

**GENERAL CONVENTION OF THE EPISCOPAL CHURCH 2018
ARCHIVES' RESEARCH REPORT**

RESOLUTION NO.: 2018-C023
TITLE: Medical Trust Provider Option
PROPOSER: Oklahoma
TOPIC: Employee Benefits

Directly Related: (Attached)

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-C027 On the Topic of Deferring the Denominational Health Plan (Rejected)
2012-C034 On the Topic of Removing the Denominational Health Plan Mandate (Rejected)
2009-A177 Amend Canon I.8 to Establish a Denominational Health Plan

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

2006-A147 Study the Costs and Issues of Healthcare Benefits for All Clergy
1991-A137 Provide Certain Lay Employees With Health and Life Insurance Benefits

In preparing this report, the Archives researched the resolutions in the Acts of Convention database for the period 1976 through 2015, 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 at 800-525-9329 before Convention or at Convention in the General Convention Secretariat.

C023 Medical Trust Provider Option

Proposer	Diocese of Oklahoma
Topic	Employee Benefits
Endorsed by	
Sponsored by	
Page numbers	Blue Book: p. N/A; Constitution & Canons: p. N/A
HiA / Leg. Cttee	/
Current Status	Resolution Filed
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Review Status	Not yet reviewed

RESOLUTION TEXT

- 1 *Resolved*, the House of _____ concurring, That the 79th General Convention requests that the Church Pension Group make available at least two health insurance providers in each diocese; and be it further
- 2 *Resolved*, That in any diocese or area in which only one health insurance provider is available under the Church Pension Group Denominational Health Plan, and in which the availability of only one provider would have a material negative impact on the diocese's employees, congregations, new recruitment, or overall well-being, that diocese will be permitted to seek other insurance options outside of the Denominational Health Plan.

EXPLANATION

The Episcopal Diocese of Oklahoma moves that the bishops and deputies of the 79th General Convention require that more than one health insurance provider be available in each diocese.

Church Pension Group has announced that, as of 2019, the Episcopal Church Medical Trust will discontinue the offering of insurance plans provided by any carrier other than Anthem for the Denominational Health Plan. While the services provided by Church Pension Group are appreciated, it seems at times, that it is difficult to do what is best for all of the various Dioceses in the Episcopal Church at the same time. While some Dioceses could benefit from the limiting of providers to Anthem, some will struggle to provide suitable options for priests accepting calls and talented lay employees accepting positions in rural areas that already prove to be a recruiting challenge. In addition to hurting a variety of areas across the Church, there is some concern about how the decision was made, and how the change has been structured. This is specifically regarding the data, presentations, verbiage, and lack of discussions with Dioceses with a majority of employees not covered by Anthem, and general communication regarding the change.

When the announcement was made discussing the consolidation to offering only Anthem health plans in 2019, data was provided. The data was meant to explain the "disruption" or lack of "disruption" that would impact each Diocese. The data was built by Anthem, the corporation benefitting from this decision, not by the group managing and administering the Denominational Health Plan, Church Pension Group. A presentation of the data prepared by Anthem was provided to each Diocese in an

effort to ease tensions regarding the move to only one insurance provider. In the presentation and in the data provided, the term “disruption” was used by Anthem and Church Pension Group employees. The measurement of “disruption” and the presentation of the measurement excludes any mention of those who would have to change doctors mid treatment. The data provided by Anthem also assumes that all of their In-Network providers are accepting new patients. Having to change doctors and not being accepted by a new doctor would be considered “disruptive” to the lives of those forced to change insurance providers. Both the data, prepared by Anthem, and the use of the word “disruption” in this situation seems misleading and manipulative. This could indicate a lack of due diligence and oversight, as well as general disregard for the impact this would have on many Dioceses, their congregations, institutions, and employees.

When the Episcopal Diocese of Oklahoma was presented with the 2019 upcoming change of only providing Anthem plans, and while this resolution was being written, one of the largest stories on the local news was regarding Integris, Oklahoma’s largest network of health care providers, possibly not renewing their contract with Anthem (known as Blue Cross Blue Shield in Oklahoma). Letters went out to patients of Integris regarding the possibility of no longer accepting Anthem. While this debate was going on between Integris and Anthem, the Episcopal Diocese of Oklahoma was told that the only option for the Denominational Health Plan in 2019 would be Anthem. Church Pension Group reported to the Episcopal Diocese of Oklahoma that they were not informed of the debate between Integris and Anthem, apparently not even by Anthem. This is concerning, because the group managing our health benefits, The Episcopal Church Medical Trust, is not staying informed of the industry issues as they pertain to Diocesan level administration of benefits. The Episcopal Diocese of Oklahoma currently has 83% of employees covered by plans that are not Anthem. There was no call or survey to evaluate the impact this change would have on our employees. This leads to an overall question of how the decision to go exclusively with Anthem was reached.

The communication regarding the change has been limited to specific types of communications and events. There has not been clear comprehensive communication about the change in any Annual Report. Additionally, on the CPG website, the only mention of the change is buried in slide show presentations only available to administrators. There has been no direct communication to the employees who would be impacted by the change. This leaves each Diocese responsible for the fall out of employees scrambling to find new doctors, finding out the doctors In-Network in their area may not be accepting new patients, and trying to work with employees and families mid treatment for chronic, severe and terminal illnesses with this significant change in their ability to obtain affordable coverage. There has not been enough consideration regarding the impact of this change.

The Episcopal Church encourages its various Dioceses and congregations to grow in mission of the Church, and follow the Presiding Bishop’s call to be the Episcopal Branch of the Jesus Movement. Decisions being made that hurt recruitment, devastate morale, and burden our Dioceses and employees cannot be the way of furthering the mission.



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-C027
Title: On the Topic of Deferring the Denominational Health Plan
Legislative Action Taken: Rejected
Text of Resolution:

Resolved, the House of Deputies concurring, That the implementation of the Denominational Health Plan established by GC 2009-A177 be deferred until January 1, 2016; and be it further

Resolved, That all domestic dioceses, parishes, missions, and other ecclesiastical organizations or bodies subject to the authority of this church provide health insurance for clergy and lay employees who are scheduled to work a minimum of 1,500 hours annually beginning January 1, 2016; and be it further

Resolved, That each diocese or other ecclesiastical organization or body subject to the authority of the church has the right to make decisions as to whether the Episcopal Church Medical Trust or another plan sponsor shall provide health insurance; and be it further

Resolved, That all other provisions of GC2009-A177 shall remain in effect once the Resolution is implemented.



Resolution Number: 2012-C034
Title: On the Topic of Removing the Denominational Health Plan Mandate
Legislative Action Taken: Rejected
Text of Resolution:

Resolved, the House of Deputies concurring, That the 77th General Convention remove the mandate that dioceses must participate in the Denomination Health Plan by purchasing health insurance through the Medical Trust/Church Pension Group. All other requirements of A177 passed by the 76th General Convention remain in force.



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.