

How you can be

EXEMPT

from the new

healthcare law

An Educational Project from The Endowment for Medical Research, Inc.
by J. C. Spencer

For a contribution of \$20

How you can be exempt from the new healthcare law

Comments by J. C. Spencer

No one is sure where the new healthcare law is going. But one place of which we can be sure, it is going is to court. What is it now over twenty states have filed suit? Twenty or twenty-one states so far have filed suit to become exempt. Evidently the House and Senate, the Amish, Muslims, and American Indians are exempt from the new healthcare mandate, and any penalty. All Christians can also become exempt if they take very reasonable certain steps. It is written into the law. So, let's see, if the House and Senate, the Muslims, American Indians, Amish, and now all other Christians can become exempt plus the fact that twenty some states are filing suit to withdraw, WHERE DOES THAT LEAVE THE NEW HEALTHCARE LAW? I guess it is mostly for those who do not pay taxes.

A complimentary Detailed Report of the good news explaining **HOW a Christian can become exempt from the taxes, penalties, and mandates of the new healthcare law** is yours for the asking by going to: www.endowmentmed.org/exempt

Softbound copies are available for a contribution of \$20.

On March 22nd, 2010 President Obama signed into law legislation that requires most Americans to purchase government regulated health insurance by the year 2014.

The Report you are about to read is not really complicated although lawyers and scientists have a way of making things complicated. I welcome reviews from attorneys, doctors, healthcare professions, politicians, and the general public.

This Report is brief and to the point with references so you can verify and confirm everything I am saying. If you accept this Report and take action, I will receive no commissions or rewards personally. The steps you can take are carefully outlined. I am not an attorney or medical doctor. I am not responsible for your choices.

There is a cost for the exemption and the money will be used in a very humanitarian way. Some of the costs of this exemption program may vary according to health condition and age.

There may be a possible conflict of interest in my writing this Report in that should any individual, family, organization, association, or company retain my services regarding a health makeover, then I could be rewarded. But, that is not the issue nor reason for this Report. Also sale of my ***Expand Your Mind - Improve Your Brain*** e-textbook or my soon to be released book, ***Epigenetics - Your DNA Makeover*** will result in continual funding of The Endowment for Medical Research, a 501(c)(3) non-profit faith based scientific research, educational, Public Charity.

The complete new healthcare law may be viewed and/or downloaded here:
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

For you to quickly see the sections of the law relative to this Report, they are highlighted.

H. R. 3590

One Hundred Eleventh Congress

of the

United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Tuesday,
the fifth day of January, two thousand and ten*

An Act

Entitled The Patient Protection and Affordable Care Act.

See

Page 107 - EXEMPTED FROM INDIVIDUAL RESPONSIBILITY REQUIREMENTS

Page 128 - EXEMPTED FROM REQUIREMENT TO MAINTAIN MINIMUM ESSENTIAL
COVERAGE

H. R. 3590—107

(3) ELIGIBILITY AND AMOUNT OF TAX CREDIT OR REDUCED COST-SHARING.

—In the case of an enrollee with respect to whom a premium tax credit or reduced cost-sharing under section 36B of such Code or section 1402 is being claimed, the following information:

(A) INFORMATION REGARDING INCOME AND FAMILY SIZE.—The information described in section 6103(l)(21) for the taxable year ending with or within the second calendar year preceding the calendar year in which the plan year begins.

(B) CHANGES IN CIRCUMSTANCES.—The information described in section 1412(b)(2), including information with respect to individuals who were not required to file an income tax return for the taxable year described in subparagraph (A) or individuals who experienced changes in marital status or family size or significant reductions in income.

(4) EMPLOYER-SPONSORED COVERAGE.—In the case of an enrollee with respect to whom eligibility for a premium tax credit under section 36B of such Code or cost-sharing reduction under section 1402 is being established on the basis that the enrollee's (or related individual's) employer is not treated under section 36B(c)(2)(C) of such Code as providing minimum essential coverage or affordable minimum essential coverage, the following information:

(A) The name, address, and employer identification number (if available) of the employer.

