



United States
Conference of
Catholic Bishops

3211 Fourth Street, NE 202.541.3000
Washington, DC usccb.org
20017

May 4, 2026

The Honorable Susan Collins
Chairwoman
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Tom Cole
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Vice Chair
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Collins, Vice Chair Murray, Chair Cole, and Ranking Member DeLauro:

As Congress undertakes the appropriations process for Fiscal Year 2027, the U.S. Conference of Catholic Bishops (USCCB) respectfully asks you to advance appropriations that respect and affirm the dignity of all human life, from conception to natural death. You will be hearing from several USCCB committees asking your support for the poor, migrants and refugees, foreign assistance, environmental protection, health care, housing, nutrition, and more to help people meet basic needs. These priorities, which serve the dignity and flourishing of the human person, have their foundation in the protection of innocent, preborn lives. I thus write on behalf of the USCCB Committee on Pro-Life Activities.

At the beginning of the year, the Holy Father, Pope Leo XIV reflected “that the protection of the right to life constitutes the indispensable foundation of every other human right. A society is healthy and truly progresses only when it safeguards the sanctity of human life and works actively to promote it,” and that it is “deplorable that public resources are allocated to suppress life, rather than being invested to support mothers and families.”¹

With respect to abortion, we have consistently stressed that we would oppose any bill that expands taxpayer funding of elective abortion. Critical, then, is the continuation of the fundamental and long-standing Hyde Amendment, which prohibits federal taxpayer funding of abortion or health insurance plans that cover abortion, and all Hyde-related life-saving provisions. Given the composition of Congress, these policies are unlikely to be at risk in FY27. Still, as the impact of the U.S. Supreme Court’s *Dobbs* decision continues to reverberate, it will likely be as important as ever to have established the status of the Hyde “family” of policies as non-negotiable, given, baseline minimums rather than as a request or a bargaining chip.

We remain profoundly grateful to Congress for last year’s historic, one-year defunding of the abortion industry in Medicaid within the “One Big Beautiful Bill Act” (H.R.1). While this



was an unprecedented win for life, as well as for taxpayers, the prohibition of funding is set to expire in July. We urge Congress not only to extend this prohibition of funding in the budget reconciliation process, but complement this effort through other appropriations packages, such as by defunding major abortion providers in the Title X family planning program. Congress should do all it can to defund this enterprise and, instead, ensure greater support for authentic, life-affirming health care providers who truly serve mothers and their children in need.

We continue to call for policies that put children and families first. Funding priorities, aligned in this way, must respond to mothers in need and their babies, born and preborn alike. Among such priorities Congress must consider including improvements and investments in maternal and child health and childcare and fully funding the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). In addition to such assistance, pro-family policies ought to support husbands and wives and the integrity of the family itself. Society must make it easier to welcome and raise a new child and should promote life and hope for preborn children and their mothers and fathers.

We also strongly encourage Congress to complement and enhance the current Administration's ongoing efforts to rectify the overreaches of the prior Administration that aggressively promoted abortion, often at taxpayers' expense, in violation of Hyde principles. In FY27, this can especially involve the Food and Drug Administration with regard to the diminishment of Risk Evaluation and Mitigation Strategies (REMS) and certification of retail pharmacies for the distribution of the dangerous chemical abortion pill, mifepristone;² the Equal Employment Opportunity Commission with regard to aspects of its regulations under the Pregnant Workers Fairness Act; the Office of Refugee Resettlement's ability to transport minors across state lines for abortions; and the Department of War with respect to any remaining elements of policies made pursuant to the "Ensuring Access to Reproductive Health Care" memorandum of 2022.

Finally, as pastors, we see the real pain that couples experiencing infertility can have and recognize that their profound desire to have children is both natural and good. Therefore, we support funding and access to resources, such as training or research, for holistic and comprehensive restorative reproductive medicine, to help identify and treat underlying causes for those experiencing infertility.³ However, we remain opposed to new provisions that fund or facilitate in vitro fertilization (IVF). IVF represents an underregulated industry that creates hundreds of thousands or even millions of preborn children who will be interminably frozen, lost in attempts to implant them within a mother, or discarded and killed (often in a selective, eugenic manner).⁴ By turning the conception of children into a lucrative manufacturing process, IVF also violates their rights and treats them like property.⁵ No one has any less worth because of being conceived through IVF. Every person has infinite, inherent dignity, which must be upheld through every stage and circumstance of life.

It behooves and befits society to assist all mothers, especially the poor, those who live on the peripheries, and those experiencing an unexpected or difficult pregnancy. This cannot be done in truth or love, however, if supposed solutions end the lives of their children. The same is true for couples experiencing infertility. As your respective committees begin to hold



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important markup hearings that will determine the nation's appropriations priorities, we urge you to work together towards a better way that protects human dignity, offers solutions, provides support, and ultimately empowers parents and children in all stages and circumstances of life to have the positive futures that they deserve.

Sincerely yours in Christ Jesus,

Most Reverend Daniel E. Thomas
Bishop of Toledo
Chairman, Committee on Pro-Life Activities

¹ Pope Leo XIV, Address to Members of the Diplomatic Corps Accredited to the Holy See, Rome, Jan. 9, 2026, <https://www.vatican.va/content/leo-xiv/en/speeches/2026/january/documents/20260109-corpo-diplomatico.html>.

