



NATIONAL CATHOLIC
BIOETHICS CENTER



Thomas More
SOCIETY



THE ALLIANCE

Via Electronic Submission

March 27, 2018

U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Conscience NPRM, RIN 0945-ZA03
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue, SW
Washington, DC 20201

RE: Public Comment Supporting Proposed Rule “Protecting Statutory Conscience Rights in Health Care,” RIN 0945-ZA03

To Whom It May Concern:

On behalf of the National Catholic Bioethics Center, the National Association of Catholic Nurses, U.S.A., Thomas More Society, the Christian and Missionary Alliance, the Alliance Community for Retirement Living, Town and Country Manor, Shell Point Retirement Community, and Chapel Pointe, First Liberty Institute¹ submits the following comments in support of the proposed rule entitled “Protecting Statutory Conscience Rights in Health Care.” 83 Fed. Reg. 3880 (Jan. 26, 2018). We are a diverse group of faith-based ministries supportive of religious and conscience rights in healthcare.

¹ First Liberty Institute is a non-profit law firm dedicated to defending and protecting religious freedom for all Americans.

We applaud the Department of Health and Human Services (“the Department”) for creating its new Division on Conscience and Religious Freedom as well as for promulgating a proposed rule designed to protect conscience rights in healthcare. For the wellbeing of patients and the integrity of the profession, doctors, nurses, and other healthcare professionals must be free to practice medicine in accordance with their professional judgment and ethical beliefs. Without conscience protections such as this rule, healthcare professionals throughout the country risk discrimination for refusing to perform, facilitate, or refer for procedures that they believe are unethical.

The proposed rule is designed to implement twenty-five currently existing federal statutory conscience rights, including the Church Amendments², the Coats-Snow Amendment³, the Weldon Amendment⁴, and Section 1553 of the Affordable Care Act⁵. These statutes primarily provide conscience protections for those who hold religious or moral objections to abortion, sterilization, or euthanasia. The proposed rule ensures that presently existing laws protecting healthcare providers are implemented and enforced by the Department.

We write to emphasize the importance of this rule in preventing discrimination against healthcare professionals. We begin by explaining that it is the responsibility of the Department to ensure that existing conscience protections are enforced. We continue by exploring the constitutionality of the proposed rule. We conclude by documenting examples of violations against conscience rights in healthcare, indicating that the threat to conscience rights is rising.

I. The Department’s Responsibility to Ensure Conscience Protections Are Implemented

Over the past five decades, twenty-five federal laws protecting conscience rights in healthcare have been enacted into law. These have been enacted by Democratic administrations and Republican administrations, and many have enjoyed bipartisan support.⁶

However, for the past several years, these statutes have not been vigorously enforced.⁷ Perhaps due to a lack of enforcement, there has been a rise in intolerance toward individuals seeking to exercise their conscience rights and a general lack of awareness about the conscience rights of healthcare practitioners. The sharp increase in administrative complaints over the past

² 42 U.S.C. § 300a-7.

³ 42 U.S.C. § 238n.

⁴ *See, e.g.*, Consolidated Appropriations Act, 2017, Pub. L. 115-31, Div. H, sec. 507(d), 131 Stat. 135.

⁵ 42 U.S.C. § 18113.

⁶ For example, the Coats-Snowe Amendment was signed into law by President Clinton in 1996.

⁷ For example, the previous administration proposed rescinding an administrative rule protecting conscience rights, 74 Fed. Reg. 10207 (Mar. 10, 2009), and promulgated a final rule that struck most of the initial rulemaking. 76 Fed. Reg. 9968 (Feb. 23, 2011).

year shows that without an administrative enforcement mechanism, coercions of conscience may continue unchecked.

Administrative enforcement is necessary to ensure that existing conscience statutes carry the force of law. Some courts have held that certain conscience protections, such as the Church Amendments, lack a private right of action.⁸ Thus, individuals whose conscience rights have been violated may not be able to seek redress in court. Instead, they are dependent upon agency enforcement of conscience rights.

Even in instances where there exist private rights of action, the burden of litigation and the fear of retaliation may deter many individuals from seeking to vindicate their rights in the court system. Administrative enforcement of conscience rights can help to assuage these concerns and encourage compliance with the law.

