

Office of the General Secretary

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October 8, 2004

The Honorable J. Dennis Hastert Speaker of the House U.S. House of Representatives Washington, D.C. 20515

Dear Speaker Hastert:

When House and Senate conferees meet on the Labor/HHS appropriations bill for Fiscal Year 2005, it is critically important that the Hyde/Weldon Conscience Protection language be retained. This language is now part of the House bill's Hyde amendment on abortion funding (Sec. 508(d)).

This language is urgently needed to counteract a nationwide effort to attack the conscience rights of religious and other health care providers. In one example cited at a House hearing in July 2002, an Alaska court forced a community hospital to provide elective late-term abortions contrary to its policy and the sentiment of the community. In New Jersey, abortion advocacy groups even urged the state of New Jersey to require a Catholic health system to build an abortion clinic on its premises, to serve what they see as a right of "access" to abortion (see "ACLU asks release of \$1.5 million," *Burlington County Times*, July 9, 2002). This year the State of New Mexico refused to approve a hospital lease because the community-owned hospital (following the same policy as over 80% of hospitals in the United States) declined to perform elective abortions.

The Conscience Protection language will protect hospitals and other institutional and individual health care providers from governmental discrimination when they decline to provide, pay for, or refer for abortions.

The House approved such protection in the form of a free-standing bill in 2002 (the Abortion Non-Discrimination Act), but despite the urgency of this issue it has not been addressed by the Senate. In any case this is very appropriate as an addition to the Hyde Amendment on federal abortion funding. In one of the cases cited above, the Alaska court partly premised its decision on the argument that because the hospital received federal funds (Medicare and Medicaid), it had become a "quasi-public" actor

with an obligation to further what the court saw as government's goal of advancing abortion. In effect, abortion advocates maintain that receipt of federal funds requires conscientiously opposed health care providers to perform abortions, even when the federal government itself has long decided not to fund abortion.

We hope you will agree, as we do, with what was said by a board member of the Alaska hospital mentioned above: Hospitals and other health care providers have "a right to choose *not* to be involved in destroying life." Please ensure that the House-passed Conscience Protection language is retained in the Labor/HHS appropriations bill in Conference Committee.

Sincerely,

Rev. Msgr. William. Fay

General Secretary

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