(B) Whether the enrollee or individual is a full-time employee and whether the employer provides such minimum essential coverage.

(C) If the employer provides such minimum essential coverage, the lowest cost option for the enrollee's or individual's enrollment status and the enrollee's or individual's required contribution (within the meaning of section 5000A(e)(1)(B) of such Code) under the employer-sponsored plan.

(D) If an enrollee claims an employer's minimum essential coverage is unaffordable, the information described in paragraph (3).

If an enrollee changes employment or obtains additional employment while enrolled in a qualified health plan for which such credit or reduction is allowed, the enrollee shall notify the Exchange of such change or additional employment and provide the information described in this paragraph with respect to the new employer.

(5) EXEMPTIONS FROM INDIVIDUAL RESPONSIBILITY REQUIREMENTS.—

In the case of an individual who is seeking an exemption certificate under section 1311(d)(4)(H) from any requirement or penalty imposed by section 5000A, the following information:

(A) In the case of an individual seeking exemption based on the individual's status as a member of an exempt religious sect or division, **as a member of a health care sharing ministry**, as an Indian, or as an individual eligible for a hardship exemption, such information as the Secretary shall prescribe.

H. R. 3590—128

“(i) IN GENERAL.—The term ‘poverty line’ has the meaning given that term in section 2110(c)(5) of the Social Security Act (42 U.S.C. 1397jj(c)(5)).

“(ii) POVERTY LINE USED.—In the case of any taxable year ending with or within a calendar year, the poverty line used shall be the most recently published poverty line as of the 1st day of such calendar year.

“(d) APPLICABLE INDIVIDUAL.—For purposes of this section—

“(1) IN GENERAL.—The term ‘applicable individual’ means, with respect to any month, an individual other than an individual described in paragraph (2), (3), or (4).

“(2) RELIGIOUS EXEMPTIONS.—

“(A) RELIGIOUS CONSCIENCE EXEMPTION.—Such term shall not include any individual for any month if such individual has in effect an exemption under section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act which certifies that such individual is a member of a recognized religious sect or division thereof described in section 1402(g)(1) and an adherent of established tenets or teachings of such sect or division as described in such section.

“(B) HEALTH CARE SHARING MINISTRY.—

“(i) IN GENERAL.—Such term shall not include any individual for any month if such individual is a member of a health care sharing ministry for the month.

“(ii) HEALTH CARE SHARING MINISTRY.—The term ‘health care sharing ministry’ means an organization—

“(I) which is described in section 501(c)(3) and is exempt from taxation under section 501(a),

“(II) members of which share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs and without regard to the State in which a member resides or is employed,

“(III) members of which retain membership even after they develop a medical condition,

“(IV) which (or a predecessor of which) has been in existence at all times since December 31, 1999, and medical expenses of its members have been shared continuously and without interruption since at least December 31, 1999, and

“(V) which conducts an annual audit which is performed by an independent certified public accounting firm in accordance with generally accepted accounting principles and which is made available to the public upon request.

“(3) INDIVIDUALS NOT LAWFULLY PRESENT.—Such term shall not include an individual for any month if for the month the individual is not a citizen or national of the United States or an alien lawfully present in the United States.

“(4) INCARCERATED INDIVIDUALS.—Such term shall not include an individual for any month if for the month the individual is incarcerated, other than incarceration pending the disposition of charges.

“(e) EXEMPTIONS.—No penalty shall be imposed under subsection (a) with respect to—

“(1) INDIVIDUALS WHO CANNOT AFFORD COVERAGE.—

Healthcare Costs Expected To Rise

The economy is bad and according to recent studies, private health insurance premiums will rise by 40% over the next three years. Christians everywhere are already looking at their finances and wondering, "How am I going to be able to afford decent healthcare?"

