



## CARING FOR HEALTH: DOMESTIC ACCESS TO HEALTH CARE

### Issue Paper

#### BACKGROUND

“God creates human beings as whole persons — each one a dynamic unity of body, mind, and spirit. Health concerns the proper functioning and well-being of the whole person” (*Caring for Health: Our Shared Endeavor*, ELCA, 2003, p. 3). “We of the Evangelical Lutheran Church (ELCA) in America have an enduring commitment to work for and support health care for all people as a shared endeavor” (p. 2). The rising costs of health care leave large numbers of people with inadequate health care resources and a system in distress. The church is called to be an active participant in fashioning a just and effective health care system (p. 2).

Health care expenditures made up nearly 18% of U.S. GDP in 2018,<sup>1</sup> yet the rate of underinsured Americans continues to rise.<sup>2</sup> Virtually miraculous pharmaceutical cures are developed, yet as the price of pharmaceuticals continues to rise, they become unattainable to some patients.<sup>3</sup>

The expansion of coverage enabled by the Patient Protection and Affordable Care Act led to significant gains in coverage and access to health care, but progress stalled in 2016 and various proposals to weaken the act and decrease funding were proposed. As of 2018, the rate of uninsured Americans had not increased, but the rate of underinsured Americans had continued to rise.<sup>4</sup> Access to health care continues to be a challenge for many Americans.

Beginning in February 2020, the COVID-19 pandemic exposed the systemic inequities in our [domestic health care system](#): race and access to wealth affected who got sick in the first place, whether they were able to isolate from their families, what underlying conditions patients suffered from, and the health care they received.

**Corporate Social Responsibility in the ELCA uses the tools of screening of investments, shareholder advocacy and community investing to work with corporations, calling them to ensure that people are treated fairly and with dignity and to create sustainable communities.**

**More at [ELCA.org/CSR](https://www.elca.org/CSR).**

1 <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical>

2 “Underinsured” for this research is defined by a deductible that represents too large a proportion of household income: <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>

3 Nearly 20% of Americans did not fill a prescription because of cost in 2018: [https://www.commonwealthfund.org/sites/default/files/2019-02/Collins\\_hlt\\_ins\\_coverage\\_8\\_years\\_after\\_ACA\\_2018\\_biennial\\_survey\\_tables.pdf](https://www.commonwealthfund.org/sites/default/files/2019-02/Collins_hlt_ins_coverage_8_years_after_ACA_2018_biennial_survey_tables.pdf).

4 <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>

Air pollution was found to increase the death rate from COVID-19.<sup>5</sup> In addition, comorbidities related to public health issues (diabetes, obesity, overcrowding) worsened the outcomes for many.

Also of concern are smoking, vaping, overuse of alcohol, and use of toxic chemical compounds in medical practice.

## ELCA SOCIAL POLICY

The ELCA social statement *Caring for Health: Our Shared Endeavor* (2003) articulates this church's vision of health, illness and healing. Part of that vision is for equitable access to health care for everyone. Also cited is an individual's responsibility for caring for their own health—such as eating well and avoiding tobacco or excessive alcohol consumption. In addition, the church's ministry in health care is highlighted at the level of both congregations and social-ministry organizations. A major component of this social statement is the issue of access for all. Justice requires health care to be provided on the basis of need, giving particular attention to those who are disenfranchised from the system (p. 19).

The ELCA social statement on economic life, *Sufficient, Sustainable Livelihood for All* (1999), calls for companies to share in the wider social and environmental burden of what they produce (p. 16). The ELCA social statement *Faith, Sexism, and Justice: A Call to Action* (2019) addresses the need for equitable health care, including medical research, and for all women to have access to reproductive health care (p. 62). The social message “*Human Rights*” (2017) affirms the right of each person to sufficient and sustainable health care (p. 6).

The ELCA social statement *Genetics, Faith and Responsibility* (2011) and its accompanying issue paper on genetics address specific issues relating to genetics and domestic health, as well as access to health care.

## CORPORATE RESPONSE

Every corporation and family business faces decisions about health insurance for their employees, the health care available to their employees and the costs to their employees for such care. All have to make decisions related to their ability to be part of the solution to the health crisis. As about half the population is covered by employer health insurance plans.<sup>6</sup> Plans with narrow coverage or high deductibles can render individuals underinsured, particularly low-income individuals. The pharmaceutical companies in this country have an additional challenge to face in that they provide some of the basic materials needed for health and wellness and must address how these goods can be distributed equitably. Pharmaceutical companies are in the spotlight due to prescription drug prices that outpace inflation

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**ENDORSED** by Division Church Society Board, Oct. 22, 2004

**APPROVED** by Church Council, Nov. 11, 2004

**UPDATED** by Advisory Committee on Corporate Social Responsibility, April 8, 2008

**APPROVED** by Church Council, November 2008 [CC08.11.57a]

**APPROVED** by Church Council, November 2013 [CC13.11.69y]

**UPDATED** by Corporate Social Responsibility Review Team, June 8, 2020

**APPROVED** by Church Council, November 2020 [CC20.11.33h]

<sup>5</sup> <https://projects.iq.harvard.edu/covid-pm>

<sup>6</sup> <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>7</sup> and create an issue of access to care for patients.<sup>8</sup> Pharmaceutical companies offer patient assistance programs through charitable foundations, but there is significant resistance to this from a policy perspective, and the end result is still far from access to all.<sup>9</sup>

Moreover, the domestic manufacture and distribution of certain products — from cigarettes and vapes to pollutants, alcohol and foods that contribute to obesity — negatively affect public health. Some manufacturers have made commitments in terms of lowering sugar content of foods and limiting tobacco marketing and sales.

