

General Convention of The Episcopal Church 2024 Archives' Research Report

Resolution No.: 2024-A101
Title: Revise DHP Pricing Structures for Equitable Access
Proposer: Task Force to Advise the Church on Denominational Health Plans
Topic: Employee Benefits, Health Care

Directly Related: (Attached)

2022-D034 Create a Task Force on the Denominational Health Plan
2015-D021 On the Topic of the Denominational Health Plan (Rejected)
2012-B026 Reaffirm Denominational Health Plan and Explore Equitable Costs
2012-C022 On the Topic of the Denominational Health Care (Rejected)
2012-C068 On the Topic of Suspending the Denominational Health Plan (Rejected)
2009-A177 Amend Canon I.8 to Establish a Denominational Health Plan
2006-A147 Study the Costs and Issues of Healthcare Benefits for All Clergy
1997-B018 Recommend Parity Between Clergy and Lay Employees

Indirectly Related: (Available in the [Acts of Convention](#) database, searchable by resolution number)

2018-C023 Ensure Availability of Multiple Insurance Providers
2012-C027 On the Topic of Deferring the Denominational Health Plan (Rejected)
2012-C031 On the Topic of the Impact of Parity in the Denominational Health Plan (Rejected)
2012-C034 On the Topic of Removing the Denominational Health Plan Mandate (Rejected)
2012-C047 On the Topic of Suspending the Denominational Health Plan (Rejected)
2012-D092 On the Topic of the Denominational Health Plan (Rejected)
1994-A057 Adopt Church Principles on Access to Health Care
1991-A137 Provide Certain Lay Employees With Health and Life Insurance Benefits
1988-C007 Support the Indian Health Care Improvement Act

In preparing this report, the Archives researched the resolutions in the Acts of Convention database for the period 1973 through 2022, selecting “direct” resolutions that have a substantive bearing on the proposed legislation. The “direct” resolutions are attached and “indirect” resolutions are available in the Acts of Convention database. Committee members who require other research assistance should contact the Archives through the [Research Request Form](#).

A101 - Revise DHP Pricing Structures for Equitable Access

Final Status: Not Yet Finalized

Proposed by: Task Force to Advise the Church on Denominational Health Plans

Has Budget Implications: No

Cost:

Amends C&C or Rules of Order: No

Requests New Interim Body: No

Changes Mandate Of Existing Ib: No

Directs Dfms Staff: No

Directs Dioceses: No

Directs Executive Council: No

HiA: No House Assigned

Legislative Committee Currently Assigned: No Committee Assigned

Completion Status: Incomplete

Latest House Action: N/A

Supporting Documents: No

Resolution Text

Resolved, the House of _____ concurring,

That the 81st General Convention reaffirms The Episcopal Church's commitment to maintaining parity in health benefits offered to clergy and lay employees of The Episcopal Church and its dioceses, congregations, institutions and communities; and be it further

Resolved, That the 81st General Convention urge the Church Pension Group to adopt methods to provide equitable churchwide pricing of plans offered by the Episcopal Church Medical Trust, including by taking into account additional factors that may increase equity such as (a) the relative ability of each covered community to pay for needed benefits, and (b) the prevailing cost of comparable coverage within the area covered by each group; and be it further

Resolved, That the 81st General Convention urge the Church Pension Group to adopt a pricing structure that will ensure the ability of the Navajoland Area Mission and the Dioceses of Alaska, North Dakota, and South Dakota to provide plans through the Episcopal Church Medical Trust to their qualifying lay and clergy employees and their dependents, most especially to those who presently only receive coverage through the Indian Health Service (IHS) of the United States Department of Health and Human Services (HHS).

Explanation

At present, lay employees make up a majority of those covered by the Denominational Health Plan. As such, the continued requirement of parity in benefit offerings between clergy and lay employees is paramount to the affordability and financial sustainability of the plan.

However, based on a prior resolution of the General Convention, CPG has been asked to strive to price health insurance offerings at a universal price without regard to location. This prior resolve, while well intended, did not consider a critical factor of health care in the United States – that the cost of health care varies dramatically across the country, just as cost of living varies from place to place. This has led to insurance rates that are often out-of-sync with a church community's local insurance market.

This resolution reaffirms the necessity of lay/clergy parity in benefits, while asking CPG to consider two factors when it sets insurance rates for health plans – the ability of a covered community to pay, and the prevailing cost of comparable health care within the area covered by each group.

