



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

October 2, 2026

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

RE: Response to Request for Information, "Health Coverage That Works for Everyone"

Dear Ranking Member Wyden:

On behalf of the Catholic Health Association of the United States (CHA), thank you for the opportunity to respond to the Senate Finance Committee's Request for Information, *Health Coverage That Works for Everyone*. CHA is the national leadership organization representing more than 2,200 Catholic healthcare systems, hospitals, long-term care facilities, clinics, and service providers. Catholic healthcare serves patients and communities in all 50 states and is committed to caring for all people, especially those who are poor, vulnerable, and marginalized.

Catholic healthcare is rooted in the belief that healthcare is essential to protecting human dignity and advancing the common good. Our members see every day that insurance coverage alone is not sufficient when premiums, deductibles, coinsurance, narrow networks or administrative barriers prevent patients from receiving timely care. A successful coverage system must be affordable, comprehensive, continuous and accessible when people need it.

CHA appreciates the Committee's efforts to identify practical reforms that expand coverage, reduce financial barriers, simplify enrollment and protect patients from coverage that does not meet their health needs. We urge Congress to build on the coverage framework established by Medicaid, the Children's Health Insurance Program, Medicare and the Affordable Care Act (ACA), while taking additional steps to close remaining gaps and reduce underinsurance.

CHA's Principal Recommendations

- Make advanced premium tax credits broadly available through the ACA and ensure that families' total healthcare costs remain affordable.
- Strengthen cost-sharing assistance and establish income-based protections against excessive deductibles and out-of-pocket exposure.
- Prevent medical debt by addressing its root causes: lack of coverage, inadequate insurance, coverage instability and unaffordable cost sharing.
- Provide a federal pathway to comprehensive coverage for low-income adults in states that have not expanded Medicaid.
- Simplify enrollment and renewal processes and reduce coverage losses caused by paperwork, reporting requirements or other administrative barriers.

- Ensure that high-deductible, catastrophic, short-term and other limited-benefit products do not leave patients functionally uninsured.
- Strengthen insurer accountability, network adequacy and safeguards against inappropriate delays and denials of medically necessary care.

Expanding Affordable and Accessible Health Coverage

Coverage is the foundation of access to healthcare. People who lack insurance are more likely to delay care, rely on emergency departments, and face bills they cannot afford. Coverage also strengthens the healthcare safety net by reducing uncompensated care and helping providers sustain essential services in rural and underserved communities.

Congress should make premium tax credits sufficiently generous and broadly available so that low- and middle-income families are not priced out of coverage. Assistance should be designed to prevent sharp affordability cliffs and should reflect the combined burden of premiums and out-of-pocket costs. Congress should also strengthen cost-sharing reductions so that people purchasing Marketplace coverage can afford to use that coverage when they become sick.

CHA supports enrollment policies that make coverage easier to obtain and maintain. These include automatic or facilitated enrollment, continued investment in consumer assistance and navigation, coordination with other public benefit programs, and more seamless transitions among Medicaid, CHIP, Marketplace coverage, and employer-sponsored insurance. Individuals should not become uninsured because they experience a modest change in income, change jobs, move, or fail to complete confusing paperwork within a short period.

Congress should also protect access to comprehensive coverage for lawfully present immigrants and other populations facing statutory or administrative barriers. Coverage policy should reflect the dignity of every person and the importance of public health by ensuring that individuals can obtain preventive care, manage chronic conditions, and seek treatment before a health problem becomes an emergency.

Making Coverage Meaningful by Reducing Deductibles and Cost Sharing

High deductibles, coinsurance, copayments, and uncovered services can cause patients to delay treatment, ration medications, or avoid follow-up care. These burdens are especially severe for people with chronic conditions and for families living on limited or fluctuating incomes.

Federal affordability standards should consider the total amount a household is expected to spend, not premiums alone. Congress should establish stronger income-based limits on deductibles and annual out-of-pocket expenses, expand cost-sharing assistance beyond the lowest income bands, and encourage first-dollar coverage for high-value primary, preventive, behavioral health, and chronic disease services. Benefit designs should not impose coinsurance that leaves patients unable to predict or afford the price of necessary care.

CHA is particularly concerned about policies that expand high-deductible or catastrophic coverage without adequate patient protection. Such products may appear less expensive because of their premiums, yet shift substantial financial risk to patients and providers when care is needed. Policymakers should evaluate whether these plans provide realistic access to essential health benefits, adequate provider networks, clear information about exclusions, and reasonable financial protection.

Short-term, limited-duration, fixed-indemnity, and other non-comprehensive products should be subject to clear disclosure, limited in duration, and consumer-protection standards. Marketing materials should

clearly explain what is not covered, the product's limitations, and the potential for significant patient liability. These products should not be allowed to undermine the risk pool for comprehensive coverage or mislead consumers into believing they have health coverage protections comparable to ACA-compliant insurance.

Preventing and Reducing Medical Debt

Medical debt is often the consequence of broader failures in coverage and affordability. While hospital financial assistance and responsible collection policies are important, downstream billing reforms, directed at only a portion of providers, cannot substitute for comprehensive insurance that patients can afford to use. The most effective medical debt policy is to prevent unaffordable bills before they occur.