## **SOCIAL-CRITERIA INVESTMENT SCREENS**

The alcohol and pornography social-criteria investment screens approved by the ELCA in 1988 and updated in 2019 (alcohol) and 2020 (pornography) respond to this issue. The tobacco social-criteria investment screen approved by the ELCA in 1988 and updated in 2019 also responds to this issue.

## **RESOLUTION GUIDELINES FOR THE ELCA**

The Evangelical Lutheran Church in America supports:

1. Resolutions requesting both the development of ethical criteria for the extension of patents on prescription drugs and reports on the implications of such criteria.
2. Reports assessing a company's initiatives to create, expand and implement policies and programs to extend pharmaceutical accessibility, and taking into account the costs and benefits, including the overall effect on markets.
3. Policies and statements of principle declaring that all people deserve access to basic, continuous and affordable physical and mental health care — including reproductive health care, substance abuse treatment, and dental care — and supporting the reduction of health care costs and the number of uninsured and underinsured people.
4. Policies that restrain prices on branded pharmaceuticals and use a combination of approaches to keep those prices at reasonable levels, such as tying price increases to the previous year's Consumer Price Index or removing barriers to market competition from generic drugs.
5. Reports assessing (a) a company's policy responses to regulatory, legislative and public pressures to improve access to and affordability of its products, and

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<sup>7</sup> For example, in 2018, prices of brand-name drugs increased at twice the rate of inflation: <https://www.aarp.org/content/dam/aarp/ppi/2019/11/brand-name-drug-prices-increase-more-than-twice-as-fast-as-inflation.doi.10.26419-2Fppi.00073.005.pdf>.

<sup>8</sup> On average, 28% of Medicare patients don't adhere to their prescriptions as written due to the high cost of medication. <https://www.aarp.org/politics-society/advocacy/info-2019/drug-prices-consumer-impact.html>

<sup>9</sup> <https://www.bloomberg.com/news/articles/2016-05-19/the-real-reason-big-pharma-wants-to-help-pay-for-your-prescription>, <https://www.canceradvocacy.org/blog/patient-assistance-programs-do-they-help-or-hurt/>

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- (b) the long-term, possibly negative impact of executive incentives on pricing policies.
6. Policies addressing conflicts of interest for board members with health industry affiliations.
  7. Reports evaluating the merits and feasibility of strengthening board expertise in pharmaceutical manufacturing and product quality and safety.
  8. Reports disclosing the extent and types of payments, incentives or rebates made to doctors, pharmacy benefit managers and other pharmaceutical purchasers to influence selection of a particular drug.
  9. Reports and policies on the manufacture and phasing out of PVC- or phthalate-containing medical supplies when safe alternatives are available.
  10. Reports on the use and effects of antibiotics in animal feeds. The ELCA supports phasing out medically important antibiotics in the supply chain, except for the treatment and nonroutine control of diagnosed illness.
  11. Reports on the feasibility of removing dibutyl phthalates, parabens, mercury and brominated flame retardants from devices and products.
  12. Reports and adoption of goals to reduce occupational and community-health hazards from manufacturing or recycling lead batteries, both within the company and in the supply chain.
  13. Reports on new, safer substitutes for chemicals known or suspected to cause cancer or mutations, harm the reproductive system, affect the endocrine system, accumulate in the body or persist in the environment.
  14. Reports on policies regarding the use of nanomaterials in a product.
  15. Resolutions asking for (a) warnings on tobacco products and (b) marketing programs that discourage youth from using tobacco.
  16. Assessments of the damage inflicted on youth by nicotine-delivery products, and requests to review a company's adherence to policies that are intended to minimize the damage.
  17. Companies extending to developing nations the same restrictions on marketing of tobacco products that the company observes in the United States
  18. Policies to inform consumers about nicotine levels in tobacco products and to reduce those products' nicotine content.
  19. Proposals requesting smoke-free facilities and smoke-free boundaries around building entrances.
  20. Reports to the board about the health risks of tobacco-related products, and efforts to provide information to low-income and less formally educated tobacco users about the health risks of tobacco and how to quit smoking.
  21. Reports assessing the financial risk (including long-term legal and reputational risk) of continued retail sale of tobacco products, and resolutions to prohibit tobacco advertising and sales incentives in stores.
  22. Reports on the health impact of teenagers being exposed to people smoking in movies, TV productions, video games and other media.
  23. Reports on policies to address the negative effects of gambling and on programs to assist individuals who are addicted to gambling.

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24. Reports examining whether a product, service or political action contributes to the epidemic of violence.
25. Policy responses to the impact of fast food on childhood obesity, diet-related diseases and other child health issues.
26. Reports on advertising and privacy policies to address concerns about childhood obesity, and public or private initiatives to eliminate or restrict food marketing to youth.
27. Reports on the health risks related to obesity, as well as metrics on reducing added sugars and developing healthier products.

## **RESOLUTION GUIDELINES FOR THE ELCA - GENERAL**

We support practices of good governance, specifically:

- A company having an independent board chair or independent lead director.
- Reports on policies and transparency of procedures for political contributions and expenditures (both direct and indirect) made with corporate funds.
- Reports on any portion of any dues or similar payments made to any tax-exempt organization or trade association that is used for an expenditure or contribution that might be deemed political.
- Guidelines or policies governing a company's political contributions and expenditures.
- Reports on diversity for corporate boards and upper-level management.

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