

# Guest editorial: Churches face health-care crisis

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I don't know when it began, but the move to shift the cost of benefits from churches to ministers has unfolded at an alarming rate.

The driver of all this is the rapidly escalating cost of health care, namely health insurance. What once was a staple benefit for most employees quickly is eroding in the American workplace. Congress is fully aware of the problem, which is why a few years back it passed the bipartisan Affordable Care Act. The ACA provides the opportunity to purchase health-care benefits for millions of previously uninsured adults and children.

President Trump has promised to repeal the ACA his first day in office. Latest reports indicate it will, in fact, be repealed; but the repeal will be delayed some years until Congress and the new administration can figure out what to do in its place. Meanwhile, far too many ministers are left twisting in the wind, wondering how they will provide health care for themselves and for their families.

## **Spectrum of possibilities**

Recently, I asked churches to share with me how they go about providing these benefits. Of the 42 churches that responded, the results were all over the spectrum of possibilities, from churches that still offer full family coverage for all ministers to one church that noted, "We just decided to get out of the insurance business."

Inequities abound. Influencing where a church is on the spectrum are a myriad of forces. Primary among them are shrinking church finances. While loathe to cut missions, church programs and salaries, and while required to

pay property and casualty insurance as well as utility and building costs, the easiest place to cut is benefits.

In my work with young pastors, I find this may be the single biggest shock they experience entering ministry.

### **Eroding “package”**

Most folk accepting a job in the secular world—I know there are exceptions—are offered a salary accompanied by some sort of benefit package for health-care coverage and retirement contribution. Many churches have started offering a “salary package.”

One minister told me he was getting a \$50,000 salary, which he thought to be generous and appropriate for the setting. Only later did he learn out of that \$50,000, he would have to pay \$19,000 for health insurance, \$5,000 for a retirement contribution, plus all of his ministry expenses—travel, continuing education, conventions, books, etc. His actual salary/housing amount proved to be just under \$23,000.

Another minister who has served a church more than a dozen years actually is taking home less money today than when she first began at the same church. Sure, she received a few pay raises across the years, but as the church shifted benefits costs to her, it eroded what little gains she made. Several churches gave ministers a “one-time” pay increase to cover the insurance costs at that point in time. The ministers then were left to cover any future increases, whatever they might be.

### **What can be done?**

Churches are forcing ministers into the “marketplace” of the ACA or onto the plan of a spouse if they are that fortunate. One church recently transitioned to a health savings account that, while it costs less, carries with it a \$7,000 deductible and no prescription benefit. Essentially, what

many churches have done and others are beginning to do is move toward a form of low-cost catastrophic coverage.

My purpose is not to affix blame to anyone about this crisis. But when those who work for the government have defined and guaranteed health-care benefits, as do many professionals in the business world, what can be done to ensure that our ministers and their families are not broken by the system?

### **Possible options**

We simply must think about this in ways that have not been necessary until now. Allow me to offer a few modest suggestions.

- Smaller rural churches that always have had a full-time pastor may no longer be able to afford that luxury. What about two churches finding a way to share a pastor so they might be able to provide decent pay and benefits?
- What about smaller churches merging to form a new, more vibrant congregation, one that is able to afford and provide for ministers and reduce the expense of two churches at the same time?
- What about larger churches that have too much staff? When a vacancy occurs, might it be helpful to reassign work assignments and use those saved funds in order to cover health care for the rest of the staff?

As someone who is retired and on Medicare, I have no dog in this fight; but it is unconscionable to me that some churches expect their ministers to bear the full brunt of health-care costs. Midst all the regulatory uncertainty and congressional apathy to truly “fix the problem,” there are things congregations can do to make it right. If in your church you have any voice at all in this matter, please use it.

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