Finally, we seek to correct an injustice that has created a disparity in health care access between indigenous and white employees of the church – some indigenous lay and clergy employees do not receive Denominational Health Plan coverage, instead relying on coverage provided by the Indian Health Service (IHS) of the United States Department of Health and Human Services that does not meet their present need. Our failure as a church to provide equal offerings must be rectified.

This resolution asks CPG to set a rating structure that would provide extra support to the Navajoland Area Mission, and to those US dioceses who receive block grants from the DFMS budget, to ensure that all employees of the church have access to quality health care.



Resolution Number: 2022-D034
Title: Create a Task Force on the Denominational Health Plan
Legislative Action Taken: Concurred as Substituted
Final Text:

Resolved, That there shall be a Task Force to Advise the Church on the Denominational Health Plan. The Task Force shall receive from the Episcopal Church Medical Trust annual reports for 2021, 2022, and 2023 about the status of the Denominational Health Plan, and a complete copy of all data sets held by the Medical Trust used to create said report; such data shall be appropriately anonymized to withhold personally identifying information and be suitable for review by a third-party actuary. The Task Force shall review the structure and offerings of the Denominational Health Plan, in consultation with the Church Pension Group staff, with special attention to the cost of premiums, and report back to the 81st General Convention a list of options to reduce health insurance costs across the church, including an examination of the impact of individual faith communities opting out of the Denominational Health Plan, with a full explanation of the reasoning for and costs and benefits of each option. The 81st General Convention shall consider the options in deciding whether to modify the mandate given to the Denominational Health Plan in Resolution 2009-A177. The members of the Task Force shall be appointed by the Presiding Officers, and shall consist of: one member of the Church Pension Group Board of Trustees; one member of the Church Pension Group Client Council; one Church Pension Group staff member who is expert in the health care issues addressed by the Denominational Health Plan; two members of Executive Council; two Bishops who serve as at-large members of the Task Force; four Clergy or Lay People who serve as at-large members of the Task Force; and two members who are experts in health care and insurance finance issues; and be it further

Resolved, That the General Convention request the Joint Standing Committee on Program, Budget and Finance to consider a budget allocation of \$40,000 for the implementation of this resolution.

Citation: General Convention, *Journal of the General Convention of...The Episcopal Church, Baltimore, 2022* (New York: General Convention, 2023), p. 785.



Resolution Number: 2015-D021
Title: On the Topic of the Denominational Health Plan
Legislative Action Taken: Rejected
Text of Resolution:

Resolved, the House of Deputies concurring, That the 78th General Convention instruct the Church Medical Trust to *continue to* reevaluate the Denominational Health Plan mandate previously approved by General Convention (GC 2009-A177 and GC 2012-B026), with consideration for the impact that the Affordable Care Act and the subsequently created Health Insurance Exchanges have had on health insurance costs and coverage; and be it further

Resolved, That the Church Medical Trust seek to alleviate the unanticipated and disproportionate financial burden that participation in the Denominational Health Plan has had on parishes in the midwestern United States; and be it further

Resolved, That the Church Medical Trust advise plan participants of the tax implications for clergy and lay employees covered under the Denominational Health Plan with respect to the ACA excise tax on high cost employer-sponsored health coverage; and be it further

Resolved, That the 78th General Convention instruct the Church Medical Trust to implement a plan with minimal variance in premium costs from diocese to diocese, thereby reducing cost differences for similar health insurance coverage between dioceses and regions of The Episcopal Church; and be it further

Resolved, That if the Church Medical Trust cannot offer competitively priced healthcare plans under the Denominational Health Plan in comparison to plans available in each region of the country, it allow dioceses to seek comparable health insurance quotes for coverage equivalent to or greater than that offered by the Church Medical Trust for all of its employees and parishes; and be it further

Resolved, That the Church Medical Trust, when presented with such a health insurance quote from a diocese, will either reduce the cost of the Denominational Health Plan to the amount of the quote or allow the diocese to opt out of the Denominational Health Plan, and that any diocese that has opted out of the Denominational Health Plan must annually submit its quote for the next year's health insurance plan and provide for the opportunity for the Church Medical Trust to match the price quoted.

Resolved, That, in its ongoing evaluation, the Church Medical Trust give special attention to the geographically disproportionate financial burden that participation in the Denominational Health Plan reportedly has had on some parishes and dioceses.



