



Secretariat of Pro-Life Activities

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Dear Member of Congress:

In a report issued this week, the Institute of Medicine proposed a list of “preventive services for women” to be required in almost all private health plans nationwide by federal regulation, under the authority of the Patient Protection and Affordable Care Act (PPACA). Tragically, the IOM missed its opportunity to focus on prevention of diseases and disabling conditions that truly pose serious risks to women’s lives. Instead it placed a major focus on mandatory coverage for: surgical sterilization; all prescription contraceptives approved by the FDA, including drugs like Ella that can cause abortions in the early weeks of pregnancy; and “education and counseling” to promote these to “all women of reproductive capacity.”

The IOM proposal 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 outcome proposed in IOM’s report. The report’s authors note with apparent regret that mandating coverage for *surgical* abortions is beyond their purview because PPACA forbids such a mandate. Nevertheless, they now recommend that HHS mandate coverage for *drugs* that can cause abortions.

Last fall the United States Conference of Catholic Bishops presented a detailed case against such a nationwide mandate on several grounds. For example, there are solid reasons to doubt IOM’s claims that expanded contraceptive programs reduce abortions, or that prescription contraceptives enhance the health of women (www.usccb.org/ogc/preventive.pdf). But in this letter I wish to focus on the threat posed by such a mandate to rights of conscience and religious freedom that Congress has protected in the past.

This spring, to address the serious flaw 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 the IOM’s recommended 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.

The need to respect 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 (www.usccb.org/prolife/issues/abortion/crmay08.pdf).

The IOM's proposed list of mandated benefits makes it especially urgent for Congress to bring PPACA into line with this unbroken 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 or their employees. 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,

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

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