



Committee on Domestic Justice and Human Development

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June 27, 2017

United States Senate
Washington, DC 20510

Dear Senator:

On June 22, the United States Conference of Catholic Bishops (USCCB) outlined initial concerns about the health care reform “discussion draft” developed by the Senate, the Better Care Reconciliation Act (“BCRA”). It was noted at the time that “it is precisely the detrimental impact on the poor and vulnerable that makes the BCRA unacceptable as written.”

As the Senate began discussing health care reform, the USCCB provided moral principles to guide lawmakers in their deliberations.¹ On balance, the BCRA does not honor these moral obligations in a number of areas, even while trying to provide some very key protections for the unborn:

1. **Affordability:** The BCRA’s restructuring of Medicaid will adversely impact those already in deep health poverty. **At a time when tax cuts that would seem to benefit the wealthy and increases in other areas of federal spending, such as defense, are being contemplated, placing a “per capita cap” on medical coverage for the poor is unconscionable.** The BCRA also connects yearly increases to formulas that would provide even less to those in need than the House bill. The Congressional Budget Office’s analysis indicates that an additional 22 million people will be without insurance over time. **This loss of coverage will be devastating.**
Many people are forced to use their resources to address immediate needs. The revised BCRA draft now includes a “waiting period” penalty for those who do not maintain continuous coverage for a short time in the previous year. This will leave these individuals and families without coverage when they need it most.
2. **Access for all:** All people need and should have access to comprehensive, quality health care. Unfortunately, the Senate bill does not provide access for all people which is truly within their means. In many places, older and lower-income people will pay more than under current law because of decreased levels of tax credit support and higher premiums. Immigrants need quality care as well, but their access is not improved in the BCRA.
3. **Respect for life:** The Bishops value language currently in the legislation recognizing that abortion is not health care by attempting to prohibit the use of taxpayer funds to pay for abortion or plans that cover it. Safeguards pertaining to the use of tax credits for plans that include abortion face steep challenges in the coming days. Even as is, the bill needs to be strengthened to fully apply the longstanding and widely-supported Hyde amendment protections. Full Hyde protections are essential and must be included in any health care bill.
4. **Honoring conscience rights:** Unfortunately, no conscience protections are extended by the BCRA for patients, insurers, purchasers, sponsors, and providers.

The BCRA is a slight improvement in limited ways. Overall, however, those enhancements do not overcome the BCRA’s failure to address the needs of the poor. Lawmakers can address the very real problems of the Affordable Care Act by more narrow reforms, and in a unified way. Removing vital coverage for those most in need is not the answer to our nation’s health care problems, and doing so will not help us build toward the common good. For the sake of persons living on the margins of our health care system, we call on the Senate to reject changes intended to fundamentally alter the social safety net for millions of people.

Sincerely,

Most Rev. Frank J. Dewane
Bishop of Venice
Chairman, Committee on Domestic Justice
and Human Development

¹ <http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Senate-Principles-letter-Health-Care-Reform-2017-06-01.pdf>