



PUT PATIENT HEALTH FIRST: OPPOSE ATTEMPTS TO EXPAND THE REACH OF FEDERAL REFUSAL OF CARE LAWS

Across the nation, health care providers are refusing to treat women seeking an abortion, or give women abortion information or referrals because of their own moral or religious beliefs. At the federal level, a handful of laws – known as refusal of care laws – allow such refusals, enabling hospitals and individual health care providers to dictate a patient's care based on their religious beliefs, not based on what is best for the patient's health and circumstances. But a health care provider's religious beliefs should never determine the care a patient receives.

Abortion Opponents are Seeking to Expand Existing Federal Refusal of Care Laws

The existing refusal laws allow health care providers to put their religious beliefs before patient care. One in particular – the federal Weldon Amendment, which is not permanent but rather has been attached yearly to the annual Labor, Health and Human Services (Labor-HHS) appropriations bill – is especially harmful.¹ It is far reaching in that it allows insurance plans to refuse to cover a woman's abortion and even allows refusals to provide women with referrals for abortion.

Earlier this year, the Trump-Pence Administration proposed a sweeping rule to drastically expand these harmful laws. Now, some members of Congress are doubling down on the Administration's strategy and seeking to drastically expand the Weldon Amendment through the so-called "Conscience Protection Act," (CPA) a new policy rider added to the Labor-HHS appropriations bill this year.² Not only would the provision be the first religious exemption law to allow employers and universities to use religious beliefs to limit women's access to abortion, it would also allow all covered entities to refuse to "facilitate" or "make arrangements for" abortion.

The impact of the CPA may be far-reaching. A receptionist may be allowed to refuse to schedule a patient's abortion. A doctor may be able to refuse to provide information, leaving patients without an accurate understanding of their

condition or the available treatments. Bosses may make decisions about their employees' insurance coverage for abortion. A woman could even be left stranded without access to a life-saving abortion because an ambulance driver refuses to take her to get the care she needs. Women are already experiencing this type of discrimination; in 2004, an ambulance driver in Chicago refused to drive a woman complaining of abdominal pain from a hospital to an abortion clinic. The CPA would embolden these refusals.

The CPA also creates a private right of action, meaning that for the first time health care entities could go to court to try and sue their state government, for example, for requiring those providers to give patients care.

Voters Oppose Refusal of Care Laws like the CPA and Are Willing to Hold Elected Leaders Accountable

A March 2017 nationally representative survey done on behalf of the National Women's Law Center makes clear members of Congress must stand in opposition to refusal of care laws like the CPA. Sixty-one percent of voters showed opposition to religious refusal laws.³

In addition:

- Sixty-three percent of voters oppose laws that allow hospitals to refuse to provide a woman with information or referrals about abortion because of religious or moral beliefs.
- Sixty-two percent of voters oppose laws that allow insurance companies to refuse to cover a woman's abortion because of religious or moral beliefs.
- Sixty-two percent of voters oppose laws that allow doctor or nurses to refuse to provide a woman with information or referrals about abortion because of religious or moral beliefs.

The survey also showed that voters are willing to hold their representatives in Congress accountable and are more likely to support them for voting against a refusal of care law.

Refusal of care laws like the CPA allow health care providers to place their religious beliefs ahead of patient care. Our government should instead be focused on ensuring that patients get the care they need, including abortion.



- 1 See Consolidated Appropriations Act 2017, Pub. L. No. 115-31, § 507 (2017). See also “Church Amendment” 42 U.S.C. § 300a-7(c) (2017); “Coats Amendment” 42 U.S.C. § 238n (2017).
- 2 H.R. 3358 Sec. 536, 115th Cong. (2017). The House of Representatives passed the CPA as a stand-alone bill in July 2016, but the Senate declined to consider the bill. S. 304, 114th Cong. (2016).
- 3 GREENBERG QUINLAN ROSNER RESEARCH, VOTERS OPPOSE RELIGIOUS EXEMPTION LAWS: FINDINGS FROM A NATIONAL SURVEY OF VOTERS (May 3, 2017) available at <https://nwlc.org/wp-content/uploads/2017/05/NWLC-Refusals-Memo-May-3-2017-1.pdf>.