There is a non-profit organization who has served Christians since 1993 that qualifies with the new law. Since 1993, an organization Medi-Share members have saved more than \$470 Million in healthcare expenses through sharing and discounting. That's a statistic they're very proud of. But it's not statistics that is as impressive as their commitment to serving the Christian community based on biblical principles and applying God's Word to all they say and do.

Over five decades ago, the founding members of Christian Care Ministry began sharing medical burdens on an informal basis with their members. Seeing the need was great, the Christian Care Ministry was established and began offering its members a formalized approach to sharing called the Medi-Share program.

Hebrews 13:16 is close to the heart of the company, "And do not forget to do good and to share with others, for with such sacrifices God is pleased."

In recent years, additional programs have been added to Christian Care Ministry to better serve the Christian community.

The Health Initiatives department offers members information, education and assistance to change their lifestyles, drastically reduce medical costs and improve their quality of life. Through their programs, such as Restore, their objective is to reduce medical costs and improve the corporate health of the membership.

The Manna program facilitates Christians helping Christians during times of loss of income because of sickness or injury. When there is a need, fellow participants come together to replace up to 80% of a member's income (up to \$4,300 per month) for 9 months.

Healthy-Church is an organization of like-minded churches dedicated to living in the fullness of God's plan for health – spiritually, financially and physically. Through the Healthy-Church network, Christian Care Ministry delivers wellness planning and coaching to church leadership, staff and their congregation.

Medi-Share is a Christian Healthcare Sharing Program.

It's a member-based program where members share in each other's healthcare costs.

Each month, Medi-Share matches up member's monthly share amounts with other member's eligible medical needs and facilitates the direct sharing of those costs between them. It's a modern-day version of what the church started back in the book of Acts.

Medi-Share members receive a monthly notice indicating the amount of your share. Access the secure member website to determine which members you are sharing with each month so you can pray for them and send a note of encouragement. It is common for members facing medical needs to receive many supportive messages from other members!

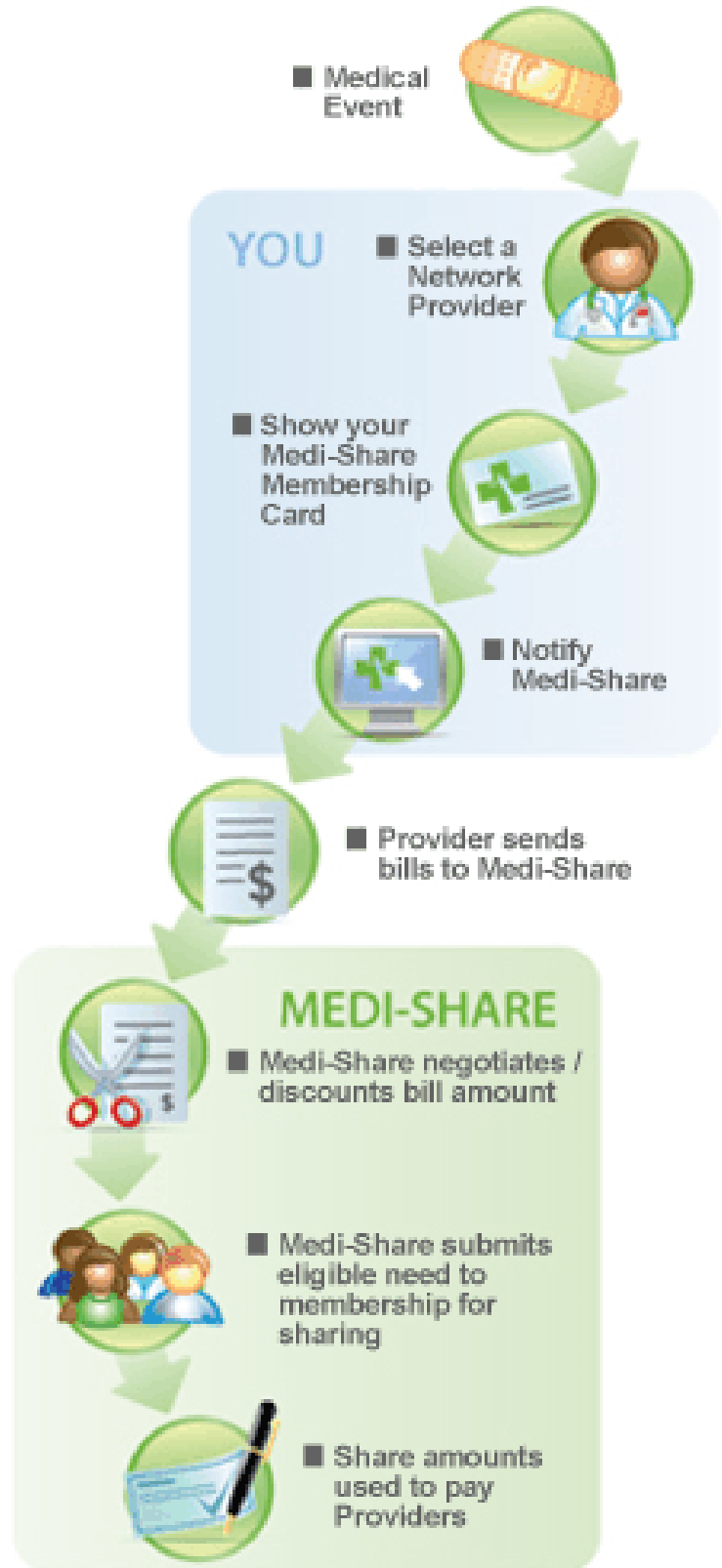
Prayer - Brothers and sisters in Christ supporting each other.