II. Constitutionality of the Proposed Rule

The proposed rule fully comports with the requirements of the First Amendment to the United States Constitution by ensuring that existing federal conscience protections are enforced. The First Amendment protects our freedom of conscience in addition to our freedom of religion.⁹ In fact, the Supreme Court of the United States has stated that an “individual’s freedom of conscience” is “the central liberty that unifies the various Clauses in the First Amendment.”¹⁰ The Court has recognized that it is important to “preserv[e] freedom of conscience to the full.”¹¹

Conscience protection laws are common, particularly in the realm of healthcare law. In the wake of *Roe v. Wade*, the federal government and state governments passed a number of laws respecting the right not to be compelled to facilitate abortions.¹² At the same time, the Supreme Court repeatedly recognized that the substantive due process requirements created in *Roe v. Wade* did not require objecting states or local governments to pay for or promote abortions.¹³ Neither did the ruling require taxpayers pay for abortions.¹⁴

⁸ See, e.g., *Cenzon-DeCarlo v. Mount Sinai Hosp.*, 626 F.3d 695 (2d Cir. 2010).

⁹ The first draft of the First Amendment, other states’ constitutions, and other founding documents refer to the sacred right of conscience as synonymous or closely related to the right of religious freedom. See Daniel L. Dreisbach & Mark David Hall, *The Sacred Rights of Conscience: Selected Readings on Religious Liberty and Church-State Relations in the American Founding*, Indianapolis, IN: Liberty Fund Press, 2009.

¹⁰ *Corp. of Presiding Bishop of the Church of Jesus Christ of Latter-Day Saints v. Amos*, 483 U.S. 327, 341 n.2 (1987) (Brennan, J., concurring) (quoting *Wallace v. Jaffree*, 472 U.S. 38, 50 (1985)).

¹¹ *W. Va. State Bd. of Educ. v. Barnette*, 319 U.S. 624, 646 (1943).

¹² See Denise M. Burke & Anna Franzonello, *Healthcare Rights of Conscience: A Survey of Federal and State Law*, <http://www.aul.org/wp-content/uploads/2012/04/survey-fed-state-law.pdf>.

¹³ *Beal v. Doe*, 432 U.S. 438, 445-46 (1977); *Maher v. Roe*, 432 U.S. 464, 477 (1977); *Poelker v. Doe*, 432 U.S. 519, 521 (1977).

¹⁴ See *Harris v. McRae*, 448 U.S. 297, 326 (1980)

As with all other civil rights protected by federal law, religious and conscience rights are often protected through anti-discrimination regulations. For instance, the Department of Justice has promulgated regulations protecting individuals against race discrimination implementing the Title VI of the Civil Rights Act of 1964,¹⁵ and the Department of Education has promulgated regulations protecting against sex discrimination implementing Title IX of the Education Amendments of 1972.¹⁶ Statutes such as the Church Amendments operate in a similar way as other civil rights statutes, by protecting individuals against discrimination including coerced violations of deeply held beliefs against abortion. This proposed rule adopts the enforcement procedures for other civil rights laws and applies them to existing federal law respecting conscience rights.

III. Conscience Rights are Incompatible with Compelled “Referrals”

The provider, physician, or practitioner who refuses to perform an objectionable procedure for reasons of religious or moral conviction should never be compelled to “refer” the requesting person to an alternative provider, physician, or practitioner known or believed to provide the objectionable procedure.

Many healthcare professionals consider referrals for an objected-to procedure the moral equivalent of having done the objected-to procedure oneself. To them, it is tantamount to arranging for someone else to do what one considers to be immoral.¹⁷

Recently, healthcare professionals in Vermont brought a lawsuit in order to ensure that they were not compelled to refer suicide-seeking patients to physicians known to perform “assisted suicide”—in direct violation of their religious or moral conviction. After much effort, the Vermont physicians obtained a stipulated agreement that they would not have to refer for physician assisted suicide.¹⁸ Retaining clear and strong prohibitions against required referrals eliminates the need for conscientious healthcare professionals to resort to litigation.