Resolution Number: 2012-B026
Title: Reaffirm Denominational Health Plan and Explore Equitable Costs
Legislative Action Taken: Concurred as Amended
Final Text:

Resolved, That the 77th General Convention acknowledges and commends the 94% of domestic dioceses (United States, Puerto Rico and the U.S. Virgin Islands) which have already enrolled in the Denominational Health Plan, and further commends those dioceses which have achieved parity between clergy and lay employees; and be it further

Resolved, That the 77th General Convention reaffirms that all domestic dioceses, parishes, missions, and other ecclesiastical organizations or bodies subject to the authority of this church be enrolled in the Episcopal Church Medical Trust by December 31, 2012; and be it further

Resolved, That the 77th General Convention commends the Episcopal Church Medical Trust for progress made toward containing health care premium costs, and urges it to continue to reduce the disparity in those costs among dioceses; and be it further

Resolved, That the Episcopal Church Medical Trust continues to explore alternative strategies to arrive at a more equitable sharing of health care premium costs, including alternative means of achieving such equity by December 31, 2015, and that the Episcopal Church Medical Trust make an annual written report to the Executive Council, the House of Bishops, the Board of Directors of the Episcopal Church Medical Trust, and the Board of Trustees of the Church Pension Fund detailing continuing progress in containment of costs and achievement of such equity; and be it further

Resolved, That within each diocese, parity in cost-sharing shall be achieved between their clergy and lay employees as soon as possible, but no later than December 31, 2015.

Citation: General Convention, *Journal of the General Convention of...The Episcopal Church, Indianapolis, 2012* (New York: General Convention, 2012), pp. 599-600.



Resolution Number: 2012-C022
Title: On the Topic of the Denominational Health Care
Legislative Action Taken: Rejected
Text of Resolution:

Resolved, the House of Deputies concurring, That the 77th General Convention instruct the Church Medical Trust that the implementation date of the new Denominational Health Plan mandate previously approved by General Convention (GC 2009-A177) be suspended pending consideration of a more equitable and unified Denominational Health Plan that eliminates unfair regional differences and dramatic cost disparities between dioceses; and be it further

Resolved, That the 77th General Convention instruct the Church Medical Trust to formulate a plan that creates a single, unified national plan for the entire Episcopal Church with no variance in premium costs from diocese to diocese, thereby eliminating dramatic cost differences for similar health insurance coverage between dioceses and regions of The Episcopal Church; and be it further

Resolved, That the suspension of implementation of the Denominational Health Plan is lifted only when the Church Medical Trust presents a revised, unified national plan consistent with the intent of this resolution to the Executive Council of The Episcopal Church for its approval, an approving vote by the Executive Council in this matter to be a two-thirds majority vote; and be it further

Resolved, That foreign dioceses of The Episcopal Church are provided such coverage as may be comparable to any plan ultimately implemented in The Episcopal Church, subject to local law and medical norms and standards in foreign lands.



Resolution Number: 2012-C068
Title: On the Topic of Suspending the Denominational Health Plan
Legislative Action Taken: Rejected
Text of Resolution:

Resolved, the House of Deputies concurring, That the 77th General Convention instruct the Church Medical Trust that the implementation date of the new Denominational Health Plan mandate previously approved by General Convention (GC2009-A117) be suspended pending consideration of a more equitable and unified Denominational Health Plan that eliminates unfair regional differences and dramatic cost disparities between dioceses.



Resolution Number: 2009-A177
Title: Amend Canon I.8 to Establish a Denominational Health Plan
Legislative Action Taken: Concurred as Amended
Final Text:

Resolved, That this church establish The Denominational Health Plan of this church for all domestic dioceses, parishes, missions and other ecclesiastical organizations or bodies subject to the authority of this church, for clergy and lay employees who are scheduled to work a minimum of 1,500 hours annually, in accordance with the following principles:

1. The Denominational Health Plan shall be designed and administered by the Trustees and officers of the Church Pension Fund, following best industry practices for comparable plans;
2. The Denominational Health Plan shall provide that, subject to the rules of the plan administrator, each diocese has the right to make decisions as to plan design options offered by the plan administrator, minimum cost-sharing guidelines for parity between clergy and lay employees, domestic partner benefits in accordance with General Convention Resolution 1997-C024 and the participation of schools, day care facilities and other diocesan institutions (that is, other than the diocese itself and its parishes and missions) in the Denominational Health Plan;
3. The Denominational Health Plan shall provide benefits that are comparable in coverage to those benefits currently provided by the domestic dioceses and parishes of this church;
4. The Denominational Health Plan shall provide equal access to health care benefits for eligible clergy and eligible lay employees;
5. The Denominational Health Plan shall provide benefits through the Episcopal Church Medical Trust, which shall be the sole plan sponsor for such benefits and continue to be operated on a financially sound basis;
6. The Denominational Health Plan shall have a church-wide advisory committee that is representative of the broader church and appointed by the Church Pension Fund, and such church-wide advisory committee shall receive an annual report about the status of the Denominational Health Plan;
7. For purposes of this resolution, the term “domestic” shall mean ecclesiastical organizations and bodies located in the United States, including the Dioceses of Puerto Rico and Virgin Islands;
8. The Church Pension Fund shall continue to work with the Dioceses of Colombia, Convocation of American Churches in Europe, Dominican Republic, Ecuador Central, Ecuador Litoral, Haiti, Honduras, Micronesia, Taiwan and Venezuela to make recommendations with respect to the provision and funding of healthcare benefits of such dioceses under the Denominational Health Plan; and
9. The implementation of the Denominational Health Plan shall be completed as soon as practicable, but in no event later than by the end of 2012; and be it further

