



United States Conference of Catholic Bishops

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January 26, 2010

United States House of Representatives
Washington, DC 20515

Dear Representative:

On behalf of the United States Conference of Catholic Bishops (USCCB), we strongly urge Members of Congress to come together and recommit themselves to enacting genuine health care reform that will protect the life, dignity, consciences, and health of all. The health care debate, with all its political and ideological conflict, seems to have lost its central moral focus and policy priority, which is to ensure that affordable, quality, life-giving care is available to all. Now is not the time to abandon this task, but rather to set aside partisan divisions and special interest pressures to find ways to enact genuine reform. Although political contexts have changed, the moral and policy failure that leaves tens of millions of our sisters and brothers without access to health care still remains. We encourage Congress to begin working in a bipartisan manner providing political courage, vision, and leadership. We must all continue to work towards a solution that protects everyone's lives and respects their dignity.

The Catholic bishops have long supported adequate and affordable health care for all, because health care is a basic human right. As pastors and teachers, we believe genuine health care reform must protect human life and dignity, not threaten them, especially for the most voiceless and vulnerable. We believe health care legislation must respect the consciences of providers, taxpayers, and others, not violate them. We believe universal coverage should be truly universal and should not be denied to those in need because of their condition, age, where they come from, or when they arrive here. Providing affordable and accessible health care that clearly reflects these fundamental principles is a public good, moral imperative, and urgent national priority.

Whatever the legislative process and vehicle, the U.S. Catholic bishops continue to urge the House and Senate to adopt legislation that:

- Ensures access to quality, affordable, life-giving health care for all;
- Retains longstanding requirements that federal funds not be used for elective abortions or plans that include them, and effectively protects conscience rights; and,
- Protects the access to health care that immigrants currently have and removes current barriers to access.

In addition to meeting these moral criteria, restraining costs and applying them equitably across the spectrum of payers will make this bill more acceptable to more people. Although recently passed legislation in the House and Senate may not move forward in either of their current forms, there are provisions in the bills that should be included in—and some that should be removed from—any proposals for health care reform.

Accessible and Affordable Health Care for All

Health care is a social good, and accessible and affordable health care for all benefits individuals and the society as a whole. The moral measure of any health care reform proposal is whether it offers affordable and accessible health care to all, beginning with those most in need. This can be a matter of life or death, of dignity or deprivation.

The Senate and House bills make great progress in covering people in our nation. However, the proposed bills would still leave between 18 and 23 million people in our nation without health insurance. This falls far short of what is needed in both policy and moral terms.

The bishops support extending Medicaid eligibility to people living at 133 percent of the federal poverty level or lower. However, states should not be burdened with excessive Medicaid matching rates, particularly during the economic downturn. Cost-sharing and premium credits should be offered to assist low-income families purchase insurance coverage and to make coverage more affordable. We urge that the best affordability elements of the House and Senate bills be included.

Protecting Human Life and Conscience

Disappointingly, the Senate-passed bill in particular does not meet our moral criteria on life and conscience. Specifically, it violates the longstanding federal policy against the use of federal funds for elective abortions and health plans that include such abortions—a policy upheld in all health programs covered by the Hyde Amendment as well as in the Children’s Health Insurance Program, the Federal Employees Health Benefits Program, and now in the House-passed “Affordable Health Care for America Act.” We believe legislation that fails to comply with this policy and precedent is not true health care reform and should be opposed until this fundamental problem is remedied. The bill’s provision against abortion funding should have the same substantive policy as the Hyde amendment and parallel provisions in current law, should cover every program in the legislation, and should be as permanent as the funding provided by the bill. The House-passed language meets these criteria.

The bill passed by the House (and to a lesser extent the Senate-passed bill) recognizes the need to protect conscience rights on abortion. However, provisions in both bills pose a threat to conscience that is *not limited to abortion*. That threat needs to be removed before any final bill is passed. Current federal law permits the accommodation of a wide range of religious and moral objections in the provision of health insurance and services. For example, currently insurers are free under federal law to accommodate purchasers or plan sponsors with moral or religious objections to certain services. The proposed health care bills would change that by imposing *new* mandates to cover certain services as “essential benefits,” including certain specified categories such as “ambulatory patient services,” “prescription drugs,” and “preventive” services. Within these categories, the bills designate an Executive Branch official to define what specific services plans must cover. Thus, any item or service defined as “essential” *must* be provided—regardless of a conscientious objection on the part of the insurer, purchaser, or plan sponsor. The freedom that insurers, purchasers, and sponsors currently enjoy under federal law to offer or purchase health plans that are not morally or religiously objectionable to them would then be lost. In addition, because the bills give the Executive Branch the authority to regulate the selection of providers by health plans, these plans may also be newly required to exclude providers because they have a conscientious objection to particular procedures.

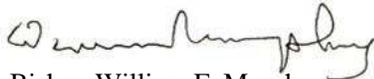
It is critical that the final bill retain the freedom of conscience that insurers, purchasers, plan sponsors, and health care providers currently have under federal law. Such a protection would not amend any other federal law or affect any state or local law, but instead prevent *only the new law* from imposing *new* burdens on conscience. This would not effect a sea change regarding conscience protection, but instead would prevent one.

Immigrants and Health Care Coverage

We strongly support the position of the House bill that does not prohibit undocumented persons from using their own money to access the new health care exchange. To proactively prohibit a human being from accessing health care is mean-spirited and contrary to the general public health. We also support removal of the five-year ban on legal immigrants accessing federal means-tested health care plans, such as Medicaid. Legal immigrants, who pay taxes and are on a path to citizenship, should be able to access programs for which their taxes help pay.

We will continue to work vigorously to advance true health care reform legislation that ensures affordability and access, keeps longstanding prohibitions on abortion funding, upholds conscience rights, and addresses the health needs of immigrants. These are not marginal matters, but essential to real reform. We hope and pray that both the Congress and the country will come together around genuine health care reform that protects the life, dignity, consciences, and health of all.

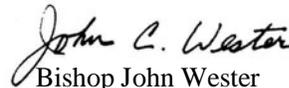
Sincerely,



Bishop William F. Murphy
Diocese of Rockville Centre
Chairman
Committee on Domestic Justice
and Human Development



Cardinal Daniel DiNardo
Archdiocese of Galveston-Houston
Chairman
Committee on Pro-life Activities



Bishop John Wester
Diocese of Salt Lake City
Chairman
Committee on Migration