Because of the moral weight of referrals, the proposed rule gives an appropriately broad definition of the term “referral”:

Referral or refer for includes the provision of any information (including but not limited to name, address, phone number, email, website, instructions, or description) by any method (including but not limited to notices, books, disclaimers, or pamphlets, online or in print), pertaining to a health care service, activity, or procedure, including related to availability, location, training, information resources, private or public funding or financing, or directions that could provide any assistance in a person obtaining, assisting, training in, funding,

¹⁵ 42 U.S.C. § 2000d.

¹⁶ 20 U.S.C. § 1681.

¹⁷ *Transfer of Care vs. Referral: A Crucial Moral Distinction*, THE NATIONAL CATHOLIC BIOETHICS CENTER (May 1, 2015), <https://www.nbccenter.org/resources/news/transfer-care-vs-referral-crucial-moral-distinction/> (noting that a patient always retains the right to be transferred to an alternate provider of the patients selection).

¹⁸ Consent Agreement and Stipulation, *Vermont Alliance for Ethical Healthcare, Inc. v. Hoser*, No. 5:16-cv-205 (D. Vt., May 3, 2017).

financing, or performing a particular health care service, activity, or procedure, where the entity or health care entity making the referral sincerely understands that particular health care service, activity, or procedure to be a purpose or possible outcome of the referral.¹⁹

The current broad scope of referral should be maintained in order to allow healthcare professionals to best abide by their own professional and ethical judgment. No one should be forced to refer against their conscience.

IV. Examples of Widespread Discriminatory Conduct Violating Conscience Rights in Healthcare

The Department wrote that it is seeking information, including any facts, surveys, audits, or reports, about the occurrence or nature of coercion, discriminatory conduct, or other violations of the Federal health care conscience and associated anti-discrimination laws. We would like to provide the following examples of discrimination against religious health care practitioners in response to the Department's request.

First Liberty Institute has represented or advised multiple healthcare professionals or organizations seeking to freely exercise their religious conscience rights without discrimination:

- First Liberty represented Dr. Byron Calhoun, a medical doctor who was discriminated against because of his pro-life volunteer work. Dr. Calhoun is a West Virginia University School of Medicine Professor and Vice Chairman of the Department of Obstetrics and Gynecology at the West Virginia University Hospital's Charleston Division. He volunteered his personal time to act as a national medical advisor for the National Institute of Family and Life Advocates, a pro-life advocacy group, due to his religious convictions on the sanctity of life. After Dr. Calhoun's involvement received media attention, the university threatened him with a written, professional reprimand. However, after First Liberty intervened, the university withdrew its threat of reprimand for engaging in pro-life activities, and the university claimed it never officially filed the reprimand against Dr. Calhoun, despite having provided him with a copy.²⁰
- First Liberty represented a Catholic health educator who was terminated after being previously granted a conscience protection in the form of a minor religious accommodation. The accommodation allowed her to focus on teaching about chronic health conditions and exempted her from personally teaching about contraceptive use. She was told to "put aside" her "personal beliefs" and teach the class or be terminated, even though other employees had volunteered to teach the birth control class. After First Liberty

¹⁹ 83 Fed. Reg. 3880, 3924.

²⁰ For more information, see <https://firstliberty.org/cases/calhoun/>.

filed an EEOC charge, an amicable resolution was reached that respected free speech and religious liberty.²¹

