July 18, 2017

Representative Diane Black  
Chairman, House Budget Committee  
U.S. House of Representatives  
Washington, DC 20515

Representative John Yarmuth  
Ranking Member, House Budget Committee  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Black and Ranking Member Yarmuth:

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,000 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, I am writing to express our opposition to the House FY2018 budget resolution. As drafted, the resolution will lead to trillions of dollars in cuts to vital programs over the next decade, including deep cuts to Medicaid, Medicare, the Supplemental Nutrition Assistance Program (SNAP) and many more domestic discretionary programs that serve low-income, vulnerable individuals, families, children, the elderly and disabled persons in our nation.

As an organization guided by the social teachings of the Catholic Church, we firmly believe that the federal budget should be informed by moral principles and offer special protections for the poor and vulnerable. A budget must be fair and just and cannot be balanced on the backs of those among us who least can afford it. We recognize that the proper role of federal spending programs should be to lift up the neediest among us enabling them to active participants in society. Unfortunately, the deep cuts in programs and services assumed by this budget proposal will severely reduce or eliminate access to basic necessities such as food, shelter, health care, education and other social supports that help lift families and individuals out of poverty and improve their health outcomes.

We must also point out that radically restructuring programs like Medicaid and Food Stamps (SNAP) into capped funding or block grants and Medicare into a premium support program fundamentally alters the programs’ mission and purpose in ways that greatly undermine the ability to serve those who rely on them. Such proposals not only substantially reduce federal funding but also shift the cost burden onto individual beneficiaries, health providers and local and state governments. While this may seem to be a temporary solution to reducing the federal deficit, the long-term effects of this strategy will be to further erode the safety net and jeopardize the health and economic safety of millions of Americans.

In closing, we hope to work with you and all members of Congress to find other ways to address the budget deficit that do not harm those who need our help and support, and urge you to ensure that our spending priorities adequately reflect that commitment.

Sincerely,

Sr. Carol Keehan, DC  
President and CEO