable health care insurance might ameliorate some of that criticism. Finally, joining into the collaborative initiative would allow houses of

[43] One impediment could be cherry-picking by insurance companies that prefer to cover businesses with generally healthy enrollees rather than those with older or sicker enrollees. This tendency might be countered by networks of houses of worship if they provide sufficiently diversified risk pools of healthy enrollees relative to sicker enrollees.

[44] *See* NINA J. CRIMM & LAURENCE H. WINER, POLITICS, TAXES, AND THE PULPIT: PROVOCATIVE FIRST AMENDMENT CONFLICTS 100–02 (Oxford Univ. Press, forthcoming 2010). In *Walz v. Commissioner of the City of New York*, 397 U.S. 664 (1970), Justice Brennan in his concurring opinion offered that one governmental reason for granting a tax exemption to houses of worship is that they "contribute to the well-being of the community in a variety of nonreligious ways, and thereby bear burdens that would otherwise either have to be met by general taxation, or be left undone, to the detriment of the community." *Id.* at 687.

[45] Sheryl Sandberg, *The Charity Gap*, WALL ST. J., Apr.4,2007, at A15 (citing a 2005 study by the Center on Philanthropy at Indiana University).

worship to demonstrate their moral character and leadership. It additionally would place houses of worship in a position to assume a "holistic" approach by tending to members' physical well-being, their families' security, and their spiritual needs.

## ADDENDUM

Approximately one year after this essay originally was written, the health care insurance landscape and the number of uninsured individuals have changed. After contentious debate, Congress enacted the Patient Protection and Affordable Care Act, amended by the Health Care and Education Reconciliation Act, which President Obama signed into law in March 2010.[46] These laws are designed to require nearly all individuals not covered by Medicare or Medicaid to obtain health care insurance or pay penalties. Despite the National Bureau of Economic Research announcement of the technical termination of the Great Recession in June 2007,[47] the pictures of unemployment and uninsured individuals are dismal. The United States Census Bureau reported that the number of people with health insurance decreased in 2009 for the first time since 1987 to 253.6 million from 255.1 million in 2008 and the number of uninsured individuals rose 10 percent during 2009 to 50.7 million.[48] In August 2010, the nation's nominal unemployment rate was down slightly from the end of 2009 to 9.6%, but that change did not portray a good picture: 14.9 million people were unemployed and the jobless rates were particularly high for teenagers (26.3 percent), African-Americans (16.3 percent) and Hispanics (12 percent).[49] This level of unemployment continues to bode poorly for individuals to obtain or retain health insurance coverage.

A number of consumer protection and child coverage provisions within the new health care laws became effective on September 23, 2010, but certain statutory requirements will not take full effect for some time.[50] The laws require as many as 14 million people eventually to purchase health care insurance on the individual market.[51] While these federal laws provide that each state must establish an American Health Benefit Exchange through a government agency or nonprofit entity to facilitate the purchase of qualified health care plans and provide a Small Business Health Option Program, such exchanges certainly do not preclude

[46] Pub. L. No. 111-148 and Pub. L. No. 111-152.

[47] *See* Global Economic Crisis, *National Bureau of Economic Research Say U.S. Great Recession is Over; Really?*, http://www.globaleconomiccrisis.com/blog/archives/tag/national-bureau-of-economic-research (Sept. 21, 2010).

[48] CARMEN DENAVAS-WALT, ET AL., U.S. CENSUS BUREAU, INCOME, POVERTY, AND HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2009, 22 (2010), *available at* http://www.census.gov/prod/2010pubs/p60-238.pdf.

[49] News Release, U.S. Dept. of Labor, The Employment Situation- September 2010, at 1, *available at* http://www.bls.gov/news.release/pdf/empsit.pdf.

[50] If many Republicans have their way, the new health care laws will be repealed after mid-term congressional elections in November. Moreover, several state attorneys general have filed a lawsuit to declare the laws unconstitutional.

[51] *See* Kevin Sack, *For Many Families, Health Care Relief Begins Today*, N.Y. TIMES, Sept. 23, 2010, at A16.

individuals from obtaining health insurance coverage through other means if they have the ability to do so. There remains a place for my proposal for cooperating networks of houses of worship to offer individuals the ability to purchase quality health insurance policies at manageable premiums remains viable.