Resolved, That Canon I.8 shall be amended as follows:

Sec. 1. The Church Pension Fund, a corporation created by Chapter 97 of the Laws of 1914 of the State of New York as subsequently amended, is hereby authorized to establish and administer the clergy pension system, including life, accident and health benefits, of

this Church, substantially in accordance with the principles adopted by the General Convention of 1913 and approved thereafter by the several Dioceses, with the view to providing pensions and related benefits for the Clergy who reach normal age of retirement, for the Clergy disabled by age or infirmity and for the surviving spouses and minor children of deceased Clergy. *The Church Pension Fund is also authorized to establish and administer the denominational health plan of this Church, substantially in accordance with the principles adopted by the General Convention of 2009 in Resolution A177, with the view to providing health care and related benefits for the eligible Clergy and eligible lay employees of this Church, as well as their eligible dependents.*

Sec. 3. For the purpose of administering the pension system, The Church Pension Fund shall be entitled to receive and to use all net royalties from publications authorized by the General Convention, and to levy upon and to collect from all Parishes, Missions, and other ecclesiastical organizations or bodies subject to the authority of this Church, and any other societies, organizations or bodies in the Church which under the regulations of The Church Pension Fund shall elect to come into the pension system, assessments based upon the salaries and other compensation paid to Clergy by such Parishes, Missions, and other ecclesiastical organizations or bodies for services rendered currently or in the past, prior to their becoming beneficiaries of the Fund. *For the purpose of administering the denominational health plan, The Church Pension Fund shall determine the eligibility of all Clergy and lay employees to participate in the denominational health plan through a formal benefits enrollment process, and The Church Pension Fund shall be entitled to levy upon and collect contributions for health care and related benefits under the denominational health plan from all Parishes, Missions, and other ecclesiastical organizations or bodies subject to the authority of this Church with respect to their Clergy and lay employees.*

Citation: General Convention, *Journal of the General Convention of...The Episcopal Church, Anaheim, 2009* (New York: General Convention, 2009), pp. 640-642.



Resolution Number: 2006-A147
Title: Study the Costs and Issues of Healthcare Benefits for All Clergy
Legislative Action Taken: Concurred
Final Text:

Resolved, That the 75th General Convention endorse the Church Pension Group's proposal to conduct a church-wide study of the costs and issues surrounding the provision of healthcare benefits to all clergy and lay employees serving churches, dioceses and other church institutions and to report their findings to the 76th General Convention; and be it further

Resolved, That all dioceses, parishes and other church institutions are urged to cooperate with the conduct of this study by responding to requests for data regarding employee census and healthcare costs; and be it further

Resolved, That this study will include an analysis of the potential for a mandated denominational healthcare benefits program and other viable alternatives, culminating in a recommended solution and an actionable implementation plan.

Citation: General Convention, *Journal of the General Convention of...The Episcopal Church, Columbus, 2006* (New York: General Convention, 2007), p. 574.



Resolution Number: 1997-B018
Title: Recommend Parity Between Clergy and Lay Employees
Legislative Action Taken: Concurred as Substituted and Amended
Final Text:

Resolved, That the Episcopal Church recommend parity between clergy and lay employees serving in equivalent positions with regard to salary, pension, insurance and benefits, including medical and professional development as described by the Equal Employment Opportunities Commission of the United States Department of Labor; and be it further
Resolved, That all dioceses, churches, and institutions of the Episcopal Church be urged to make and implement this recommendation for all such employees; and be it further
Resolved, That compensation and benefits for non-professional contract and temporary employees accord with United States fair labor policies.

Citation: General Convention, *Journal of the General Convention of...The Episcopal Church, Philadelphia, 1997* (New York: General Convention, 1998), p. 765.