Choice - Members choose their own doctors.

Health Education - Members benefit from in house resources.

Biblical Lifestyle - Members support biblical, healthy life styles.

Members share is based on age, size of household, quality



of health, and the program option that members choose.

Special Discounts are available up to twenty percent (20%) of the monthly share amount when certain health criteria are met.

Members may choose from seven different program options to activate a share amount and annual responsibility amount that best fits a member's monthly budget. When a person checks into Medi-Share, he or she can enter information into a Share Amount Calculator, where options and pricing is clearly displayed.

Members receive the maximum advantage when they choose medical care from a network of over 750,000 providers nationwide; or other providers provide a modest reduction in the amount shared.

It does not matter where you work, if you're self-employed, or if you change jobs. Medi-Share members share wherever you go including out of the country.

Qualifications for Membership

Medi-Share is based on the biblical principles of caring for and sharing in one another's burdens (as outlined in Galatians 6:2). And as such, adhering to biblical principles of health and lifestyle are important requirements for membership in Medi-Share.

Each adult member must:

Have a verifiable Christian testimony indicating a personal relationship with the Lord Jesus Christ, attend a fellowship of believers, regularly and actively support that ministry, and live under the discipline of that body

Share the conviction that believers are to bear one another's burdens according to Galatians 6:2

Believe the biblical doctrine that their bodies are temples of the Holy Spirit and therefore are to be kept pure.

Must not engage in sex outside of traditional Christian marriage.

Cannot use tobacco or illegal drugs in any form, or abuse legal drugs or alcohol.

Be a U.S citizen (those serving abroad as missionaries may qualify) or a permanent resident with a visa or green card and Social Security number who lives full time in the United States.

A complete and detailed list qualifications for Membership can be found in the online guidelines.

Statement of Faith may be read online.

Medi-Share members share the cost of AMA (American Medical Association) approved treatments, such as physician office visits, clinic visits, testing, prescription drugs, and hospitalization for eligible medical needs. An alternative or integrative treatment may be shared if it is pre-approved in accordance with the guidelines. A detailed list of what is and is not eligible for sharing, can be found in the guidelines.

