



Secretariat of Pro-Life Activities

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194

202-541-3070 • FAX 202-541-3054 • EMAIL PROLIFE@USCCB.ORG • WEB WWW.USCCB.ORG/PROLIFE

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Dear Member of Congress:

While I have written previously to encourage your support for the Respect for Rights of Conscience Act (H.R. 1179, S. 1467), recent events make this request more urgent.

In an interim final rule published August 3, the Department of Health and Human Services (HHS) has established a list of “preventive services for women” to be required in almost all private health plans nationwide, under the authority of the Patient Protection and Affordable Care Act (PPACA). Tragically, HHS missed its opportunity to focus on prevention of diseases and disabling conditions that truly pose serious risks to women’s lives. Instead it decided to include mandatory coverage for: surgical sterilization; all prescription contraceptives approved by the FDA, including drugs like Ella (ulipristal) that can cause abortions in the early weeks of pregnancy; and “education and counseling” to promote these to “all women of reproductive capacity.”

The new HHS mandate underscores a major deficiency in PPACA – it lacks a conscience clause to prevent the Act itself from being used to suppress the rights and freedoms of those who may have moral or religious objections to specific procedures. This omission is especially glaring in light of the fact that the Act does accommodate the religious beliefs of those who object to participation in government-run benefits programs altogether, those who wish to address illness solely by prayer, and those on Indian reservations who are committed to traditional tribal practices of healing.

As you may know, the nation’s largest abortion provider, Planned Parenthood, actively campaigned for the mandate now issued by HHS, and supports mandated coverage of chemical as well as surgical abortion. Planned Parenthood and other pro-abortion groups hope that once there is a national mandate for “prevention” of pregnancy as if it were a disease inimical to women’s well-being, this will build their case for promoting abortion as the “cure.”

Last fall the United States Conference of Catholic Bishops presented a detailed case against a nationwide contraceptive mandate on several grounds. For example, there are solid reasons to doubt claims that expanded contraceptive programs reduce abortions, or that prescription contraceptives enhance health for women (<http://old.usccb.org/ogc/preventive.pdf>). In this letter I wish to focus on the threat posed by such a mandate to rights of conscience and religious freedom, as Congress has protected these rights in the past and needs to do so again.

This spring, to address the serious flaw in PPACA regarding lack of conscience rights, Reps. Jeff Fortenberry (R-NE) and Dan Boren (D-OK) introduced the Respect for Rights of Conscience Act (H.R. 1179). This legislation would change no current state or federal mandate for health coverage, but simply prevent any new mandates under PPACA – such as HHS’s new set of “preventive services for women” -- from being used to disregard the freedom of conscience that Americans now enjoy. This would seem to be an absolutely essential element of

any promise that if Americans like the health plan they have now, they may retain it. I applaud the August 2 introduction of a Senate version of this legislation (S. 1467) by Senators Roy Blunt (R-MO), Marco Rubio (R-FL) and Kelly Ayotte (R-NH), and I urge members of both parties to add their names as co-sponsors to these urgently needed bills.

Respect for rights of conscience in health care has been a matter of strong bipartisan consensus for almost four decades. Under the Church amendment of 1973, those taking part in a variety of federal health programs may not be discriminated against because they have moral or religious objections to abortion or sterilization, and in some circumstances to any other health service. The Federal Employees Health Benefits Program exempts religiously affiliated health plans from any contraceptive mandate, and protects the conscience rights of health professionals in secular plans. The major federal legislation for combating AIDS in developing nations ensures the full participation of organizations that have a moral or religious objection to particular methods of AIDS prevention. This consensus is reflected in a variety of other federal laws as well (<http://old.usccb.org/prolife/issues/abortion/crmay08.pdf>).

HHS's new mandate for contraception/sterilization coverage, by contrast, includes an incredibly narrow exemption for "religious employers" that protects almost no one. For example, a Catholic institution serving the poor and needy would have to fire its non-Catholic staff, refuse life-affirming care to non-Catholic people in need, and devote itself instead to "the inculcation of religious values" to qualify for the exemption. Individuals, insurers, and the sponsors of non-employee health plans (e.g., student health plans in Catholic schools) would have no exemption at all. This effort to corral religion exclusively into the sanctuaries of houses of worship betrays a complete ignorance of the role of religion in American life, and of Congress's long tradition of far more helpful laws on religious freedom.

HHS's new list of mandated benefits makes it especially urgent for Congress to bring PPACA into line with the federal government's long legal tradition of respect for the rights of conscience. Those who sponsor, purchase and issue health plans should not be forced to violate their deeply held moral and religious convictions in order to take part in the health care system or provide for the needs of their families, their employees or those most in need. To force such an unacceptable choice would be as much a threat to universal access to health care as it is to freedom of conscience.

Therefore I urge you to support and co-sponsor the Respect for Rights of Conscience Act, to help preserve respect in federal law for the freedom to follow the dictates of one's conscience.

Sincerely,



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