² For more on the dangers of mifepristone, see Letter of Catholic Medical Association et al., “Urgent Call for Improved Safety Protocols and Health Protections Concerning Telemedicine Chemical Abortions,” July 7, 2025, [https://www.usccb.org/resources/Joint%20Letter%20and%20CMA%20Paper%20to%20FDA%20\(2025\).pdf](https://www.usccb.org/resources/Joint%20Letter%20and%20CMA%20Paper%20to%20FDA%20(2025).pdf) (including enclosure of report, “Telemedicine Chemical Abortion: A Catholic Medical Association Policy with Recommendations,” June 2025).

³ For more on restorative reproductive medicine, see Aria Bendix, “A little-known approach to infertility is complicating the White House's IVF push,” NBC News, Aug. 8, 2025, at <https://www.nbcnews.com/health/health-news/little-known-approach-infertility-complicating-white-houses-ivf-push-rcna222960>; M. Duane, MD, et al., “Why Restorative Reproductive Medicine Is More Pro-Woman Than IVF,” The Federalist, Aug. 4, 2025, at <https://thefederalist.com/2025/08/04/why-restorative-reproductive-medicine-is-more-pro-woman-than-ivf/>; H. Rowan (Ed.), “Treating Infertility: The New Frontier of Reproductive Medicine,” Ethics & Public Policy Center and The Heritage Foundation, Mar. 2025, at <https://eppc.org/wp-content/uploads/2025/03/6-FINAL-Treating-Infertility-The-New-Frontier-of-Reproductive-Medicine.pdf>; M. Duane, MD, and T. Brown, MD, “Restorative Reproductive Medicine for Infertility: A Safe, Effective, Affordable Alternative,” FACTS About Fertility, Feb. 27, 2025, at <https://www.factsaboutfertility.org/restorative-reproductive-medicine-for-infertility-a-safe-effective-affordable-alternative/>; T. Arnold, “‘NaPro Technology’ Offers a Pro-Life Alternative to IVF for Infertility Treatment,” National Catholic Register, Mar. 26, 2024, at <https://www.ncregister.com/cna/napro-technology-offers-a-pro-life-alternative-to-ivf-for-infertility-treatment>; “What If We Addressed The Root Of Infertility Rather Than Pushing The Questionable IVF Quick Fix?,” The Federalist, Mar. 25, 2024, at <https://thefederalist.com/2024/03/25/what-if-we-can-heal-infertile-women-rather-than-turning-to-expensive-unethical-ivf-treatments-first/>; see also G. Stark, “From treating infertility to improving reproductive health, Restorative Reproductive Medicine is changing lives—so why are ACOG and ASRM so afraid of it?,” Natural Womanhood, Jul. 24, 2025, at <https://naturalwomanhood.org/restorative-reproductive-medicine/>; M. Kearns, “What I Went Through to Meet My Daughter,” The Free Press, Jul. 19, 2025, at <https://www.thefp.com/p/what-i-went-through-to-meet-my-daughter-ivf-fertility>; C. Turczynski, Ph.D., et al., “Alternatives to In Vitro Fertilization (IVF) for Overcoming Infertility and Delivering a Healthy Baby,” On Science, iss. 18, Charlotte Lozier Inst., Jun. 10, 2025, at <https://lozierinstitute.org/alternatives-to-in-vitro-fertilization-ivf-for-overcoming->



[infertility-and-delivering-a-healthy-baby/](#); H. Klaus, MD, “Reproductive Technology: Evaluation and Treatment of Infertility: Guidelines for Catholic Couples,” U.S. Conference of Catholic Bishops, 2025 ed., at <https://www.usccb.org/resources/Reproductive%20Technology%20Guidelines%20for%20Catholic%20Couples%20updated.pdf>; M. Duane, MD, J.B. Stanford, MD, C. Porucznik; P. Vigil, MD, “Fertility Awareness-Based Methods for Women’s Health and Family Planning,” *Frontiers in Medicine*, 9:858977, May 2022, at <https://doi.org/10.3389/fmed.2022.858977>; “‘Isn’t NaProTechnology Just Charting?’ and other questions: A Natural Womanhood NaPro FAQ,” *Natural Womanhood*, Jun. 11, 2020, at <https://naturalwomanhood.org/naprotechnology-answers-to-your-frequently-asked-napro-questions-2020/>; and see generally International Institute for Restorative Reproductive Medicine at <https://iirm.org>.

⁴ See https://www.usccb.org/resources/IVF_Human_Cost_2025.pdf; see also Aria Bendix et al., “After IVF nightmares, patients have few protections,” *NBC News*, Mar. 19, 2025, at <https://www.nbcnews.com/health/womens-health/ivf-errors-legal-protections-nightmare-mistakes-lawsuits-rcna194215>; F. Güell, Ph.D., *The Last In Vitro*, 2025; Emi Nietfeld, “America’s IVF Failure,” *The Atlantic*, May 2, 2024; Lenny Bernstein and Yeganeh Torbati, “Inside the opaque world of IVF, where errors are rarely made public,” *The Washington Post*, Apr. 28, 2024; Emma Waters, “Alabama Embryo Ruling Brings Much-Needed Regulation to Fertility Industry,” *Newsweek*, Feb. 23, 2024.

⁵ See Catechism of the Catholic Church, nos. 2376-78. For more on the dignity of, and respect due, human embryos in the context of and in contrast to IVF, see also Dicastery for the Doctrine of the Faith, *Dignitas infinita*, Rome, Apr. 8, 2024, fn. 89; Congregation for the Doctrine of the Faith, Instruction *Donum vitae*, Rome, Feb. 22, 1987.