Amish and Other Religious Groups Exempted from the Individual Mandate

January 11, 2010 - by Donny Shaw

Since the 1930's, the Amish have been exempt from paying Social Security taxes. The Watertown Daily Times, which is from a region of northern New York that many Amish families call home, notes that under Congress's health care bills, the Amish would also get an exemption from the mandate to have "acceptable" health insurance or pay a tax penalty if you don't:

Federal health care reform will require most Northern New Yorkers — but not all, it turns out — to carry health insurance or risk a fine.

Hundreds of Amish families in the region are likely to be free from that requirement.

The Amish, as well as some other religious sects, are covered by a "religious conscience" exemption, which allows people with religious objections to insurance to opt out of the mandate. It is in both the House and Senate versions of the bill, making its appearance in the final version routine unless there are last-minute objections.

Although the Amish consist of several branches, some more conservative than others, they generally rely upon a community ethic that disdains government assistance. Families rely upon one another, and communities pitch in to help neighbors pay health care expenses.

Both the Senate and House bills use the old Social Security language (Sec. 1402(g)(1) of the tax code) to determine who will be eligible for a "religious conscience" objection to the insurance mandate. Specifically, the bills would provide exemptions for adherents of "recognized religious sects" that are "conscientiously opposed" to accepting benefits from any insurance — private or public — "which makes payments in the event of death, disability, old-age, or retirement or makes payments toward the cost of, or provides services for, medical care." To qualify for the exemption, the sect would have to have been in existence continuously since Dec. 31, 1950.

The language is very limiting. Christian Scientists, for example, would not be eligible for the exemption because they are not conscientiously opposed to having health insurance. "Some [Christian Scientists] have health insurance, and most probably have life insurance," says the FAQ page of the official CS church website. "Every Christian Scientist makes his or her own financial and health decisions." It's limited essentially to the Amish and Old Order Mennonites

But the Senate bill adds a new religious exemption beyond what already exists for Social Security taxes and beyond what's in the House bill. It would allow members of "Health Care Sharing Ministries" to be exempt from the requirement to have "acceptable" health insurance.

What exactly are "Health Care Sharing Ministries?" According to the bill, they are non-profit organizations that "share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs and without regard to the State in which a member resides or is employed." The Alliance of Health Care Sharing Ministries website explains that members pay a monthly fee that is pooled and shared to members that have medical bills. A monthly publication lists the medical bill needs of its members and tells who received payments that month. "The personal approach of need sharing ministries facilitates Christians to bear one another's burdens in a very tangible way," the site explains.

MSNBC carried the following story

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Christian co-ops swap burden of medical bills

Little-known health care sharing ministries exempt from fines in health law

By JoNel Aleccia, Health writer
msnbc.com April 14, 2010

HAYDEN, Idaho - Mary Switter is sporting fresh bandages on her face and arm, markers of two new biopsies that may reveal yet another bout with melanoma.

Though she lacks conventional health insurance, the 57-year-old mother of four says she isn't worried about the costs of a recurrence of her 2006 diagnosis with the deadliest form of skin cancer.

Switter — and her husband, Mike, a handyman and builder — are members of a health care sharing ministry, a religious co-op whose participants agree to support each other — and to pay each others' medical bills.

"The Bible says to bear one another's burdens," says Mary Switter, who has a sheaf of cards, letters and notes that arrived with small checks from Christians across the country, funds totaling more than \$35,000 to cover her family's expenses over the past four years.

The Sitters are among more than 100,000 people in the United States whose care is compensated not through guaranteed insurance payments, but through faith that fellow believers will foot the bills. Christians who regularly attend church usually sign up as individuals, but they're part of a larger community that pays for ailments from broken legs to brain tumors, so long as they meet ministry guidelines.

The arrangements have drawn new attention following President Barack Obama's signing last month of the health care reform law, which specifically exempts members of health care sharing ministries from so-called "pay or play" taxes on mandatory health insurance.

That means the Suitters can all but ignore the new law, which takes effect in 2014 and requires that most people buy health insurance or face a fine that starts at \$95 for individuals and \$285 for families, or 1 percent of income, whichever is greater, and rises to \$695 for individuals and \$2085 for families or 2.5 percent of income by 2016.