- First Liberty Institute represented three faith-based pregnancy resource centers (“PRCs”) and filed a lawsuit challenging a 2010 Austin law requiring PRCs that oppose abortion and certain forms of birth control to post false and misleading signs at their front entrances. A federal district court held that Austin’s ordinance was unconstitutionally vague, and Austin was forced to pay almost a half-million dollars as a result of their violation of the PRCs’ constitutional rights.²²
- First Liberty protected multiple clients’ conscience rights through litigation against the HHS Abortifacient Mandate (the “Mandate”). First Liberty sought and received injunctive relief from the Mandate’s requirement that client churches and faith-based ministries facilitate the coverage and dispensation of abortifacients that violated the sincerely held religious beliefs of Insight for Living Ministries, The Christian and Missionary Alliance Foundation, Inc. d/b/a Shell Point Retirement Community, The Alliance Community for Retirement Living, Inc., The Alliance Home of Carlisle Pennsylvania d/b/a Chapel Pointe at Carlisle, Town and Country Manor of the Christian and Missionary Alliance, Simpson University, and Crown College.²³
- First Liberty filed an amicus brief in support of the Stormans family, who operate Ralph’s Thriftway in Olympia, Washington, and hold religious beliefs against dispensing abortion-causing drugs. The Ninth Circuit ordered the pharmacy to dispense these drugs. The Stormans appealed to the Supreme Court to protect their right to follow their conscience rather than be forced to be complicit in ending a human life. The amicus brief was signed by forty-three (43) members of Congress. The Supreme Court declined to hear the case.²⁴
- First Liberty attorneys counseled a Texas physician who declined to refill the Viagra® and Levitra® prescriptions for an unmarried man based on sincerely held religious beliefs but immediately provided a referral to two urologists who would refill the prescription. After reviewing the patient’s complaint, the evidence, the jurisprudence arising under the Texas Religious Freedom and Restoration Act, the Texas Medical Board determined that the allegations did not violate the Medical Practice Act.

²¹ For more information, see <https://firstliberty.org/cases/palma/>.

²² *Austin Lifecare, Inc. v. City of Austin*, No. A-11-CA-875-LY (W.D. Tex. June 23, 2014).

²³ For more information, see <https://firstliberty.org/cases/hhs-mandate/>.

²⁴ *Stormans, Inc. v. Selecky*, 586 F.3d 1109 (9th Cir. 2009).

- First Liberty attorneys have counseled myriad other healthcare practitioners, professionals, and organizations regarding rights of conscience vis-à-vis abortion, contraception, fertility treatments, hormone therapies, and end-of-life medical directives.

In addition to the cases and controversies cited above, the following examples evince the pervasive and growing discrimination and hostility against religious healthcare practitioners or conscience rights generally:

Abortion

- In 2018, Washington state legislature passed a bill (SB 6219) requiring insurance plans to provide coverage for abortions if they provide coverage for maternity care. It also requires coverage of sterilizations and contraceptives, including abortion-inducing drugs. The bill has not yet been signed by the governor.²⁵
- Baltimore’s city council passed an ordinance that compelled limited-service PRCs, such as those maintained by religious organizations, to post signs stating that they do not provide or make referrals for abortion or birth control services. Claiming the church’s free speech, free exercise of religion, and equal protection rights were violated, the Roman Catholic Congregation, Inc., and the Greater Baltimore Center for Pregnancy Concerns, Inc., sued the city. In 2018, the Fourth Circuit affirmed a decision holding the law unconstitutional.²⁶
- In 2016, Illinois amended its Health Care Right of Conscience Act to require doctors and other healthcare personnel to explain the benefits of abortions, contraceptives, and sterilizations, even if such procedures are contrary to his or her conscience. Several doctors and clinics in Illinois filed a lawsuit challenging the new law. A state judge and a federal judge have issued preliminary injunctions against the amendment.²⁷
- The American Civil Liberties Union (“ACLU”) sued Trinity Health Corp., a Catholic hospital group with eighty-six hospitals in twenty-one states, because the Catholic hospitals would not violate their religious beliefs by performing abortions. A federal judge dismissed the lawsuit, holding that the ACLU had no standing to sue the Catholic hospitals.²⁸

²⁵ SB 6219, WASHINGTON STATE LEGISLATURE (last viewed Mar. 26, 2018), available at <http://app.leg.wa.gov/billsummary?BillNumber=6219&Year=2017>.

²⁶ *Greater Balt. Ctr. for Pregnancy Concerns, Inc. v. Mayor & City Council of Balt.*, No. 16-2325 (4th Cir. Jan. 5, 2018).

²⁷ *The Pregnancy Care Center of Rockford v. Rauner*, No. 2016-MR-741 (Ill. Ckt. Ct., Dec. 20, 2016); *Nat. Inst. of Family & Life Advocates v. Rauner*, No. 3:16-cv-50310 (N.D. Ill. July 19, 2017).

²⁸ *Am. Civil Liberties Union v. Trinity Health Corp.*, No. 15-cv-12611 (E.D. Mich., Apr. 11, 2016).

