



United States Conference of Catholic Bishops

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March 8, 2017

United States Senate
Washington, DC 20510

Dear Senator:

Health care is a vital concern for nearly every person in the country. Discussions on health care reform have reached a level of intensity which is making open and fruitful dialogue difficult, even while most people recognize that improvements to the health care system are needed to ensure a life-giving and sustainable model for both the present and future. Given the magnitude and importance of the task before us, we call for a new spirit of cooperation for the sake of the common good. Legislation has just been introduced in the House of Representatives and the Bishops will be reviewing it closely.

In a letter of January 18, 2017, Bishop Frank J. Dewane reiterated that “[a]ll 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.” Bishop Dewane also emphasized that **“a repeal of key provisions of the Affordable Care Act ought not be undertaken without the concurrent passage of a replacement plan that ensures access to adequate health care for the millions of people who now rely upon it for their wellbeing.”**

We ask that you consider and honor the following moral criteria as you debate health care policy in the days ahead:

1. **Respect for life and dignity:** The Bishops of the United States continue to reject the inclusion of abortion as part of a national health care benefit. 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. Long-standing “Hyde Amendment” protections must extend to any relevant health care plan in order to prevent federal funding of abortion, and federal resources—including tax credits— must not be used to assist consumers in the purchase of health care plans that cover abortion. These protections ought not be in the form of a temporary fix or future promise; any legislation must be passed with these provisions in place for the sake of the most vulnerable among us.
2. **Honoring conscience rights:** The right to conscience protection derives from the dignity of the human person—it should not be limited to a particular procedure or religious group. Out of respect for this foundational principle, Congress should expressly provide conscience protections as part of any health care plan for those who participate in the delivery or coverage of health care services. Such protections should extend to all stakeholders, including insurers, purchasers, sponsors, and providers and should cover any regulatory mandates.
3. **Access for all:** Reform efforts must begin with the principle that 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. Various health care approaches could move us closer to universal access and satisfy those moral criteria that help build toward the common good. Reform efforts should take into account the different circumstances of those who engage with the health care system and ensure access which is in accord with their means and situations. When examining the details of a health reform plan, all people and every family must be able to see clearly how they will fit within and access the health care system in a way that truly meets their needs. Some individuals and families, including immigrants, still lack health insurance coverage even under the ACA. We have a responsibility to ensure that no one is left without the ability to see a doctor or get emergency care when needed.
4. **Truly affordable:** The Church maintains a robust teaching on the sanctity of work, the rights of workers and the obligations of employers toward those who labor on their behalf. Employers who recognize their serious obligations by providing employment-based insurance ought to be supported. Where a given employer seeks to be more generous than the law requires, our health care policy should encourage rather than penalize such decisions. **Those who choose to participate in alternative approaches like health sharing ministries should retain the ability to do so and be further supported.** People who are blessed to be able to afford their health care costs without the need for insurance, and choose not to seek it, do not require extensive public assistance or special policy considerations.

Many lower-income families simply lack the resources to meet their health care expenses. For these families, substantial premiums and cost-sharing charges can serve as barriers to obtaining coverage or seeing a doctor. The overall impact to them and the country over the long-term are significant. Many of these families—those who are essentially the working poor or who find themselves one crisis away from falling into deep poverty—obtained coverage for the first time as part of the Medicaid expansion that came with ACA. This coverage, which is now relied upon by millions, ought to be maintained. If other options are explored, we urge Congress to limit premiums or exempt families that were eligible for the Medicaid expansion from premium costs through some other means. General premium increases of recent years have taken a toll on individuals and families at many income levels, and reform ought to address this barrier to affordability for those living above the poverty level but who are still working hard to make ends meet.

Any modification of the Medicaid system as part of health care reform should prioritize improvement and access to quality care over cost savings. The Bishops have serious concerns about structural changes to Medicaid that would leave large numbers of people at risk of losing access to health care or that lack adequate safeguards and accountability at the state level. Innovation for the good of all is welcomed and encouraged, but adjustments to essential parts of the social safety net require a higher bar of certainty and concern to protect the millions of people, including many children, who have a claim on our national conscience.

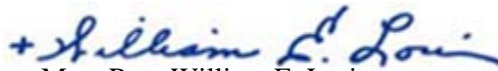
5. **Comprehensive and high-quality:** Health care is much more than mere insurance. Access to health care which is necessary and suitable for the proper development and maintenance of life for all people must be a goal of our society. Limited access to minimal health care, particularly for poor and vulnerable people, including the undocumented, is not enough. Access provided in national health care policy should be sufficient to maintain and promote good health as well as treat disease and disability. Incentives for preventative care, early intervention and maintaining a reasonable choice of providers—whether they be individual providers, groups, clinics or institutions—are all part of a comprehensive approach that can help ensure high quality. Our system should encourage individuals to develop a sense of ownership over decisions that affect their health and well-being. Approaches that encourage people to enter medical professions, and which foster more humane and responsive relationships between doctors and patients should be pursued. Broad consumer participation in planning and decision making, uniform standards, cost control and containment approaches, and incentives at every level for administering health care efficiently, effectively and economically are part of a comprehensive landscape too.

The Catholic Church in the United States remains committed to the ideals of universal and affordable health care, and to the pursuit of those ideals in a manner that honors the principles outlined above. 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 helps to pick up the pieces for those who fall through the cracks of the health care system when it fails. We bring extensive history and teaching, as well as everyday experience to this issue. Our aim, and our prayer, is that this perspective will help make clear the likely impacts of the decisions you are about to debate in Congress.

Sincerely,

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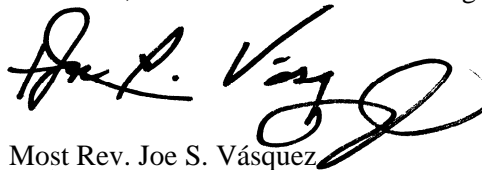
His Eminence Timothy Cardinal Dolan
Archbishop of New York
Chairman, Committee on Pro-Life Activities

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Most Rev. William E. Lori
Archbishop of Baltimore
Chairman, Ad Hoc Committee on Religious Liberty

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

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Most Rev. Joe S. Vásquez
Bishop of Austin
Chairman, Committee on Migration