



Secretariat of Pro-Life Activities

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Dear Senator:

I am writing to urge you to support and cosponsor S. 165, the Abortion Non-Discrimination Act (ANDA), which has been introduced by Senator David Vitter (R-LA) and three co-sponsors.

Passage of ANDA is urgently needed to protect the civil rights of health professionals and other health care entities. This bill reaffirms a basic principle: No health care entity should be forced by government to perform or participate in abortions.

This principle has long been a matter of consensus that crosses partisan and ideological lines. In 1996 Congress enacted 42 U.S.C. §238n, to provide such protection. This law responded to a threat by the Accreditation Council for Graduate Medical Education (ACGME) that it would require ob./gyn. residency programs to provide abortions and abortion training. A bipartisan coalition responded by passing a bill, signed into law by President Clinton, to prohibit governmental discrimination against health care entities because they decline to train in, perform, or arrange for abortions. However, some have interpreted the law narrowly, to protect only residents and residency programs in the training context.

In 2004 Congress addressed some of these deficiencies by enacting the Hyde/Weldon amendment to the Labor/HHS appropriations bill. This legislation, renewed each year since 2004, extended the law's protection to the full range of health care entities, and addressed governmental pressures to participate in abortion outside of training programs. However, Hyde/Weldon provides no remedy for violations of the law by state or local governments except denial of presumably all funding under the Labor/HHS bill – a broad penalty that many believe will never be imposed. It also fails to identify a federal agency with responsibility to investigate complaints.

ANDA will codify the longstanding policy of the Hyde/Weldon amendment in permanent law, while enhancing its enforceability. Under ANDA, health care entities discriminated against by governments that receive federal funds can go to court to vindicate their rights; the Office for Civil Rights at the Department of Health and Human Services will also be designated to investigate complaints, as in the Obama administration's recent regulation on federal conscience laws (76 *Fed. Reg.* 9968-77 [Feb. 23, 2011]). Remedies can be limited to those minimally necessary to stop the discrimination.

The passage of such clarifying legislation is especially urgent now because of a coordinated national effort to force health care providers to participate in abortions. Pro-abortion advocacy groups have vowed to force out of the health care system any provider who does not conform to their own ideological stance on abortion. The American Civil Liberties Union is insisting that current federal laws be construed to force hospitals – specifically including Catholic hospitals – to provide any abortion that the ACLU deems necessary for women's "health" (interpreted by federal courts to encompass social and emotional well-being). And in recent months there have

been reports of at least three major institutions – Mount Sinai Medical Center, Vanderbilt University, and Nassau University Medical Center – pressuring nurses or nurse trainees to participate in abortions against their will, with the last case directly implicating ANDA as it seems to involve a government institution. ANDA is needed to protect health care providers from such threats and counteract efforts to make them provide abortions.

Please support and co-sponsor this important proposal for protecting health care providers from abortion-related discrimination.

Sincerely,

Cardinal Daniel DiNardo

Cardinal Daniel N. DiNardo
Archbishop of Galveston-Houston
Chairman, Committee on Pro-Life Activities
United States Conference of Catholic Bishops