- In 2014, California issued a new interpretation of the Knox-Keene Act requiring all organizations, including churches with religious objections to abortion, to provide insurance coverage for abortion if they cover maternity services. Three churches filed a lawsuit against the California Department of Managed Health Care challenging the requirement that the churches violate their religious beliefs by providing coverage for abortions.²⁹
- The University of Medicine and Dentistry of New Jersey adopted a policy that requires all nursing students to participate in abortion procedures, even if it is against their religious convictions. A group of nurses filed suit against the university in November 2011, alleging Fourteenth Amendment and medical personnel rights violations. The case settled, and the nurses may now refuse to participate in abortions for religious reasons.³⁰
- A nurse at Mount Sinai Hospital in New York was forced to participate in a late-term abortion against her conscience and religious convictions. She was threatened with severe penalties including termination and loss of license if she refused to participate in the abortion. Following a request from her attorneys, the U.S. Department of Health and Human Services investigated the hospital for civil rights violations. Mount Sinai Hospital now has a policy that no person can be forced to participate in an abortion against that person's conscience.³¹
- The Department's rule implementing Section 1557 of the Affordable Care Act declined to include a religious conscience exemption and instead required religious practitioners to sue in order to vindicate their conscience rights. The rule interpreted sex discrimination to include discrimination based upon "termination of pregnancy" or gender identity, which could be interpreted to require doctors to perform abortions or gender transitions, even if they do not believe it to be in the best interest of the patient and even if doing so would violate the doctor's religious beliefs. A group of religious health care systems and states filed a lawsuit, which resulted in an injunction against the rule.³²

²⁹ *Foothill Church v. Rouillard*, No. 2:15-cv-02165 (E.D. Cal., Oct. 23, 2017).

³⁰ See Seth Augenstein, *UMDNJ, 12 Nurses Settle Lawsuit Claiming They Were Forced to Assist with Abortions*, NJ.COM (DEC. 22, 2011), http://www.nj.com/news/index.ssf/2011/12/umdnj_settles_with_nurses_over.html.

³¹ *Cenzon-DeCarlo v. Mount Sinai Hosp.*, 626 F.3d 695 (2d Cir. 2010).

³² *Franciscan All., Inc. v. Burwell*, No. 7:16-cv-108 (N.D. Tex., filed Aug. 23, 2016); see also *The Jurisprudence of the Body: Conscience rights in the Use of the Sword, Scalpel, and Syringe*, 21 TEX. REV. LAW & POL. 409 (2017).

- After a patient gave birth to a healthy baby, she complained that a doctor at Mercy Regional Medical Center had advised her to consider abortion. In response, the Catholic hospital's chief medical officer instructed the doctor not to recommend abortions in order to uphold the hospital's religious, pro-life stance. The ACLU demanded that the state Department of Public Health and Environment investigate and end the hospital's policy.³³
- The American Civil Liberties Union ("ACLU") filed a lawsuit in 2016 against the U.S. Department of Health and Human Services as part of an effort to force Roman Catholic relief agencies to refer immigrants for abortions and contraceptives, in violation of Catholic religious beliefs.³⁴
- California passed the Reproductive FACT Act, which requires pro-life pregnancy centers to display notices advertising California programs that provide state-subsidized abortions. Several lawsuits have been filed challenging the Reproductive FACT Act, and several pro-life pregnancy centers have announced that advertising abortions violates their religious beliefs and they would either close or refuse to obey such a law. The case is currently pending before the Supreme Court of the United States.³⁵

Sterilization

- The American Civil Liberties Union ("ACLU") on behalf of Rachel Miller threatened to sue a Dignity Health Catholic hospital in Redding, California. The hospital initially refused to allow a doctor to conduct a sterilization procedure in its facilities because Catholic doctrine teaches that voluntary sterilization is gravely immoral. After the ACLU threatened to sue, the hospital allowed the procedure to go forward.³⁶

Contraceptives and Abortion-Inducing Drugs

- Dr. Doris Fernandes, a Catholic physician working in Philadelphia's District Health Center, was fired for refusing to prescribe contraceptives or abortion-causing drugs. Patients seeking these drugs would be transferred to another physician at the clinic. In 2013, Dr. Fernandes was terminated after refusing to obey an order to begin prescribing

³³ See *ACLU: Durango Hospital Illegally Bans Abortion Discussion*, CBS Denver (Nov. 13, 2013), <http://denver.cbslocal.com/2013/11/13/aclu-durango-hospital-illegally-bans-abortion-discussion/>.

