Statement for the Record
Bishop William F. Murphy, Chairman
USCCB Committee on Domestic Justice and Human Development

United States Senate Committee on Finance
Roundtable Discussion on “Expanding Health Care Coverage”

May 20, 2009
On behalf of the United States Conference of Catholic Bishops (USCCB), I want to express hope that the serious dialogue on health care now underway will bring true reform to the nation’s health care system. The Catholic bishops of the United States have been and continue to be consistent advocates for comprehensive health care reform leading to accessible and affordable health care for all (Forming Consciences for Faithful Citizenship, USCCB, 2007). In a nation with the resources we have, health care should be such that all our citizens receive the kind of health care that provides for the needs of all in a coherent and consistent way.

Health care involves fundamental issues of human life and dignity, and is a critical component of the Catholic Church’s ministry. The Church provides health care, purchases health care and picks up the pieces of a failing health care system. The Catholic community encounters and serves the sick and uninsured in our emergency rooms, shelters and on the doorsteps of our parishes. One out of six patients is cared for in Catholic hospitals. We bring strong convictions and everyday experience to the issue of health care.

While we support reforming our nation’s health care system, we must also be clear in strongly opposing inclusion of abortion as part of a national health care benefit. For decades, Congress has decided not to compel people to pay for abortions with their tax dollars, and this policy should remain in place. We also oppose inclusion of other procedures or technologies that attack or undermine the sanctity and dignity of life. No health care reform plan should compel us or others to pay for or participate in the destruction of human life. To preserve this principle is morally right and politically wise as well. No health care legislation that compels Americans to pay for or participate in abortion will find sufficient votes to pass.

As Congress begins the task of drafting legislation, the bishops offer the following principles and criteria for health care reform. The principles are rooted in our belief that decent health care is not a privilege, but a basic human right and a requirement to protect the life and dignity of every person. All people need and should have access to comprehensive, quality health care that they can afford, and this should not depend on their stage of life, where or whether they or their parents work, how much they earn, or where they live or where they come from.

The basic assumptions we offer are these: 1) a truly universal health policy with respect for human life and dignity; 2) access for all with a special concern for the poor; 3) pursuing the common good and preserving pluralism, including freedom of conscience and variety of options; and 4) restraining costs and applying them equitably across the spectrum of payers.
These assumptions should help in framing policy that is faithful to the following criteria:

- **Respect for life.** Whether it affirms and respects the sanctity and dignity of human life from conception to natural death. Whether it preserves the longstanding prohibition on federal funding for abortion.

- **Priority Concern for the Poor.** Whether it gives special priority to meeting the most pressing health care needs of the poor and underserved, ensuring that they receive quality health services.

- **Access for All.** Whether it provides ready access to quality, comprehensive and affordable health care for every person living in the United States.

- **Comprehensive Benefits.** Whether it provides comprehensive benefits sufficient to maintain and promote good health; to provide preventive care; to treat disease, injury and disability appropriately; and to care for persons who are chronically ill or dying.

- **Pluralism.** Whether it allows and encourages the involvement of the public and private sectors, including the voluntary, religious, and nonprofit sectors, in the delivery of care and services; and whether it ensures respect for religious and ethical values in the delivery of health care, for patients and for individual and institutional providers.

- **Quality.** Whether it promotes the development of processes and standards that will help to achieve quality and equity in health services, in the training of providers, and in the informed participation of individuals and families in decision making on health care.

- **Cost Controls.** Whether it creates effective measures to reduce waste, inefficiency, and unnecessary treatment; measures to control rising costs of competition that provide incentives to individuals and providers for effective and economical use of limited resources.

- **Equitable Financing.** Whether it assures society’s obligation to finance universal access to comprehensive health care in an equitable fashion, based on ability to pay; and whether proposed cost-sharing arrangements are designed to avoid creating barriers to effective care for the poor and vulnerable.

Health care is a social good, and accessible and affordable health care for all benefits both 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.

USCCB looks forward to working with you to reform health care in a manner that offers accessible, affordable and quality health care that affirms the life and dignity of all people. This is a most important national priority. Please be assured of our prayers for you and for the success of genuine health care reform that protects the life and dignity of all people.