



*We Will Empower Bold Change to Elevate
Human Flourishing.SM*

February 3, 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, D.C.

The Honorable Mike Johnson
Speaker of the House
U.S. House of Representatives
Washington, D.C.

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, D.C.

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, D.C.

Dear Majority Leader Thune, Leader Schumer, Speaker Johnson, and Leader Jeffries:

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization representing more than 2,200 Catholic hospitals, long-term care facilities, clinics, service providers, healthcare systems, and other facilities across all fifty states, **I urge you to protect and strengthen critical health and family safety net programs, ensuring access to essential services and enabling those in need to thrive.**

As the largest not-for-profit provider of health care services in the nation, Catholic health care providers are committed to ensuring access to affordable and quality care for all. Last year alone, Catholic hospitals provided care to 1 in 7 patients through more than five million admissions and with over 700,000 employed individuals. This work is the continuation of our gospel call to bring the healing ministry of Jesus to all those in need. As you work on potential reconciliation legislation, we urge you to:

Protect the Health Care Safety-Net for All

- **Maintain federal funding commitments for the Medicaid program and prevent structural changes that would cause reduced coverage for those in need.** Dramatically restructuring the Medicaid program—with per capita caps, block grants or reductions in the federal medical assistance percentage (FMAP)—fundamentally undermines coverage for nearly eighty million poor and vulnerable children, pregnant women, elderly, adults, and disabled individuals in our nation. *Additionally, work reporting requirements create barriers and loss of coverage while at the same time doing little to promote and support gainful employment. Studies continue to show that such work requirements lead to dramatic coverage losses even for working individuals. In Arkansas, where work requirements were temporarily included in Medicaid, the [uninsured rate increased by 7% in only 10 months](#). Medicaid is not just a health program—it is a lifeline. It provides stability, dignity, and access to care for those who need it most. It is a concrete example of our nation's commitment to [supporting moms and protecting life](#) by paying for 41% of all births and ensuring care for moms and babies both before and after birth.*
- **Extend the Affordable Care Act's (ACA) enhanced advance premium tax credits (APTC).** The APTCs were first enacted in 2021 and have [helped 15 million Americans gain access](#) to high-



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quality and affordable health coverage.¹ These tax credits, which reduce the cost of health insurance for millions of Americans, have provided a gateway to affordable health coverage, empowering families to seek preventive care, manage chronic conditions and maintain financial stability. They have become an essential lifeline for millions of hardworking families, entrepreneurs, hourly workers, and the self-employed. If these critical supports expire in 2025, it will force millions to choose between healthcare and other essential needs.²

Support Life and Human Dignity

- **Support proposals that respect the fundamental freedom of religious health care providers to serve, protect and defend human life from conception to natural death for all those in need.** As Catholic healthcare providers, our care for immigrants, the unborn, disabled individuals, the elderly and those living in poverty is driven by our belief that all people are created in the image and likeness of God. As such, we urge you to support proposals that would protect our ability to provide care consistent with our faith while at the same time prioritizing support to those in need, regardless of socio-economic or immigration status.
- **Protect the Supplemental Nutrition Assistance Program (SNAP), Low-Income Home Energy Assistance Program (LIHEAP) and Temporary Assistance for Needy Families (TANF) program** from changes that would place even greater strain on low-income Americans trying to feed and care for their families, particularly as they already face increasing costs. Cutting or increasing access barriers to programs that provide support for those most in need would further exacerbate these struggles and undermine shared efforts to create healthy communities.

Ensure Access to Care

- **Strengthen rural hospitals by supporting innovative technologies and programs that are a lifeline for rural providers and their communities.** Since 2005, over 180 rural hospitals have closed, and nearly 50% continue to operate with negative operating margins and are at risk of closure. These closures mean patients must travel longer distances to receive life-saving care and have less access to specialty and maternal health services. By protecting and *making permanent the Low-Volume Hospitals (LVH) and Medicare-Dependent Hospitals (MDH) designations, opposing changes to site-neutral payment policies and preventing cuts to the Medicaid Disproportionate Share Hospital (DSH) program*, Congress can help to ensure rural providers receive the support they need. In addition, by *extending or making permanent the Medicare telehealth flexibilities*, patients in rural communities can have better access to the specialty care they need.
- **Support services for our seniors and those needing long-term care services by addressing unrealistic workforce staffing requirements.** CHA members strongly agree that adequate nurse staffing is essential for the well-being of nursing home residents. However, given the unprecedented challenges due to insufficient reimbursement and the ongoing national health care workforce shortage, the Centers for Medicare and Medicaid Services' *minimum staffing regulation*



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for long-term care facilities must be revisited. Additionally, Congress should improve the coordination of care and choices for elders and persons with disabilities to receive long-term care services in the most appropriate care setting, whether at home, in the community (such as PACE), or in a facility, while also supporting the vital role of caregivers.

- **Protect the role of nonprofit health care as a critical element of the nation’s health system.** The Catholic health ministry makes up the largest collection of not-for-profit health care providers in the country. This includes 674 hospitals and more than 1,600 other long-term care and other sites for care across the country. Collectively, Catholic hospitals alone provided more than [\\$15 billion dollars in community benefit](#) programs across the country.³ This includes providing charity care, partnering with other community organizations to respond to community needs and leading the industry in [maintaining traditionally “unprofitable” critical](#) specialty services in communities.⁴ In addition to this work, Catholic hospitals continue to go above and beyond their community benefit commitments by also being critical anchor institutions in their communities, supporting community programs and employing more than 700,000 people. Eliminating the tax-exempt status of nonprofit healthcare providers or limiting tax deductions for donations to not-for-profit hospitals would substantially limit access to care and fundamentally change the way our nation provides health care.

As you work on potential reconciliation legislation, we look forward to working with you on these and other important priorities for the 119th Congress. We thank you for your leadership on behalf of all the communities we are privileged to serve.

Sincerely,

Sr. Mary Haddad, RSM
President and CEO