Ministries say they care for their own

Officials with the Suitters' Christian co-op, Samaritan Ministries International, and other health care sharing groups say they lobbied federal legislators aggressively for the exemption, claiming that their members cover their own medical needs, providing their own kind of care.

"Our argument was, we're not part of the problem, we're continuing to be part of the solution," said James Lansberry, vice president of Samaritan, which serves some 14,000 families. "Our members are here, they're paying their bills."

It's the same argument used by other recognized religious groups, including the Amish, whose members long have been able to be exempted from paying taxes for Social Security and Medicare. Based on that exemption, such groups may also opt out of the mandatory insurance requirement under the new law.

Experts caution, however, that the religious exemption won't apply to just anyone who claims a faith-based objection to paying for health insurance. Christian Scientists, for example, can qualify for tax breaks, but church leaders now are telling members they're not eligible for the health exemption because care is not guaranteed within the community, said Russ Gerber, media manager for the First Church of Christ, Scientist in Boston.

"The aim of this was to primarily cover those religious organizations that self-fund their health care," Gerber says. "We're not in it."

Ultimately, the religious exemption likely will apply to a narrow range of faiths, and it's not clear which will have successful petitions, notes Lloyd Hitoshi Mayer, a tax law expert and associate professor at the Notre Dame Law School. "It requires pretty substantial evidence that you are, in fact, committed to the full tenets of this group," he added.

Committed faith, biblical lifestyle

Committed faith is a key for health care sharing ministries, whose organizers say they expect an influx of inquiries from people wanting to avoid insurance or fines. Under the health care law, ministries must have been in existence since at least Dec. 31, 1999, must retain members even after they get sick and must conduct annual audits.

The ministries operate across state lines, with members from far-flung regions sharing costs. Samaritan, for instance, has about 46,000 members in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and in places where U.S. missionaries are based abroad.

The health care ministries work by asking members to contribute monthly payments, or “shares,” which pay for a wide range of needs. A March newsletter for Samaritan includes requests for payment for hip replacement surgery, colon cancer and complications from a heart attack, among other ailments.

The three largest sharing ministries say they each process between \$2 million and \$3.5 million in medical needs each month, paying bills that range from several hundred dollars to \$500,000 or more.

In return, members agree to adhere to a so-called biblical lifestyle. At Samaritan, which is based in Peoria, Ill., members are expected to attend church three out of every four Sundays and to submit verification signed by a minister.

The Suitters say they regularly attend two churches, the Coeur d’Alene Bible Church and Real Life Ministries, a large Evangelical Christian church with more than 7,000 members in Kootenai County, Idaho.

Ministry members are asked to agree to Christian tenets of faith and to adhere to healthy choices that prohibit smoking, illegal drugs and alcohol abuse.

At Christian Care Ministry of Melbourne, Fla., which operates the Medi-Share program, members might be disqualified if they are significantly obese or are at risk for serious disease, according to the group’s guidelines, although President Robert Baldwin says most are asked to join a group that provides spiritual and nutritional counseling.

“Our goal is to keep the shares as affordable as possible,” said Baldwin. “It’s not like we’re the lifestyle police.”

Fees range from \$45 to \$600 a month

The monthly shares amount to the equivalent of an insurance premium — from as little as \$45 to as much as \$600 each month. At Samaritan, members pay a \$170 annual administrative fee and then a monthly share depending on their family size. For the Suitters, for instance, the cost is \$240. Some groups require payment directly to the patient while others, such as Christian Healthcare Ministries of Barberton, Ohio, process the fees through a central office.

In the Suitters' case, they get a letter each month assigning them a specific person or family to help. In March, their payment went to a 16-year-old New Mexico boy who had foot surgery. Members are asked to send along a card or note of encouragement as well.

"It's such a blessing to read their stories and to help people," says Mary Suitter. "It makes you want to send extra."

