



United States Conference of Catholic Bishops

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December 22, 2009

United States Senate
Washington, DC 20510

Dear Senator:

On behalf of the United States Conference of Catholic Bishops (USCCB), we strongly urge the Senate not to move its current health care reform bill forward without incorporating essential changes to ensure that needed health care reform legislation truly protects the life, dignity, consciences and health of all.

The Catholic bishops of the United States have long supported adequate and affordable health care for all, and insisted that providing health care that clearly reflects these fundamental principles is a public good, moral imperative and urgent national priority. In our letter of November 20 we urged the Senate to act as the House has in the following respects:

- keep in place current federal law on abortion funding and conscience protections on abortion;
- protect the access to health care that immigrants currently have and remove current barriers to access; and
- include strong provisions for adequate affordability and coverage standards.

Disappointingly, the legislative proposal now advancing to final approval in the Senate does not meet these moral criteria. 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.

Protecting Human Life and Conscience

Despite claims to the contrary, the House-passed provision on abortion keeps in place the longstanding and widely supported federal policy against government funding of elective abortions and plans that include elective abortions. It does not restrict abortion, or prevent people from buying insurance covering abortion with their own funds. It simply ensures that where federal funds are involved, people are not required to pay for other people's abortions. The public consensus on this point is borne out by many opinion surveys, including the new Quinnipiac University survey of December 22 showing 72 percent opposed to public funding of abortion in health care reform legislation.

The abortion provisions in the Manager's Amendment to the Senate bill do not maintain this commitment to the legal status quo on abortion funding. Federal funds will help subsidize, and in some cases a federal agency will facilitate and promote, health plans that cover elective abortions. All purchasers of such plans will be required to pay for other people's abortions in a very direct and explicit way, through a separate premium payment designed solely to pay for abortion. There is no provision for individuals to opt out of this abortion payment in federally subsidized plans, so people will be required by law to pay for other people's abortions. States may opt out of this system only by passing legislation to prohibit abortion coverage. In this way the longstanding and current federal policy universally reflected in all federal health programs, including the program for providing health coverage to Senators and other federal employees, will be reversed. That policy will only prevail in states that take the initiative of passing their own legislation to maintain it.

This bill also continues to fall short of the House-passed bill in preventing governmental discrimination against health care providers that decline involvement in abortion (Sec. 259 of H.R. 3962), and includes no conscience protection allowing Catholic and other institutions to provide and purchase health coverage consistent with their moral and religious convictions on other procedures.

Immigrants and Health Care Coverage

We support the inclusion of all immigrants, regardless of status, in the insurance exchange. The Senate bill forbids undocumented immigrants from purchasing health care coverage in the exchange. Undocumented immigrants should not be barred from purchasing a health insurance plan with their own money. Without such access, many immigrant families would be unable to receive primary care and be compelled to rely on emergency room care. This would harm not only immigrants and their families, but also the general public health. Moreover, the financial burden on the American public would be higher, as Americans would pay for uncompensated medical care through the federal budget or higher insurance rates.

We also support the removal of the five-year ban on legal immigrants accessing federal health benefit programs, such as Medicaid, the Children's Health Insurance Program, and Medicare. An amendment authored by Senator Robert Menendez (D-NJ), which would give states the option to remove this ban, should be included in the bill.

Accessible and Affordable Health Care

The Catholic bishops have advocated for decades for affordable and accessible health care for all, especially the poor and marginalized. The Senate bill makes great progress in covering people in our nation. However, the Senate bill would still leave over 23 million people in our nation without health insurance. This falls far short of what is needed in both policy and moral dimensions.

The bishops support expanding Medicaid eligibility minimally for people living at 133 percent or lower of the federal poverty level. The bill does not burden states with excessive Medicaid matching rates. The affordability credits will help lower-income families purchase insurance coverage through the Health Insurance Exchange. However, the Senate bill would still leave low-income families earning between 133 and 250 percent of the federal poverty level

financially vulnerable to health care costs, while it does provide more adequate subsidies for households 250 percent over the federal poverty level. Overall, the average subsidy provided for in the Senate bill is \$1,300 less than the average subsidy in the House bill. We urge that the best elements of both bills be included.

For many months, our bishops' conference has worked with members of Congress, the Administration and others to fashion health care reform legislation that truly protects the life, dignity, health and consciences of all. Our message has been clear and consistent throughout. We regret to say that in all the areas of our moral concern, the Senate health care reform bill is deficient. On the issue of respect for unborn human life, the bill not only falls short of the House's standard but violates longstanding precedent in all other federal health programs. Therefore we believe the Senate should not move this bill forward at this time but continue to discuss and approve changes that could make it morally acceptable. Until these fundamental flaws are remedied the bill should be opposed.

Regardless of the outcome in the Senate, we will work vigorously to incorporate into the final legislation our priorities for upholding conscience rights and longstanding current prohibitions on abortion funding; ensuring affordability and access; and including immigrants. We hope and pray that the Congress and the country will come together around genuine reform.

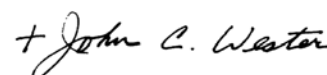
Sincerely,



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
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Committee on Migration