April 3, 2019

Dear Representative:

We are writing as chairmen of the U.S. Conference of Catholic Bishops' Committee on Pro-Life Activities and Committee for Religious Liberty to urge your cosponsorship and support for essential legislation protecting the fundamental rights of health care providers.

Rep. Andy Harris (R-MD) has introduced the **Conscience Protection Act of 2019** (CPA), H.R. 2014, to ensure that those providing much-needed health care and health coverage can continue to do so without being forced to help destroy innocent unborn children. H.R. 2014 is identical to the Conscience Protection Act that passed the House on July 13, 2016 on a bi-partisan vote of 245-182.

The need for the CPA cannot be doubted. While existing federal laws already protect conscientious objection to abortion in theory, this protection has not proved effective in practice. In its January 2018 proposed rule Protecting Statutory Conscience Rights in Health Care, HHS refers to tens of thousands of comments it received from health care workers facing an environment of discrimination and attempted coercion due to their moral or religious convictions. This includes those currently practicing medicine as well as students who have left the field or changed their specialty due to fears of being coerced or discriminated against. In fact, in a 2009 poll, almost 40% of respondents from faith-based medical associations reported having experienced pressure or discrimination because of their moral, ethical, or religious beliefs. ²

However, after multiple lawsuits, it has become clear that these laws can generally only be enforced by complaint to the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS), which may or may not enforce them. For example, during the last Administration, OCR refused to fully enforce the laws despite repeated violations. Instead OCR found creative ways to excuse coercive behavior, delayed until a separate resolution was reached, or ignored the complaints entirely. To make matters worse, in 2011, HHS itself blatantly discriminated against grantees who declined to refer victims of human trafficking solely to health care providers who support abortion. This was done even though federal law has prohibited such discrimination by a government agency since 2004. Even under the current Administration, with its emphasis and regard for conscience rights evident in the creation of a new Division at HHS focused on conscience rights and religious freedom, and with new regulations to enforce existing conscience laws, victims of discrimination are still awaiting relief.

¹ 83 Fed. Reg. 3880, 3887 (Jan. 26, 2018).

² https://docs.wixstatic.com/ugd/809e70_7ddb46110dde46cb961ef3a678d7e41c.pdf.

The Conscience Protection Act addresses the difficulty of enforcing existing laws, most notably by establishing a private right of action allowing victims of discrimination to defend their own rights in federal court. Lawsuits do not guarantee that every plaintiff wins his or her discrimination plea, but at least the ability to go to court would allow victims to make their case and puts discriminators on notice that rampant disregard for conscience rights and the dignity of the human person must stop, or there will be financial costs. The CPA also clarifies current law by stating clearly that plans and sponsors cannot be forced to include or cover abortion, it defines terms, and it allows for a judge to decide on an appropriate penalty for violations instead of linking penalties to removal of all governmental funding.

Finally, in addition to Catholic and other religious health care providers who are especially at risk from coercive abortion policies due to their religious objections, it is worth noting that rejection of abortion is an integral part of the Hippocratic oath itself, a completely secular and universally acclaimed medical code of conduct. Over the centuries, this oath has helped to define medicine as a *profession*, a healing vocation dedicated to preserving and protecting the life and well-being of one's patients. Today it is still true that the great majority of ob/gyns—regardless of religious affiliation—remain unwilling to perform abortions. Even the U.S. Supreme Court, which legalized abortion nationwide, has admitted that abortion's role in destroying unborn life makes it "inherently different from other medical procedures" and said that the government may help "encourag[e] childbirth" over abortion.³ When government instead mandates involvement in abortion as a condition for being allowed to provide medical services, it not only eliminates the civil rights of health care providers but also undermines the entire medical profession by changing its identity from one of healing and help for every patient to one of destruction and death.

In short, whether you approach this issue out of respect for defenseless human life, religious liberty, "freedom of choice" on abortion, or the well-being of the medical profession, we urge you to support and co-sponsor H.R. 2014, the Conscience Protection Act.

Sincerely,

Most Reverend Joseph E. Kurtz, D.D. Archbishop of Louisville, KY Chairman, USCCB Committee for Religious Liberty Most Reverend Joseph F. Naumann Archbishop of Kansas City, KS Chairman, USCCB Committee on Pro-Life Activities

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³ Harris v. McRae, 448 U.S. 297, 325 (1980).