



Committee on Domestic Justice and Human Development

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July 17, 2009

(Sent to all member of the U.S. House of Representatives and Senate)

cc: White House and Department of Health and Human Services

Dear Senator/Representative:

On behalf of the United States Conference of Catholic Bishops (USCCB), I write to outline our policy priorities and to express hope that the serious efforts of the Congressional committees will bring genuine life-affirming reform to the nation's health care system. The USCCB looks forward to working with you to reform health care successfully in a manner that offers accessible, affordable and quality health care that protects and respects the life and dignity of all people from conception until natural death.

For decades, the Catholic bishops of the United States have been and continue to be consistent advocates for comprehensive health care reform that leads to health care for all, including the weakest and most vulnerable. The bishops want to support health care reform. We have in the past and we always must insist that health care reform excludes abortion coverage or any other provisions that threaten the sanctity of life.

As Congress begins debate on health care reform the Catholic bishops of the United States offer the following criteria for fair and just health care reform. Health care reform needs to reflect basic ethical principles. We offer these as a guide:

- a truly universal health policy with respect for human life and dignity;
- access for all with a special concern for the poor and inclusion of legal immigrants;
- pursuing the common good and preserving pluralism including freedom of conscience and variety of options; and
- restraining costs and applying them equitably across the spectrum of payers.

Two of these criteria need special attention as Congress moves forward with health care reform.

Respect for life and dignity: As we renew our longstanding support for reforming our nation's health care system, we must also be clear that we strongly oppose inclusion of abortion as part of a national health care benefit. We would also oppose inclusion of technologies that similarly fail to uphold the sanctity and dignity of life. No health care reform plan should compel us or others to pay for the destruction of human life, whether through government funding or mandatory coverage of abortion. Any such action would

be morally wrong. It also would be politically unwise. No health care legislation that compels Americans to pay for or participate in abortion will find sufficient votes to pass.

For decades, Congress has respected the right of health care providers to decline involvement in abortion or abortion referrals, *without exception*, and has respected moral and religious objections in other contexts as well. The Weldon amendment to the Labor/HHS appropriations act, approved by Congress each year since 2004, forbids any federal agency or program (or state or local government receiving federal funds under the act) to discriminate against individual or institutional health care providers or insurers because they decline to provide, pay for, provide coverage of, or refer for abortion. Programs, such as Medicaid, that provide funding for the rare “Hyde exception” abortions, also provide for participation in the program by health care providers who decline to provide any abortions at all. (For a compilation of such federal laws, see www.usccb.org/prolife/issues/abortion/crmay08.pdf.) Health care reform cannot be a vehicle for abandoning this consensus which respects freedom of conscience and honors our best American traditions. Any legislation should reflect longstanding and widely supported current policies on abortion funding, mandates and conscience protections because they represent sound morality, wise policy and political reality. Making the legislation “abortion- neutral” in this sense will be essential for widely accepted reform.

Access for all: Reform efforts must begin with the principle that decent health care is not a privilege, but a 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 it should not depend on their stage of life, where or whether they or their parents work, how much they earn, where they live, or where they were born. *The Bishops’ Conference believes health care reform should be truly universal and it should be genuinely affordable.* Many lower-income families simply lack the resources to meet their health care expenses. For these families, significant premiums and cost-sharing charges can serve as barriers to obtaining coverage or seeing a doctor. Therefore, Medicaid cost-sharing protections should be maintained and new coverage options should protect the lowest income enrollees from burdensome cost sharing. We urge Congress to limit premiums or exempt families earning less than 200 percent of the Federal Poverty Level from monthly premiums. We also recommend limiting co-payments and other costs which could discourage needed care. In order to move toward universal coverage, we urge increases in eligibility levels. For example, we urge Congress to maintain at least the proposed minimum national eligibility level for Medicaid at 150 percent and CHIP at 300 percent of the Federal Poverty Level; to ensure comprehensive coverage; and to provide states with the resources to expand coverage.

After health care reform is implemented, some individuals and families, including immigrants, will still lack health insurance coverage. We have a responsibility to ensure that no one is left without the ability to see a doctor when he or she is sick or get emergency care when his or her health is at risk. Therefore, we urge Congress to ensure

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sufficient funding for safety-net clinics, hospitals and other providers serving those who will continue to fall through the cracks of a reformed system.

The Catholic bishops renew our appeal to provide equity for legal immigrants in access to health care. This can be accomplished, in part, by repealing the five-year ban for legal immigrants to access Medicaid; repealing the applicability of “sponsor-deeming” for Medicaid and CHIP; and ensuring that pregnant women in the United States, who will be giving birth to children who are United States citizens, are eligible along with their unborn children for health care regardless of their immigration status. Immigrants pay the same taxes as citizens and their health needs cannot be ignored. Leaving them outside a reformed system is both unfair and unwise.

Health care is not just another issue for the Church or for a healthy society. It is a fundamental issue of human life and dignity. Health care 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 both strong convictions and everyday experience to the issue of health care.

We look forward to working with you on these priorities as you make important choices on how to strengthen and improve health care, a most important national priority. Genuine health care reform that protects the life and dignity of all is a moral imperative and a vital national obligation.

Sincerely,

A handwritten signature in dark ink, appearing to read "William F. Murphy". The signature is written in a cursive style with a cross at the beginning.

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