



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

July 30, 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 healthcare systems, hospitals, long-term care facilities, clinics, service providers, and organizations, **I urge you to work together to fund the government for FY 2026 and extend critical health and safety net programs before they expire on September 30 of this year.**

Catholic health care is the largest not-for-profit provider of health care services in the nation, with 674 hospitals, over 1,500 skilled nursing and long-term care facilities, hospice, home health, assisted living, and senior housing in all fifty states and the District of Columbia. Last year, Catholic hospitals provided care to 1 in 7 patients, employed 700,000 people, and had more than five million admissions. As front-line health service providers across a wide variety of health services, Catholic health care providers are committed to ensuring access to affordable and quality care for all, despite the continued challenges faced by the health care sector.

In the current continuing resolution and year-end appropriations discussions, we urge you to:

- **Extend the Affordable Care Act's (ACA) enhanced advance premium tax credits (APTC) as part of the government funding that expires on September 30.** The APTCs were first enacted in 2021 and have [helped 15 million Americans gain access](#) to high-quality and affordable health coverage. If Congress fails to act, these tax credits will expire at the end of this year. As a result, more than 4 million Americans could lose coverage, and more than 20 million will face significant increases in their premiums.¹ The APTCs have become an essential lifeline for millions of hardworking families, entrepreneurs, hourly workers, and self-employed workers. The tax credits have empowered families to seek preventive care, manage chronic conditions, and maintain their financial stability. If these critical supports expire in 2025, it will force millions to choose between healthcare and other essential needs.
- **Address the Medicaid disproportionate share hospital (DSH) cuts scheduled to begin on October 1, 2025, to ensure patients continue to have access to quality care.** The Medicaid

¹ Congressional Budget Office <https://www.cbo.gov/publication/59230>

DSH program provides vital financial support to hospitals that serve a high number of Medicaid and uninsured patients and helps ensure patients have access to critical community services, including trauma, burn care, and high-risk neonatal care. If these cuts are allowed to go into place, hospitals would face \$8 billion in reductions at a time when they already face significant cuts to health care programs.

- **Protect innovative health care delivery models by extending the telehealth and the hospital-at-home flexibilities beyond September 30, 2025.** Telehealth flexibilities granted during the pandemic and subsequently extended have provided telehealth access to more than thirty million Americans on Medicare. By connecting patients to a range of health care services through videoconferencing, remote monitoring, and electronic consults, telehealth providers have helped ensure patients receive the care they need when they need it, while also providing greater access to health care consultations with specialists for those living in rural and low-income communities. Similarly, the hospital-at-home program is a safe and innovative way to provide inpatient-level care for patients in the comfort of their homes. The program has demonstrated that at-home acute care can lower mortality rates, reduce post-discharge spending, and improve patient experience.²
- **Protect access to care in rural communities by extending the Medicare-dependent hospitals, rural ambulance, work geographic index floor and Low-volume Adjustment programs beyond September 30, 2025.** These bipartisan programs provide additional support to hospitals to ensure rural residents have access to care. With more than 400 rural hospitals at risk of closure, providing the necessary security to ensure they are able to continue to serve their communities is critical for ensuring access to care.
- **Invest in the health workforce and public health service programs by increasing funding for the HRSA Title VII and VIII health profession and nursing programs, the National Health Service Corps. Reauthorize and fully fund the Teaching Health Centers Graduate Medical Education program, the Children's Hospitals Graduate Medical Education program, and the Community Health Center fund.** Title VII health professions and Title VIII nursing workforce development programs provide critical support for training and preparing individuals to gain the education and skills necessary to help meet the growing health workforce challenges. We urge you to work together to reauthorize and fund these critical programs so that they can continue to meet the needs of their communities.
- **Increase funding for the Maternal and Child Health Block Grant (MCHBG), Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and reauthorize the Prematurity Research Expansion and Education for Mothers who Deliver Infants Early (PREEMIE) program.** The Title V MCHBG and Healthy Start Program provide critical support to women and their children who face barriers to treatment and care. The MCHBG is a critical source of flexible funding to allow states and local jurisdictions to meet the needs of mothers and their children. The grant program also allows local communities to support pregnant women and their children with hotline services and remote monitoring equipment. In addition, the MIECHV program provides in-home visits for expectant parents to support them during their pregnancy and early childhood to improve maternal and child health. Finally, we urge the reauthorization of the PREEMIE program so that federal research can better understand the

² <https://www.ama-assn.org/delivering-care/population-care/hospital-home-saves-lives-and-money-cms-report#:~:text=The%20Consolidated%20Appropriations%20Act%20of,for%20an%20additional%20five%20years.>

interventions needed to reduce preterm birth and infant mortality.

- **Reject policy riders that would create financial challenges and costly regulatory burdens on hospitals.** Dramatic changes to site-neutral payment policies and new regulatory requirements on hospitals for the 340B drug discount programs will place further pressure on hospitals already facing significant financial challenges and cuts. More than 30% of rural hospitals are at risk of closure—adding new and costly requirements will only further exacerbate these challenges and leave more people without local care options.

Failure to fund the government or to extend these critical health programs will result in increased health care costs and the loss of health coverage that millions of Americans rely on. We urge you to take action on these issues, and we thank you for your leadership on behalf of all the communities we are privileged to serve as we look forward to working with you on these priorities.

Sincerely,

A handwritten signature in dark ink, appearing to read "Sr. Mary Haddad". The signature is fluid and cursive, with a long, sweeping underline.

Sr. Mary Haddad, RSM
President and CEO