



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

September 11, 2024

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

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

Dear Leader Schumer, Speaker Johnson, Minority Leaders McConnell, and 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 work together to fund the government for FY 2024 and extend critical health and family safety net programs in any upcoming continuing resolution or appropriations agreement.**

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. With the ongoing health workforce shortages and expiring health-related programs, it is critical that Congress act to extend these vital programs and provide sufficient funding to support safety net health programs:

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

- **Address the Medicaid disproportionate share hospital (DSH) cuts scheduled to begin on January 1, 2025, to ensure patients continue to have access to quality care.** The Medicaid 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 the cut is allowed to go into place, hospitals would face \$8 billion in reductions at a time when those serving low-income and rural populations continue to shoulder the costs associated with the loss of Medicaid coverage during the post-COVID redeterminations process.
- **Extend the Affordable Care Act's (ACA) enhanced advance premium tax credits (APTC) before they expire at the end of 2025.** The APTCs were first enacted in 2021 and have helped



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15 million Americans gain access to high-quality and affordable health coverage.¹ Under the program, Congress increased the tax credits for those earning between 133% - 400% of the federal poverty level and capped premium costs at 8.5% of annual income for individuals and families earning more than 400%.² Issuers will begin finalizing rates for the 2026 ACA Marketplaces plans in early 2025, and patients could see considerable price increases when they begin shopping for 2026 plans in the fall of 2025. Therefore, it is critical to either make the APTC permanent or at least extend them by one year to avoid causing market disruption that would increase the number of insured and increase the cost of purchasing health insurance for those buying plans in the fall of 2025.

- **Extend telehealth flexibilities beyond the statutory deadline of December 31, 2024.** Telehealth flexibilities granted during the pandemic and subsequently extended in 2022 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. While we urge you to permanently extend these flexibilities, we also welcome a two-year extension as a first step for ensuring the stability and availability of telehealth for providers and patients who rely on it.
- **Include legislation that would prevent the Centers for Medicare and Medicaid Services (CMS) from enforcing a burdensome minimum staffing requirement for long-term care facilities.** CHA members strongly agree that adequate and appropriate nurse staffing is essential for the well-being of nursing home residents. However, given the unprecedented challenges due to insufficient reimbursement and the national health care workforce shortage, this final rule must be revisited.
- **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 and reauthorizing and funding the Teaching Health Centers Graduate Medical Education program, the Children’s Hospitals Graduate Medical Education program, the National Health Service Corps and the Community Health Center fund.** Title VII health professions and Title VII 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. In recognition of the fundamental role they play in our nation’s health care system, these programs have long had bipartisan support. 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.

¹ <https://tcf.org/content/commentary/enhanced-aca-marketplace-tax-credits-worked-and-shouldnt-be-eliminated/#:~:text=HHS%20estimated%20that%2C%20in%202023,%24800%20annually%20in%20additional%20assis tance>

² <https://www.kff.org/affordable-care-act/issue-brief/inflation-reduction-act-health-insurance-subsidies-what-is-their-impact-and-what-would-happen-if-they-expire/>



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- **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 through the use of 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 support the reauthorization of the PREEMIE program so that federal research can better understand the interventions needed to reduce preterm birth and infant mortality.
- **Extend the Acute Hospital Care at Home Waiver, the increased inpatient hospital payment adjustment for certain low-volume hospitals, and the Medicare-Dependent Hospital Program.** At a time when our nation's hospitals, particularly those serving rural communities or a disproportionate share of Medicare patients, face increasing financial challenges because of higher labor, supplies, and drug costs, extending these programs provides critical assistance for those hospitals most acutely affected by these financial challenges.
- **Reject policy riders which would create financial challenges and costly regulatory burdens on hospitals.** Dramatic changes to site-neutral payment policies, as well as new regulatory requirements on hospitals for the 340B drug discount programs, will place further pressure on hospitals already facing significant financial challenges. More than 30% of rural hospitals are at risk of closure and adding new and costly requirements will only further exacerbate these challenges and leave more people without local care options.

We urge you to include these important priorities as Congress finishes its work on the FY25 appropriations bills and thank you for your leadership on behalf of all the communities we are privileged to serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Sr. Mary Haddad". The signature is fluid and cursive, with a large loop at the end.

Sr. Mary Haddad, RSM
President and CEO