THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES



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March 7, 2005

The Honorable Charles Grassley 135 Hart Senate Office Building Washington DC 20510-1501

Dear Senator Grassley:

As the Senate Finance Committee prepares to mark up legislation to reauthorize the Temporary Assistance to Needy Families Program (TANF), the Catholic Health Association of the United States (CHA) would like to express our support for the inclusion of three provisions of particular importance to the Catholic health ministry.

First, CHA supports a permanent reauthorization and simplification of the Transitional Medical Assistance (TMA) program. TMA provides temporary health care coverage to families who have become ineligible for Medicaid because of earnings, in many cases because they have left welfare for work. Like child care, health care coverage is essential for facilitating the entry of families into the workforce. A permanent reauthorization of TMA will solidify its important role in helping many families transition from welfare to work.

Second, CHA strongly supports the inclusion of the "Immigrant Children's Health Improvement Act (ICHIA)" in TANF reauthorization. ICHIA, which has had broad bipartisan support for many years, would give states the option of covering legal immigrant children and pregnant women with federal Medicaid and SCHIP funds during their first five years in the country.

Current law prohibits states from providing such coverage, which often can lead to the development of health complications that could otherwise be prevented. In addition to causing needless suffering, the long-term effects of inadequate health care services can prevent children, many of whom will become United States citizens, from making a full economic contribution as they grow into adulthood. The long-term health benefits of investing in prenatal care are well established, and we believe it is arbitrary to deny such care to lawfully present pregnant women simply because they arrived after a certain date, particularly when their children will be United States citizens at birth.

The Catholic health ministry represents a broad spectrum of providers that deliver important health care services each year to hundreds of thousands of lawfully present but uninsured immigrant families, including children and pregnant women. Until Congress takes action to address the arbitrary cut-off date for legal immigrants to receive public benefits such as Medicaid and SCHIP, caring for legal immigrants will continue to add to the financial burden already faced by the nation's safety net providers across the country.

Third, CHA supports efforts to ensure that state and local governments have the ability to use their funds to provide non-emergency health services to non-qualified immigrants. Specifically, Section 411 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) has been interpreted by some states to prohibit the use of any state and local funds to provide life-saving health care to immigrants. The resulting confusion has had a negative impact not only on the health of many immigrant families but also on the ability of hospitals and clinics to provide necessary health care services to immigrants in a number of states.

By clarifying that states and local governments may use their own funds to provide health services to immigrants, including important preventive care, Congress can help ensure that

hospitals and clinics have the clarity they need to serve the best interests of all of their patients.

As organizations founded in our faith tradition and committed to the principles of Catholic social justice teaching, Catholic hospitals recognize and affirm the inherent dignity of every human being. These provisions will help to uphold that principle, and we hope we can count on your support to ensure that the most vulnerable among us have access to health care.

If we can be of assistance on any of these issues, please do not hesitate to contact us.

Sincerely,

Michael Rodgen_

Michael Rodgers Vice President, Public Policy and Advocacy