

October 24, 2007

To Members of the U.S. Senate and U.S. House of Representatives,

We are writing to voice our ongoing support for the Children's Health Insurance Program, and to commit our faith communities to continued work in getting it passed. We commend the bipartisan manner in which the leadership and so many members of both the Senate and the House worked together to help provide needed health care for 10 million children in our country.

Even within our faith communities, our individual politics differ. In spite of our differences, we relate to one another around common values that lead us to share life together in meaningful ways. We urge you to hold as most important the healthy development of children, prohibiting partisan power struggles from causing additional harm to our children.

During these last few months of intense debate over children's health care, we've been able to identify some sources of division over this legislation. We recognize the following, which if considered and clarified, may help create a stronger consensus. **However, we hold to a "bottom line" of insuring 10,000,000 eligible children in the SCHIP program.**

Income eligibility: All of our faith traditions recognize the need to give preferential treatment to the poor. That appears to be the intent of both sides of this debate, in spite of disagreement on what it means to have health care expenses that stretch family resources beyond their limits. As a means of reducing confusion about eligibility, we urge the use of clearer language and would support a reasonable cap that maintains a commitment to cover 10 million children. We also urge you to consider exceptions for children with chronic illnesses or pre-existing conditions if it can be determined that private affordable insurance is not available to them or that out-of-pocket medical expenses exceed a certain percentage of the family's income. (We recommend the Urban Institute Report of October 1, 2007: "Concerns about Parents Dropping Employer Coverage to Enroll in SCHIP Overlook Issues of Affordability.")

Documentation: As part of our commitment to children in the poorest of families, we express our deepest concern about the discord over documentation. Please recognize that restrictive documentation requirements have a disproportionate negative impact on our citizen children of color who are simply not able to produce the necessary documents. We urge you to take this vulnerable population into account when drafting language that is intended only to deny undocumented immigrant enrollment in the program.

Expanded coverage: Our faith traditions also call us to act with compassion for the most vulnerable among us. Who are more vulnerable than our children? We simply cannot deprive children of needed health care. Frankly, we believe that we should be discussing how we cover ALL children. However, since that is not an option at this moment, we urge you to maintain your commitment to the 10 million children in the previous bill. We simply cannot accept less; anything less will compromise our support of a new consensus bill.

Age limits: Restricting CHIP funds to children is perhaps the point where we can be the most flexible. Even though we support all the reasons for including adults, we support the move to transition adults off of SCHIP within one year if it means guaranteeing health care for 10 million children.

Health care for legal immigrant children: Once again, we turn to the teachings of our faith traditions and lift up the call to welcome newcomers in our midst, to treat them with the dignity deserving of a child of God, and to help meet their needs. We stand in solidarity with our immigrant brothers and sisters and urge the restoration of the Legal Immigrant Children's Health Improvement Program (Legal ICHIA) that

gives states the option to provide Medicaid and SCHIP to legal immigrant children and pregnant women. This acknowledges that many of these families are working and productive members of our society, taxpayers who ought to be granted the use of the public services to which they contribute. In addition, while we understand that providing needed health services for undocumented immigrant children is beyond the reach of this legislation, we reaffirm our commitment to all children, regardless of their immigration status.

Funding: Finally, we look once again to the teachings of our faith traditions when we consider the funding dilemma. We live in the richest country in the world, yet many of our children live sicker and, in some cases, die younger because they cannot get needed health care. We recognize that as individuals and as a nation we are living contrary to the teachings of our faith communities. We live and act as though there is not enough to share, and as though what we provide for the common good will somehow diminish what is left for us. Ultimately, we believe this debate about how much to spend on children's health care is not about the money. We fund what we value. This debate is about our country's moral compass. We urge you to stand firm on the current funding commitment for CHIP. Anything less will undermine the principles outlined throughout this letter.

As you continue work toward consensus on a children's health care bill, please be assured that the faith community in all of its diversity stands ready to offer our support and our perspectives to help create an environment where dialogue is truly possible. As we enter into another electoral season, we are very aware of how faith values and language play into winning the support of the voting public. As you deliberate on the issue of children's health care, we urge you to consider how the values of your own faith tradition can help inform your decisions and your votes.

Respectfully,

American Baptist Churches USA
American Friends Service Committee
Buddhist Peace Fellowship
Catholics in Alliance for the Common Good
Catholics United
Church Women United
Deaconess Parish Nurse Ministries, LLC
Disciples Justice Action Network (Disciples of Christ)
Disciples Advocacy and Witness Network (Christian Church Capital Area)
The Episcopal Church
Evangelical Lutheran Church in America
Faithful Reform in Health Care
Interfaith Health and Hope Coalition (Michigan)
Islamic Society of North America
Kentucky Council of Churches
Lutheran Statewide Advocacy, New York
Michigan Unitarian Universalist Social Justice Network

NETWORK, A National Catholic Social Justice Lobby
New Hampshire Council of Churches
New York State Council of Churches
North Carolina Council of Churches
The Office of the General Minister and President, Christian Church (Disciples of Christ)
Pennsylvania Council of Churches
Presbyterian Church (USA) Washington Office
Unitarian Universalist Action Network of New Hampshire
United Church of Christ – Justice and Witness Ministries
United Methodist Church – General Board of Church and Society
Washington Association of Churches
Wisconsin Council of Churches