³⁴ *Am. Civil Liberties Union of N. Cal. v. Burwell*, No. 3:16-cv-03539 (N.D. Cal., filed June 24, 2016); see also *Am. Civil Liberties Union of Mass. v. Sebelius*, No. 1:09-cv-10038-RGS (D. Mass., Mar. 23, 2012) (involving a similar case out of Massachusetts).

³⁵ *Nat. Inst. of Family & Life Advocates v. Becerra*, No. 16-1140.

³⁶ Bob Egelko, *Catholic Hospital Backs Down on Tubal Ligation Refusal*, SF GATE (Aug. 24, 2015), <https://www.sfgate.com/health/article/Catholic-hospital-backs-down-on-tubal-ligation-6463205.php>.

contraceptives. Following a lawsuit, Dr. Fernandes received a settlement in which the city agreed to respect the deeply held religious beliefs of medical providers.³⁷

- For six years, Walgreens accommodated Pharmacist Dr. Philip Hall’s deeply held religious beliefs, including his strong objection to the dispensation of abortion-inducing drugs. When customers asked for these drugs, he either referred them to another pharmacist there or another nearby pharmacy. However, in August 2013, Walgreens attempted to coerce Hall to violate his religious beliefs. After he was fired, Hall filed a lawsuit in federal court to protect his religious freedom. The case settled.³⁸
- Pharmacists Luke Vander Bleek and Glen Kosirog filed a lawsuit after Governor Rod Blagojevich issued an “Emergency Rule” stating that pharmacists cannot refuse to fill prescriptions for emergency contraceptives. After a five year legal battle, an Illinois judge ruled that the “Emergency Rule” violated the First Amendment and the Illinois Religious Freedom Restoration Act.³⁹
- An Illinois state trial court issued a temporary restraining order protecting a Catholic-owned business from state law requiring contraceptive coverage in its health care plans to employees. The court held that the law imposes a substantial burden on the free exercise of religion.⁴⁰
- Eight faculty members of Belmont Abbey College filed a complaint with the Equal Employment Opportunity Commission (“EEOC”) because the college declined to provide coverage for contraceptives in accordance with Catholic teachings. After initially ruling in support of the college, the EEOC then reversed its opinion and declared the college had engaged in sex discrimination by denying oral contraceptives to its female employees.⁴¹
- A pharmacist was fined over \$20,000 and had restrictions placed on his license after he refused to give a patient oral contraceptives because their use is against his religious beliefs as a Roman Catholic.⁴²

³⁷ *Fernandes v. City of Philadelphia*, No. 2:14-cv-05704 (E.D. Pa., filed Oct. 7, 2014).

³⁸ *Hall v. Walgreen Company*, No. 2:14-cv-00015 (M.D. Tenn. Feb. 19 2015).

³⁹ *Morr-Fitz, Inc. v. Blagojevich*, No. 2005-495 (Ill. Ct. Apr. 5, 2011).

⁴⁰ *Yep v. Ill. Dep’t of Ins.*, No. 2012 CH 5575 (Dupage Co. IL Cir. Ct., Jan. 15, 2013).

⁴¹ See Patrick J. Reilly, *Look Who’s Discriminating Now*, WALL STREET JOURNAL (Aug. 13, 2009), <https://www.wsj.com/articles/SB10001424052970203863204574346833989489154>.

⁴² *Noesen v. Dep’t. of Regulation & Licensing*, 311 Wis. 2d 237 (Wis. Ct. App. 2008).

V. Conclusion

As the Department considers modifications to the rule, we urge the Department to continue to provide broad protections for religious freedom. Healthcare practitioners must be free to work in a way that is consistent with their ethical beliefs and professional judgments in order to be able to provide the best care to their patients. This proposed rule serves to protect First Amendment religious freedom rights, healthcare professionals' capacity to uphold the tenets of the Hippocratic Oath, and the ethical integrity of the medical profession.

Thank you for your consideration of these comments.

Respectfully submitted,

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