Congress should reduce medical debt by addressing coverage denials, expanding coverage, lowering deductibles and cost sharing, and improving continuity of coverage. Policymakers should also support all hospitals in making it easier for providers to determine eligibility for financial assistance and health insurance enrollment.

Catholic hospitals provide significant financial assistance and community benefit programs to increase access to care and improve health and well-being, as part of their mission. These efforts include free and discounted care, community health improvement programs, and support for services essential to addressing upstream causes of ill health but often underfunded.

However, hospital financial assistance cannot compensate for widespread underinsurance or growing coverage losses. When insurance products shift unaffordable costs to patients, providers are increasingly asked to absorb the resulting burden while continuing to sustain access to care.

Congress should take care that any medical debt protections apply consistently across the entities that create, finance, purchase, report, or collect healthcare debt. Policies should protect patients without reducing incentives for insurers and other payers to meet their coverage obligations. Federal reforms should also preserve hospitals' ability to communicate with patients, establish affordable payment arrangements, and connect eligible individuals with assistance.

Closing the Coverage Gap in States That Have Not Expanded Medicaid

Medicaid is the cornerstone of coverage for low-income people and a critical part of the nation's healthcare infrastructure. Yet low-income adults in states that have not expanded Medicaid may remain in a coverage gap, earning too much to qualify under their state's Medicaid rules while lacking access to affordable private coverage. CHA urges Congress to establish a reliable pathway to coverage for people in the Medicaid coverage gap. This coverage option should provide comprehensive benefits, minimal cost sharing, continuity of coverage, and access to an adequate network of providers. It should be designed to complement, not weaken, Medicaid and should preserve a state's ability and incentive to adopt full Medicaid expansion in the future.

Congress should also consider renewed, sustained incentives for non-expansion states, while ensuring that eligible individuals receive immediate coverage. Any expansion pathway should include strong outreach and enrollment support, coordination with safety-net providers and community organizations, and simple eligibility rules that minimize the risk of eligible people becoming uninsured.

More broadly, Congress should maintain adequate and sustainable Medicaid financing and avoid policies that shift costs to states, providers, patients, or local communities. Coverage gains will not translate into access if reimbursement, workforce capacity, or safety-net infrastructure is insufficient to meet patient needs.

Protecting Coverage Continuity and Reducing Administrative Barriers

Coverage can be lost even when a person remains eligible. Frequent eligibility checks, complex reporting obligations, short response windows, and inconsistent notices can lead to procedural terminations that disrupt medications, treatment plans, and relationships with clinicians. These disruptions often create more administrative work for states, patients, and providers while increasing avoidable healthcare costs.

Congress should require that Medicaid, Medicare, and ACA enrollment and renewal systems rely on available, reliable data before requesting additional documentation from beneficiaries. States and federal agencies should use *ex parte* renewals, pre-populated forms, multiple communication methods, accessible language services, and meaningful opportunities to correct errors. Transitions between Medicaid and Marketplace coverage should occur without gaps and with advance notice to patients.

New Medicaid work or community engagement reporting requirements should be implemented, delayed, modified, or waived as necessary to prevent eligible individuals from losing coverage because of administrative complexity. Providers should not be required to divert clinical resources toward determinations that are primarily program-administration functions. Any exemptions for people with disabilities, serious health conditions, caregiving responsibilities, or other hardships must be broad, workable, and automatic whenever possible.

Ensuring Insurer Accountability and Access to Covered Care

Meaningful coverage requires timely access to clinicians and facilities. Patients should not face excessive prior authorization requirements, repeated denials, inaccurate provider directories or networks that are inadequate for their needs. These practices can delay medically necessary treatment and impose additional costs on patients and providers.

Congress should strengthen network adequacy standards, require timely and transparent prior authorization decisions, simplify appeals, and increase reporting on denials and delays. Insurers should be held accountable when their practices prevent patients from receiving covered care. Oversight should also examine whether benefit designs or utilization management tools discriminate against people with complex or chronic conditions.

Standardization can reduce confusion and administrative waste. Common definitions, clearer benefit summaries, comparable cost-sharing information, and interoperable electronic processes would help patients understand their coverage and help providers devote more time to care. At the same time, standardization should not prevent plans from offering innovative benefits that demonstrably improve access and outcomes.

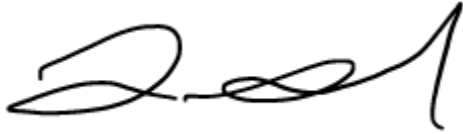
Conclusion

The Catholic health ministry believes that every person should have access to affordable, accessible health coverage and needed health services. Achieving this goal requires more than increasing the number of people enrolled in a plan. Coverage must be affordable to purchase, affordable to use, continuous, understandable, and supported by an adequate network of providers.

CHA urges the Committee to prioritize broad premium and cost-sharing assistance, prevent excessive deductibles, address the causes of medical debt, strengthen Medicaid, close the coverage gap in non-expansion states, reduce administrative coverage losses, and hold insurers accountable for delays and denials of care. These policies would advance human dignity, promote the common good, and strengthen the health of families and communities across the country.

Thank you for your leadership and for the opportunity to provide comments. CHA looks forward to working with you and the Committee to advance policies that expand coverage, improve affordability, and ensure that all people can obtain the care they need.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Swanepoel', with a stylized, flowing script.

Lucas Swanepoel, JD
Vice President, Public Policy and Advocacy