



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

July 17, 2012

TO: Members, Subcommittee on Labor/HHS
House Appropriations Committee

Dear Representative:

As you prepare to mark up the Labor/HHS appropriations bill for Fiscal Year 2013, I urge you to ensure that this legislation will protect the right of millions of Americans to participate in and access the health care system without violating their deeply held moral and religious convictions on respect for human life. Two provisions in the Chairman's Mark will help make this goal a reality.

First, as in the House's version of the FY 2012 bill, the Labor/HHS bill includes the Abortion Non-Discrimination Act (ANDA), which has been sponsored as a free-standing bill (H.R. 361) by Representatives John Fleming (R-LA), Dan Boren (D-OK) and 122 other members of both parties. This provision, Sec. 538, will reaffirm the basic principle that no health care entity should be forced by government to perform, participate in or pay for abortions.

ANDA will codify the policy of the Hyde/Weldon amendment, which has been part of the annual Labor/HHS appropriations laws since 2004, while enhancing its enforceability. The effectiveness of Hyde/Weldon has been compromised by several factors. It can only be enforced by lodging a complaint with the Department of Health and Human Services, which in recent years has given a low priority to such claims and sometimes has itself been the perpetrator of discrimination. Hyde/Weldon's only stated penalty for violations is the denial of all Labor/HHS funds to a state or other governmental entity, which has been criticized as both implausible and subject to legal challenge. Instances of discrimination against pro-life health care providers continue to emerge, and some states implementing the Affordable Care Act have begun to claim that they can force *all* private health plans on their exchanges to cover elective abortion as an "essential health benefit." By closing loopholes and providing victims of discrimination with a "private right of action" to defend their rights in court, Sec. 538 will provide urgently needed relief.

Second, the basic policy of the Respect for Rights of Conscience Act (HR 1179) has been incorporated into this bill as Sec. 537, to counter a policy that poses the most direct federal threat to religious freedom in recent memory. The Obama Administration has decided that almost all private health plans in the nation must include female sterilizations, the full range of FDA-approved contraceptives (including drugs that can induce an early abortion), and confidential "counseling and education" to promote these items to women and adolescent girls. The Administration says it will even have such coverage added "automatically" to health plans offered or sponsored by most religious organizations – disregarding all moral and religious objections by the insurer, employer or other sponsor, female employee, or parent of minor

children. Strangely, this policy has been defended as ensuring that women can control their own health care – yet it shows no more respect for women’s freedom than it does for the freedom of religious institutions to act in accord with their faith.

The Respect for Rights of Conscience Act, introduced by Reps. Jeff Fortenberry (R-NE) and Dan Boren (D-OK), has been co-sponsored by 222 other House members, and almost half the Senate supported it in a preliminary vote this spring. The legislation was denied outright majority support in the Senate due to “red herring” arguments that it would reverse existing protections against discriminatory withholding of health coverage from pregnant women, racial minorities, or people with disabilities. These arguments were demonstrably false, as the legislation leaves in place all existing protections in these areas. In fact it maintains the current status quo, as its only effect is to allow an opt-out on moral or religious grounds from the new benefits mandates to be created for the first time by the Affordable Care Act itself.

While Congress in recent years has laudably sought to maximize access to health coverage, it has ignored a major obstacle to such access. Neither individuals nor organizations can fully or willingly pursue active participation in our health care system if doing so requires them to abandon their most deeply held beliefs and convictions about right and wrong. Our government has a long history of respecting rights of conscience in health care, and the time is long overdue to reaffirm this laudable tradition in the face of today’s growing threats.

The Catholic bishops remain committed to working for life-affirming health care for all, especially for those who are poor and vulnerable. Sections 537 and 538 of the Labor/HHS appropriations bill provide one way to help our nation achieve this goal. Please help advance these urgently needed conscience provisions, by working to ensure that they are enacted as part of the final Labor/HHS appropriations act for the coming year.

Sincerely,

A handwritten signature in black ink that reads "Cardinal Daniel DiNardo". The signature is written in a cursive, slightly slanted style.

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