And those who've been helped say it's a blessing as well. Tracy Kamprath, 49, of Chappel Hill, Texas, admits she had doubts about the program when she was diagnosed with a brain tumor two years ago.

"We weren't sure, but we joined in faith," said Kamprath, a former Christian school teacher whose family had no other option for health insurance when they signed up two years before she became ill.

The bill for her successful treatment topped \$240,000, but with discounts for paying cash and some negotiations with providers, the Kampraths were able to reduce it to \$60,000, which was covered by dozens of Samaritan members.

"Every penny was paid for," she said.

Nearly all needs are met, share ministry organizers say. If there are more bills than payments, Samaritan prorates reimbursement to 80 percent of the cost, but asks members to pay more if they can. In nearly every instance, the extra funds show up, Lansberry says.

There are instances where members don't pay their shares and where administrators have to remind them, or in some cases terminate membership. But organizers say such incidents are relatively rare in a system fueled by faith, where members often contribute to medical needs that aren't covered under program guidelines.

Although everyone is strongly encouraged to pay, for those who can't afford all or part of the fees, Samaritan has a sponsorship program that asks other members to provide.

'We really believe in this'

Mike Suitter, 57, suffered a brief mental illness two years ago — a breakdown partly fueled by stress over the effects of the recession on the construction industry, he says. He was

hospitalized for 15 days in a psychiatric ward.

Mental health treatment, like dental and vision care, is not routinely covered under the sharing plans. Most plans also exclude nearly all preventive care and a long list of pre-existing conditions.

Baldwin explains that families are expected to take care of routine medical care on their own, and not rely on fellow members to help with that.

Still, families can ask for help with costs outside the covered expenses. The Suitters said they received \$14,000 in “love gifts,” about half the total cost of his care.

“It has just given me such faith,” Mary Suitter said. “We really believe in this.”

Not everyone is so enthusiastic about health care sharing ministries. Insurance officials from Maine and Illinois to Montana have battled with the programs, which some say operate as unregulated insurance, potentially confusing consumers.

“People often participate in sharing arrangements assuming that they are purchasing health insurance,” said Michael McRaith, director of the Illinois Department of Insurance. “There is no protection or assurance for that individual who’s sick that the sharing ministry is going to cover those expenses.”

Sharing ministry officials point to their enrollment agreements and guidelines, which specifically state that they are not insurance programs because there’s no guarantee of coverage.

Mike and Mary Suitter say they’re relieved that they won’t be forced to buy insurance or pay fines when they’ve already made proven arrangements for their health care costs. It’s still too soon to know the results of Mary’s biopsies, but the couple say they have faith her health care needs will be covered.

“If we hadn’t received the exemption, I’d feel pretty violated that my freedoms had been taken away,” Mike Suitter says.

That’s fine, say regulators like McRaith, who recognizes the value of faith-based care so long as people know what they’re getting into.

“Understand what it is,” McRaith says. “Consumers should make an educated decision about whether faith alone is enough for your family’s medical security.”

http://www.msnbc.msn.com/id/36473470/ns/health-health_care/

Medi-Share is not available in Montana. Christian Care Ministry, Inc. is a Florida not-for-profit corporation qualified under Section 501(c)3 of the Internal Revenue Code. The Medi-Share® program is the trademarked and official title of Christian Care Ministry’s Medi-Share program. For readability purposes, however, the program may be referred to simply as “medishare.” Medi-Share is not insurance. It is a not-for-profit ministry and is not guaranteed in any way. Medi-Share is exempt from regulation. The following states require a notice for Medi-Share to qualify for an exemption from insurance regulation. While Medi-Share is not insurance and therefore, need not qualify for such exemptions, CCM has elected to publish these exemptions. You can review the disclosure required by clicking on the state in which you reside: KY - MD - PA - WI - All Other States.

You may obtain more information from

<http://www.medi-share.com/>

www.endowmentmed.org

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